

INCOME TAX RETURN ORGANIZER

Success with the **Organizer Worksheet**

- 1 Before you start filling in the form, **SAVE the blank form to your computer**
- 2 Open your saved blank form in the latest version of **Adobe Reader**
- 3 Complete the form as fully as possible; return it to david@davidturrentine.com



David Turrentine, EA
2610 West Eastwood Avenue
Chicago, IL 60625
Phone: 773.509.1798
Fax: 773.509.1806
david@davidturrentine.com
Enrolled to practice before the IRS

Tax Year _____

Personal Information

Taxpayer

Last name: _____
First name: _____ Middle initial: _____
Social Security no. (On file?): _____
Occupation: _____
Date of birth: _____
Email address: _____
Work phone: _____ Ext: _____
Cell phone: _____
Home phone: _____
Fax number: _____

Driver's License Information

State: _____ Lic. No.: _____
Issued: _____ Expires: _____
Document # (NY only): _____

Spouse

Last name (if different): _____
First name: _____ Middle initial: _____
Social Security no. (On file?): _____
Occupation: _____
Date of birth: _____
Email address: _____
Work phone: _____ Ext: _____
Cell phone: _____
Home phone: _____
Fax number: _____

State: _____ Lic. No.: _____
Issued: _____ Expires: _____
Document # (NY only): _____

Address: _____ Apt. no. _____
City: _____ State: _____ ZIP code: _____

Presidential Election Campaign Fund

Checking a box below will not change your tax or refund.

Check here if you (or your spouse if filing jointly) want \$3 to go to this fund. You Spouse

Federal Filing Status

- 1 Single
- 2 Married filing jointly
- 3 Married filing separately
 Taxpayer did not live with spouse at any time during year
- 4 Head of household
If qualifying person is child but not dependent:
Child's name: _____
Child's social security number: _____
- 5 Qualifying widow(er). Year spouse died: _____
- 6 Are you or your spouse eligible to be claimed as a dependent on someone else's return? Yes No

Direct Deposit/Electronic Funds Withdrawal Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Use direct deposit for any federal tax refund / state tax refund
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal for federal balance due
<input type="checkbox"/>	<input type="checkbox"/>	Use electronic funds withdrawal for state balance(s) due

Financial Institution Information

Check if bank info is same as last year

Account type: Checking Savings

Routing number: _____

Account number: _____

Dependents

First name	MI	Soc. Sec. number			Number of months lived with taxpayer in U.S.	Qualified child and dependent care 2020 expenses
Last name	Suffix	Relationship	Code*	Date of Birth		

* **L**–Dependent child who lived with taxpayer; **N**–Dependent child who did not live with taxpayer due to divorce or separation; **O**–Other dependent; **Q**–Not a dependent (but is a qualifying person for the earned income credit and/or the child tax credit and/or the credit for child and dependent care expenses).

Child and Dependent Care Expenses

(a) Care provider's name and Care provider's phone number	(b) Address (number, state, apt. no., city, state, and Zip code)	(c) Identifying Number (SSN or EIN)	(d) Amount paid

Form 1099-G – Unemployment Compensation and State Income Tax Refund(s)

Unemployment compensation and state tax refunds are reported on Form 1099-G.

State Income Tax Refunds

State	State income tax refund	Refund is for tax year:

Unemployment Compensation (provide 1099-G)

Amount Received	State	Federal Income Tax Withheld	State Income Tax Withheld

Income

Wages – Provide all copies of W-2	
How many W-2 Forms do you have? (Do not enter amounts.)	
Self	
Spouse	

Dividends and Interest Income
Provide all Forms 1099-INT and 1099-DIV which report interest and/or dividend income.

Retirement Plan Distribution – Pensions, Annuities, Rollovers, IRA SEP, Keoghs, Lump-Sum Distributions or Other Retirement Plan Withdrawals
Provide all copies of Forms 1099-R received for retirement plan distributions.

Sale of Stock (Form 1099-B)
Provide Forms 1099-B (including cost basis info)

Partnerships, Estates, Trusts and S Corporation
Provide all year-end reports and/or Schedule(s) K-1 received for tax year 2020

Social Security Benefits (1099-SSA)
Provide Forms SSA-1099

Other Income – Provide All Forms 1099, etc.	
Commissions and Fees	
Tips and Gratuities not reported on Form W-2	
Bonuses and Prizes not reported on Form W-2	
Cancellation of Debt (Form 1099 C)	
Jury Duty – Election Board Fees	
Gambling/Lottery Earnings (Form W-2G)	
Bartering Income	
Other Income (Describe)	

Alimony

Payer's/Payee's name	Social Security number	Amount received	Amount paid

What date was the divorce finalized? _____

2020 Estimated Tax Payments

	FEDERAL	Date Paid	STATE	Date Paid	Notes
Amount applied from 2019, if any.		XXXXXXXX		XXXXXXXX	<ul style="list-style-type: none"> If you itemize deductions on your federal income tax return, it can be to your advantage to pay your last state tax estimate in December instead of January. Do not include balance due from prior year in the first estimated payment box.

Residency

What state(s) were you a resident of during 2020?

State	Dates of Residency
	to
	to

Did you receive any Economic Impact (Stimulus) Payments in 2020 or early 2021?

Please enter amounts:

1st Stimulus Payment

2nd Stimulus Payment

Itemized Deductions

Note: Complete this portion only if you think your itemized deductions might exceed the IRS standard deduction for your filing status (see below). Expenses related to self-employment can be used in addition to the Standard Deduction.

2020 Standard Deductions

Filing Status

Married Filing Jointly	\$24,800
Single or Married Filing Separately	\$12,400
Head of Household	\$18,650
Married Filing Separately	\$12,400

Medical Expenses

Deductible Only If Net Cost Exceeds 7.5% of AGI

(Do not include amounts paid for or reimbursed by insurance or health insurance premiums paid with pre-tax income.)

NOTE: If you are self-employed, don't list health insurance premiums here. Include in page 5.

Health Insurance Premiums	
Medicare Insurance Premiums Paid (Form SSA-1099)	
Long-Term Care Insurance Premiums	
Dental Insurance	
Dentists	
Prescribed Drugs and Insulin	
Hospitals, Nurses, Alcoholism Treatment, Ambulance	
Doctors and Clinics	
Glasses, Contact Lenses, Eye Exams	
Lab Tests, Therapy, X-Ray, Anesthesiology	
Prescribed Medical Equipment	
Hearing Aids, Batteries & Related Equipment	
Vasectomy/Tubal Ligation/Abortion Costs	
Nursing or Retirement Home (medical care only)	
Medical Transportation (taxi, bus, ambulance, etc.)	
Medical Miles	
Medical Parking	
Lodging While Obtaining Medical Treatment (Limited to \$50 per night, per person)	

Taxes

Real Estate Taxes	
Property Tax Index Number	
Property Tax Refund	
Other Real Estate Taxes (second home, cabin, boat, etc.)	
Personal Property Taxes	
State Income Taxes Paid This Year for Prior Tax Years	
New Auto or Boat Sales Taxes	

Interest Paid

	Primary Residence	Second Home
First Mortgage Interest (Provide Forms 1098)		
Second Mortgage		
Private Mortgage Insurance (PMI)		
Home Equity/Improvement Loan		
Loan Points		
Investment Interest Paid		

Cash Contributions (Use separate sheet if needed)

Churches or Synagogues	
United Campaign (Include Payroll Deductions)	
Cancer or Heart	
M.S./M.D./March of Dimes	
Other	
Out-of-Pocket Expenses for Charitable Work	

Non-Cash Contributions

*Fair Market Value of Items Given to Charities

If over \$500, we will need more specific details regarding the contribution

Vets/Goodwill/Salvation Army	Amt*	
Organization	Amt*	
Organization	Amt*	
Charitable Mileage on Auto	Miles	

Gambling Losses

Limited to Total Gambling Winnings	
------------------------------------	--

Section 529 Plan Contributions

Contributions to an Illinois Section 529 college savings plan (Bright Start, College Illinois, Bright Directions) for 2020.	Amount:	Account Number:
---	---------	-----------------

HSA (Health Savings Account)

Contributions made (or expected to be made) to an HSA for 2020	Amount:
--	---------

Do not include contributions to a Flexible Spending Account (FSA). Do not include employer contributions reported on Form W-2, Box 12, Code W. Please provide me with your year-end statement and any Forms 1099-SA you received

ACA Health Insurance

<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you purchase health insurance through an Affordable Care Act Exchange?
Please provide a copy of any Forms 1095-A that you received.	

Self Employed ARTIST Income/Expenses (Schedule C) See descriptions on following page.

Name of Proprietor		Business Activity	
Business Name (if different)		Product or Service	
Business Address (if different)		Federal ID Number (if any)	

1. Do you use any part of your home for business? Yes No (If Yes, complete the *Office in the Home* section, page 8.)

2. How many months in business during the year? _____

If this will be your first year filing Schedule C (self-employed), please check here

Are you required to issue 1099s? Yes No If so, have the 1099s been issued? Yes No

Number of 1099s submitted with this worksheet _____

Income	
Income Reported on Forms 1099-MISC / 1099-NEC / 1099-K	
Gross Fee Income Not Reported on Forms 1099-MISC / 1099-NEC / 1099-K (Do not include W-2 income here)	
TOTAL INCOME	

Common Expenses

Expense Category	Total Amount	Expense Category	Total Amount	Expense Category	Total Amount
Advertising		Fees		Local Transportation	
Business Insurance		Tax Preparation		Membership Dues	
Postage & Shipping		Cable		Internet Service*	
Office Expense		Classes		Contract Labor	
Equipment Rental		Business Gifts		Software Subscriptions	
Space Rental		Hair /Makeup		Streaming Services	
Repairs		Liability/Equipment Insurance		Other (explain)	
Supplies		Costumes			
Business Meals		Trade Publications			
Telephone*		Tickets for Research			

Self-Employed Health Insurance	
--------------------------------	--

* **Business amounts only**

Equipment

This is anything you use in your business that has an expected life of more than one year: Computer, fax machine, cell phone, PDA, ear prompter, musical instruments, audio and video equipment, etc. Software also goes here.

Please complete the table below. Include an additional sheet if necessary.

Item/Description	Date of Purchase	Price	% of Business Use*

* If business use percentage is over 50%, I may be able to write it all off this year.
If under 50%, the equipment must be depreciated.

Artist Expenses In-Town Explanation Sheet

Advertising

Anything you spend to promote yourself. Pictures, résumés, copying costs, photographer, makeup artist, retouching costs. On-line databases such as castnet.com. Voice demos and their production costs.

Postage & Shipping

List here any postage and shipping costs not included in other categories.

Office Expense

Toner, paper, paper clips, pens and pencils, organizers, etc.

Equipment Rental

Audio and video equipment, etc.

Space Rental

Rehearsal space, studio space.

Repairs

Just as equipment is deductible; so are repairs on that equipment. But only to the extent that the original piece of equipment is deductible. That is, a \$100 repair on a piece of equipment that is used 50% for business is a \$50 deduction.

Supplies

Sheet music, records, books, CDs, scripts, props, etc.

Business Meals

Business meals are deductible expenses if a bona fide business discussion takes place before, during, or after the meal or entertainment. In addition to your receipt, keep track of this in your daily log. Jot down who you met with, where you met, and what you talked about. Personal meals which do not involve other people are only deductible when overnight travel is involved.

Telephone

Include the business portion of your cellular phone service. The monthly service charge for any land line coming into your home is not deductible. The cell phone accessories should be included in the equipment area of the worksheet.

Fees

Did you pay anybody for anything? To transpose music for you, accompany you at an audition, direct you in a showcase, sub for you on a gig? If you pay an independent contractor \$600 or more in the year, you may need to issue them a 1099 form.

Classes

This is training that improves or enhances your present job skills, including the transportation expense of getting back and forth to classes. (Add cab and bus fare to Local Transportation and auto mileage to the Auto Sheet).

Gifts for Business

This deduction is limited to \$25 per recipient per year. Be sure to include opening night gifts and backstage tips.

Hair/Makeup

The general expense of year-round hair costs are personal expenditures. These costs are not deductible. Only styling costs directly related to your work as a performing artist are deductible. You can certainly take off the cost of doing something special to your hair for a show or a job or for new headshots. Makeup costs must be for business use only – stage, film, TV work. Include the cost of character glasses, wigs, electrolysis, and contacts (business portion only).

Costumes

Can you deduct that new outfit you bought specifically for an audition for an industrial? The IRS says no. You can't deduct clothing that is suitable for everyday street wear, whether you wear it there or not. So, go ahead and include the clown outfit, but not the new dress or suit. Include smocks for doing makeup, the tux for catering jobs and opening night parties, and dance clothes.

Trade Publications

American Theatre Magazine, Audition News, Act One Reports, Backstage, etc.

Tickets for Research

Tickets for movies and plays can be deducted if the viewings were for research purposes. Make sure to keep good records related to what you saw and why it was necessary for your work. Dance concerts and museum admissions may also sometimes qualify for a research expense.

Streaming Services

Netflix, Hulu, etc., to the extent that they are used for research.

Local Transportation

Don't include your auto expenses here. There is a separate sheet for them. Local transportation related to self-employment can be included as an expense on your Schedule C. If your home is your principal place of business, all your transportation related to self-employment is deductible. Don't forget to include transportation related to business meetings, continuing education, research, etc. Travelling to a regular place of work is generally considered commuting and is not deductible.

Membership Fees

Equity and SAG/AFTRA union dues and initiation fees are no longer deductible as they are related to W-2 income. However, professional membership fees related to self-employment (1099) income remain deductible. This includes fees paid by directors, designers, or musician's guilds or other professional organizations.

Internet Service

The portion of your internet service that is used for business.

Cable

You may be able to deduct the percentage of your cable T.V. bill that is used for business. (Not the portion that is entertainment.)

Self Employed NON-ARTIST Income/Expenses (Schedule C) Sole Proprietor

Name of Proprietor		Business Activity	
Business Name (if different)		Product or Service	
Business Address (if different)		Federal ID Number (if any)	

1. Do you use any part of your home for business? Yes No (If Yes, complete the *Office in the Home* section, page 8.)

2. How many months in business during the year? _____

If this will be your first year filing Schedule C (self-employed), please check here

Are you required to issue 1099s? Yes No If so, have the 1099s been issued? Yes No

Number of 1099s submitted with this worksheet _____

Income	
Income Reported on Forms 1099-MISC / 1099-NEC / 1099-K	
Gross Fee Income Not Reported on Forms 1099-MISC / 1099-NEC / 1099-K (Do not include W-2 income here)	
TOTAL INCOME	

Expenses			
Advertising		Seminars/Classes	
Bank Charges		Utilities (Not Home Office)	
Commissions and Fees Paid		Rent (Business/Not Home Office)	
Dues and Publications		Repairs and Maintenance	
Insurance (Business)		Supplies	
Interest (Business)		Telephone (Business amount only)	
Laundry and Cleaning		Business Meals (at 100%)	
Legal and Professional		Business Gifts	
Office Supplies and Postage		Research	
Local Transportation		Software Subscriptions	
Licenses		Streaming Services	
Contract Labor		Website	
Internet		Other (Describe):	

Self-Employed Health Insurance	
--------------------------------	--

Equipment			
Item/Description	Date of Purchase	Price	% Business Use

Office in the Home

The following criteria must be met for a home office deduction:

The home office space must be used **regularly** and **exclusively** for business. Be aware that you do not have to use an entire room as your office—a portion of a room may qualify.

If you use more than one home office during the year, split the expenses between the two. I will need you to provide me with the number of rooms used for business and the number of rooms in your home (not including bathrooms), OR the square footage of your office space, and the total square footage in your home. If you share your home with someone else, provide me with the total costs for the home (not just your share).

Please provide us with the **date of the move**, and Date of Moving
any **moving expenses** related to the move. Move: _____ Expenses: _____

	HOME OFFICE 1	HOME OFFICE 2
Square Footage of House or Apartment (or number of rooms)	_____	_____
Square Footage of Office (or number of rooms)	_____	_____
Home owners only: Deductible mortgage interest	_____	_____
Home owners only: Real estate taxes	_____	_____
Home owners only: Private Mortgage Insurance (PMI)	_____	_____
Renters only: Total rent paid for the year	_____	_____
Insurance (homeowner's, condo owner's, renter's)	_____	_____
Repairs and maintenance	_____	_____
Utilities (Gas, electric, water, trash, etc. – Do not include phone or internet.)	_____	_____
Condo/Homeowner's association fees	_____	_____

Fill in these boxes ONLY if you are claiming an office in your home. Otherwise, see page 10, Part X

If you purchased or refinanced your home this year, please provide me with the closing (settlement) statement. Also include a copy of any property tax bills.

Energy Credits

If you purchase an energy-efficient product or renewable energy system for your home, you may be eligible for a federal tax credit. Examples of qualifying property include: *Biomass Stoves; Heating, Ventilating and Air Conditioning; Insulation; Water Heaters; Roofs; Windows and Doors; Geothermal Heat Pumps.*

Here is a link which provides additional information regarding these energy credits:

http://www.energystar.gov/index.cfm?c=tax_credits.tx_index

Please provide me with a copy of your receipt(s) showing the products purchased and the cost. You will need to save your receipt(s) and a copy of the Manufacturer's Certification Statement for your records.

Education Expenses

	Taxpayer	Spouse
Did you attend a college or university? Enter total cost of tuition, books, and lab fees:	_____	_____
Did you pay interest on a student loan? How much? Enter total amount of INTEREST ONLY:	_____	_____
Did you pay for educational expenses for your child(ren) to attend a public or private elementary or secondary school? Enter total cost of tuition, books, and lab fees: _____ and enter the grade level(s) for the child(ren): _____	_____	_____
Name of School	City/State	

Please include any Forms 1098-T and 1098-E that you received. Also include any account statements related to your education expenses for the year.

Fill out worksheet as completely as possible. Save it as your name and tax year (janedoe2020.pdf).

Page 8 of 12

Email a copy to david@davidturrentine.com. Don't forget to mail/email/fax a copy of all your tax documents.

Expenses Out-of-Town (Self-Employed Only)

Below are two charts for your out-of-town expenses. Travel out-of-town means when you are away from your tax home overnight working or looking for work related to self-employment. If the primary purpose of your trip is for business, then the cost of getting there and back is a deductible business expenses, even if you spend some time while you are there doing personal activities.

The top section below is a description of each trip. I need to know the location you were in and the number of days you were there. Each of the columns on the bottom chart corresponds to a trip or row across the top chart.

Do not include business mileage on your own car on this page. Include all business mileage on the auto page of the worksheet.

If you received any per diem payments that were not included in the nonemployee compensation box of your 1099 form, include these payments in the area for "Payments not included on Form 1099." If you want me to calculate a Standard Meal Allowance to account for your meals and incidental expenses, check the "SMA" boxes in the table below.

Employer (or Possible Employer)	City	Inclusive Dates	Number of Days	For Office Use Only	For Office Use Only
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	Total
Air/Train/Bus travel									
Lodging Expenses									
Tips and Gratuities									
Laundry and Dry Cleaning									
Local Transportation									
Auto Rental									
Gasoline and Oil for Car Rental									
Telephone									
Other (Explain):									
Total Expenses									
Payments not included on Forms 1099/W-2 (per diem payments)									
Meals & Incidentals or Total Standard Meal Allowance (Check "SMA")	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>	SMA <input type="checkbox"/>

Auto Usage

Business mileage related to self-employment can be included as an expense on your Schedule C. If your home is your principal place of business, all of your mileage related to self-employment is deductible. Don't forget to include mileage related to business meetings, continuing education, research, etc. Travelling to a regular place of work is generally considered commuting and is not deductible.

Please note that you must have written evidence, such as a paper or electronic mileage log, in order to claim a deduction for the business use of a car.

Standard Mileage Rate

There are two ways to take this deduction: the easy way and the hard way. Why don't we start with the easy way. You keep track of your business miles and simply multiply them by the Standard Mileage Rate. If you ever want to make use of the SMR for a particular vehicle, you must use it the first year you use the vehicle for business. You must also own the car or be leasing it in order to use the Standard Mileage Deduction.

	Vehicle 1.	Vehicle 2
Make and model of vehicle		
Date placed in service		
Business Miles for the Year		
Total Commuting Miles (back and forth to a regular job)		
Total Personal Miles		
Total Miles for the Year		

Parking & tolls FOR BUSINESS		
------------------------------	--	--

Is another vehicle available for personal use? Yes No

Actual Expense Method

The harder way to claim an auto usage deductible is by using the **Actual Expenses** method. It's a more complicated process but it can be worthwhile for some taxpayers. Using the business and total mileage from above, I will determine the percentage the car is used for business. Then we deduct that percentage of everything it costs you to operate the car. This method requires more record keeping but it can be worthwhile. If you have the records, fill in this table along with the above mileage information and I will figure out the best approach.

	Vehicle 1	Vehicle 2
Cost of the vehicle		
Date placed in service		
Interest on car loan		
Lease payments		
Gas		
Insurance		
Auto club membership		
License fees		
Maintenance (oil change, tires)		
Repairs		
Car washes		

If you purchased a new vehicle this year, please provide me with the bill of sale.

Leased Vehicles: You may use either the standard mileage or the actual expenses method. To use the actual expenses method, I will need the fair market value of the vehicle, the total amount of your lease payments, and the mileage numbers from the top of this page.

Rental Property Income / Expense (including Airbnb)

	Date Acquired	Description of Property	Address	Number of Days Rented During the Year	Number of Days You/Your Family Resided at Location
A					
B					
C					
D					

Income				
	A	B	C	D
Rents Received				
Other				

Expenses (List Only Rental Expenses)				
	A	B	C	D
Real Estate Taxes				
Mortgage Interest				
Other Interest				
Insurance				
Cleaning / Maintenance				
Yard / Snow Removal				
Rubbish Hauling / Trash				
Supplies				
Fuel				
Electricity				
Water / Sewer				
Casual Labor				
Management Fees (Commissions)				
Homeowners Association Dues				
Travel Expense (Detail)				
Auto Travel Mileage				
Telephone				
Advertising				
Legal & Professional				
Repairs / Painting				
Repairs / Plumbing				
Repairs / Electrical				
Repairs / Appliances				
Refunds / Security Deposit				
Other:				
Comments / Questions				

Retirement Contributions

Did you (or will you) make a contribution to a Traditional IRA, SEP-IRA, SIMPLE IRA, or Individual 401k for last year? Do not include salary deferrals from work reported on Forms W-2.

	Taxpayer Contribution	Spouse Contribution
Traditional IRA		
Roth IRA		
SEP/SIMPLE/Individual 401k		

Did you convert all or part of a Traditional IRA into a **Roth IRA** last year?

Amount converted: _____

The Following Items May Affect Your Tax Return

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Are you interested in making additional contributions to a retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse eligible to participate in an employer's retirement plan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have a retirement plan withdrawal, rollover or lump sum distribution in 2020? If so, provide Forms 1099R?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur any expenses in 2020 or prior years associated with the adoption of a child? If so, ask us about it.
<input type="checkbox"/>	<input type="checkbox"/>	Did you sell stock, securities, real estate or other property? If yes, provide all Forms 1099-B. Also provide (1) description of the property, (2) date of purchase, (3) date of sale, (4) purchase price, (6) expenses of sale, (7) improvements or other cost/basis and (8) closing statements for purchase and/or sale.
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new home or refinance your home mortgage during 2020? Please provide the settlement (closing) statement
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any securities or hold any bad debts that became worthless during the year? Provide details?
<input type="checkbox"/>	<input type="checkbox"/>	Were any stock options granted to you or by your employer, or did you exercise any stock options in 2020?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have income from a foreign investment, such as interest from a foreign bank account? If yes, provide details.
<input type="checkbox"/>	<input type="checkbox"/>	During 2020, did you acquire, sell, or exchange virtual currency (Bitcoin, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a PPP loan (Paycheck Protection Program) or an EIDL loan or advance (Economic Industry Disaster Loan) in 2020?

Final Checklist / Items We Will Need

<input type="checkbox"/>	Your completed Personal Income Tax Organizer
<input type="checkbox"/>	All Forms W-2 (wages) and all Forms 1099 (1099-INT for interest, 1099-DIV for dividends, 1099-B for sales of securities, 1099-R for annuities and pensions, 1099-R for IRA or other retirement plan withdrawals, 1099-G for state tax refund, SSA-1099 for Social Security 1099-G for unemployment compensation and 1099-MISC for commissions and fees.)
<input type="checkbox"/>	Copies of returns (Schedules K-1) for partnership, joint ventures, S corporations, estates, or trusts. (In some cases, we may have your K-1 on file.)
<input type="checkbox"/>	If you are a new client, provide a copy of last year's tax return (Federal and State)

Electronic Filing

If we are filing your returns electronically, we will email you a copy of your return as a PDF document. We will also email your **signature authorization forms** for you to **electronically sign**.
IMPORTANT. Before I can transmit your returns electronically, I am required by law to have these signed signature forms in my office.