



## 2020 Tax Organizer

This organizer is designed to assist you in gathering the information that is needed to prepare your tax returns. This is a part of our commitment to client service and assure that we have performed our due diligence in recognizing any and all events that may impact your tax liability. **All clients are required to complete and submit this organizer with their tax documents.**

### CLIENT INFORMATION

Please review your personal information, noting any changes as applicable.

#### TAXPAYER:

#### SPOUSE:

Name	_____	_____
DOB	_____	_____
Social Security #	_____	_____
Primary Phone	_____	_____
Occupation	_____	_____
Home Address	_____	_____
City, State Zip	_____	_____
Was this your address for all of 2020?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
If no, Date moved	_____	_____
Prior Address:	_____	_____
City, State Zip	_____	_____

**\*\*NOTE:** If you are filing a 2020 NY Tax return, please provide a copy, front and back, of your current state issued driver's license.

#### Provide/confirm your bank account information if electing direct deposit of refund

Bank Name: \_\_\_\_\_ Checking  or Savings   
 Routing # & Account # \_\_\_\_\_ Is this a joint account? Y  N

### DEPENDENT INFORMATION

Please DO NOT list children whom you are NOT claiming as a dependent. If you are unsure if a child or individual qualifies, please contact your tax professional for guidance.

Name	_____	_____	_____	_____
Relation	_____	_____	_____	_____
Social Security #	_____	_____	_____	_____
DOB	_____	_____	_____	_____
Lived with you for all of 2020?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
If not, how many months did they live with you?	_____	_____	_____	_____
Full-time college student in 2020 for a least 5 months?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Filed own tax return for 2020?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

**\*IMPORTANT – The last page of this organizer requires a signature**

**STATUS CHANGES THAT OCCURRED IN 2020** - Check any that occurred in 2020 and enter the effective date.

Married  \_\_\_\_\_ Separated  \_\_\_\_\_ Divorced  \_\_\_\_\_

Dependent Deceased  \_\_\_\_\_ Spouse Deceased  \_\_\_\_\_ Retired  \_\_\_\_\_

**\*If divorced/separated with dependents, have you coordinated dependency with the other parent?** Y  N

**ESTIMATED INCOME TAXES PAID - Do not include amounts from your W-2's**

	Date Paid	Federal \$	State \$	Local \$
First Quarter				
Second Quarter				
Third Quarter				
Fourth Quarter				

Please check Y or N for each question below and return this questionnaire with the supporting tax document(s).  
If you are new to VTA, please provide a copy of your last filed federal and state income tax returns.

<b>Did you receive the initial Economic Impact Payment (EIP) in 2020?</b> <b>If yes, please provide the amount received</b> _____	Y <input type="checkbox"/>	N <input type="checkbox"/>			
Do you expect a large fluctuation in income for 2021?	Y <input type="checkbox"/>	N <input type="checkbox"/>			
Can you be claimed as a dependent on another individual's return?	Y <input type="checkbox"/>	N <input type="checkbox"/>			
Did you have debts canceled, forgiven, or refinanced during 2020?	Y <input type="checkbox"/>	N <input type="checkbox"/>			
Did you purchase a principal residence using funds withdrawn from an IRA or Roth IRA?	Y <input type="checkbox"/>	N <input type="checkbox"/>			
Did you sell, exchange, or purchase any real estate in 2020? <i>If yes, please attach closing statements.</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>			
Did you or your spouse make any gifts in excess of \$15,000 to any one donee/individual?	Y <input type="checkbox"/>	N <input type="checkbox"/>			
Do you or your spouse have signature authority or are you named as a co-owner on a bank account in a foreign country even if the funds are not yours? <i>If yes, you must complete an FBAR Organizer from our office.</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>			
Did you receive an inheritance from someone in a foreign country?	Y <input type="checkbox"/>	N <input type="checkbox"/>			
Do you or your spouse have a foreign bank or financial account (over \$10,000)? <i>If yes, you must complete an FBAR Organizer from our office.</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>			
Did you or your spouse receive a distribution from, or were you the grantor, or transferor to, a foreign trust?	Y <input type="checkbox"/>	N <input type="checkbox"/>			
Have you been denied the Earned Income Credit by the IRS?	Y <input type="checkbox"/>	N <input type="checkbox"/>			
Do you want to contribute \$3 to the Presidential Election Campaign Fund? (will not affect your refund)	Y <input type="checkbox"/>	N <input type="checkbox"/>			
<b>TAXPAYER</b>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<b>SPOUSE</b>	Y <input type="checkbox"/>	N <input type="checkbox"/>

**HEALTH CARE**

If you had health coverage thru the Marketplace during 2020, provide Form 1095-A and check here

If you had health coverage through the Marketplace and dependents on your return and if any dependent filed their own tax return, provide a copy of the return, and check here

If an individual on your return was included on another's policy, provide that 1095-A, and check here

Did you receive distributions from a (1099-SA) Health Savings Account or contribute to 5498-SA Y  N

**\*PLEASE PROVIDE FORM 1099-SA (DISTRIBUTION) AND/OR FORM 5498-SA (CONTRIBUTION)**

**NJ Only – Complete the healthcare section below; provide your 1095A, 1095B, or 1095C**

Did you have health coverage via an employer or gov't plan (Medicare), or private policy? Y  N

If you DID NOT have coverage for every month of 2020, please check boxes for months you WERE insured.

Jan    Feb    March    April    May    June    July    August    Sept    Oct    Nov    Dec  
                                           

**INCOME AND ADJUSTMENTS TO INCOME**

In the event of a refund, would you like to credit it towards your 2021 tax obligation?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you receive W-2s from employers?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you receive Interest Income (1099-INT from bank or Brokerage 1099 Statement)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you receive Dividends (1099-DIV or Brokerage 1099 Statement)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you receive a Prior year state or local tax refund(s) (1099-G)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you have capital gains/losses on securities and mutual funds (Brokerage 1099 statement) <i>If yes, review your 1099 to ensure your cost basis information is complete</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you sell a personal residence during 2020?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you receive distributions from an IRA, Pension or Annuity (1099- R)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you receive Unemployment Compensation (Form 1099-G)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you receive compensation/unemployment benefits* under the Corona Virus Relief Act (Form 1099-G)? (Note – you may receive multiple Forms 1099-G (*PUA, PEUC, EB, TRA))	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you receive Social Security Benefits (Form SSA-1099)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you receive gambling or contest winnings (W-2G)? <i>If yes, and there are losses, provide documentation (including win/loss letter)</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you receive Schedule K-1 from Partnership or S corporation?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you receive Schedule K-1 from estates and trusts?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you have Business Income and Expenses (Schedule C for Self Employed)? <i>If yes, you must complete a Schedule C Organizer from our office</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you have Rental Real Estate income and deductions? <i>If yes, you must complete a Schedule E Organizer from our office</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you pay Student Loan Interest (Form 1098-E)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you or a dependent attend college and/or post-high school educational training (1098-T Tuition Statement and paid receipts/statement of account showing payments to the institution)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you <b>or will you</b> contribute to a traditional IRA (Form 5498)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you receive Alimony (not including child support)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Date of original divorce or separation agreement (even if not in 2020) _____		
Did you pay alimony that is covered by a pre-2019 order (not including child support)? <i>If yes, provide amount paid _____ name of recipient _____ and recipient's social security # _____</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
Did you incur expenses in conjunction with adoption of a child?	Y <input type="checkbox"/>	N <input type="checkbox"/>

Did you contribute to a PA or other state qualified 529 College Plan? **(Attach Form 1099-Q)** Y  N

Amount \$ \_\_\_\_\_ Dependent Name \_\_\_\_\_

Amount \$ \_\_\_\_\_ Dependent Name \_\_\_\_\_

Did you pay someone else for childcare so that you could work? Y  N

Name of individual/organization providing care \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Tax ID # (or SSN of individual) \_\_\_\_\_

Amount paid (by dependent) \_\_\_\_\_

**If you do not itemize deductions your organizer is complete **\*Please sign the last page\*****

*You itemize (generally) if you own your own home, pay real estate taxes and mortgage interest, incur large medical expenses, and/or give large sums to charity – or some combination thereof. **But note that a portion of your cash charitable contributions may be deductible even if you do not itemize, so please provide that information below.***

\*If you wish to provide the detailed data of your itemized deductions via a hard copy attachment, an electronically transmitted excel spreadsheet, etc., you may do so by completing any Y/N questions and writing "See Attached".

**ITEMIZED DEDUCTIONS** - Please enter dollar amounts for any items that you paid in 2020.

**Real estate taxes** on your primary residence \$ \_\_\_\_\_

Real estate taxes on a secondary/vacation residence \$ \_\_\_\_\_

State and local income taxes not listed elsewhere \$ \_\_\_\_\_ *Do not include amounts from your W2*

Sales tax – If you made any **major purchases** and paid significant sales tax, please advise; you can deduct the higher of state income tax or sales tax paid during 2020, in most cases the income tax paid will be higher.

**Mortgage Interest and Points**

Home mortgage Interest paid to Financial Institutions (Form 1098) \$ \_\_\_\_\_

Home equity interest paid to Financial Institutions \$ \_\_\_\_\_

Was your home equity loan used to buy, build, or substantially improve your home that secures the loan? Y  N

Other Home Mortgage Interest Paid \$ \_\_\_\_\_

Please provide information regarding the party you paid this interest to.

Name \_\_\_\_\_ Tax ID# \_\_\_\_\_

Address \_\_\_\_\_

Did you refinance your home? *If yes, please enclose the closing statement.* Y  N

**Medical and Dental Expenses** (NOT reimbursed by insurance or HSA distributions). Long-term care premiums & assisted living expenses are considered medical expenses.

Cost of prescribed drugs. \$ \_\_\_\_\_

Cost of all doctors, dentists, and nurses. \$ \_\_\_\_\_

Hospital \$ \_\_\_\_\_

Medical and Dental Insurance \$ \_\_\_\_\_

Hearing Aid/Contact/Eyeglasses/Dentures \$ \_\_\_\_\_

Ambulance Service \$ \_\_\_\_\_

X-Rays \$ \_\_\_\_\_

Clinic (Lab) \$ \_\_\_\_\_

Lodging for medical Care \$ \_\_\_\_\_

Long-term Care Insurance (taxpayer) \$ \_\_\_\_\_

Long-term Care Insurance (spouse) \$ \_\_\_\_\_

Miles traveled to doctors and hospitals \_\_\_\_\_

**Charitable Contributions** - Provide details of any charitable contributions made including name of charity, address, and details of items donated. **Cash donations require a receipt, regardless of amount.** Donations of goods or clothing require an acknowledgement from the charity, including a description of the items given, if the value is over \$250.00.

**Cash Contributions**

Organization Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Non-Cash Contributions**

Organization Name	Address	Items	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Please provide any mileage incurred while traveling to perform work for any charity \_\_\_\_\_

**Other Deductions** include investment interest expense, gambling losses and amortizable bond premiums.

Description	Amount
_____	\$ _____
_____	\$ _____

**THE FOLLOWING SECTION IS APPLICABLE FOR PA INCOME TAX ONLY:**

**Important for PA residents** – unreimbursed employee expenses may reduce your PA and local earned income tax liability.

**Unreimbursed Employee Expenses** (must be work related and not reimbursed) including: Auto expenses, union dues, meals & entertainment, gifts, cell phone, periodicals, subscriptions, internet, home office, office supplies, etc.)

Description	Amount
_____	\$ _____
_____	\$ _____

Please provide any amount received as partial reimbursement for items listed above

**NOTE: The PA Department of Revenue requires the following with your E-Filed Tax Return:**

- Detailed documentation for each line item (including copies and a summary page)
- A letter from your employer indicating that the expenditures were necessary and not reimbursed (REV-757 – Employer Letter Template)

**If an employer letter is not available, submit one of the following:**

- A signed affidavit (REV-775 – Personal Income Tax Employee Business Expense Affidavit), or
- A copy of the employer's employee expenses reimbursement policy

**The department may contact you to request a detailed breakdown of all expenses claimed, dated receipts and a letter from each employer**

Unreimbursed mileage driven for W2 employment purposes \_\_\_\_\_  
*Do NOT include mileage to and from your primary place of business.*

Total mileage driven in 2020 for any purpose \_\_\_\_\_

If you purchased clothing for a job uniform that could **not** be deemed reasonable to be worn elsewhere, please provide amount spent \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_