



[www.ats1040.net](http://www.ats1040.net)

Thank you for letting us assist in the preparation of your income tax returns. We have created this organizer in order to make it easier for you to gather your income tax information. Please complete and bring the following information to your tax appointment.

- 1) If this is your **first year** with our firm, please bring a copy of your **prior year tax return** with you to your tax appointment.
- 2) Any **correspondence** received from the **IRS** or the **state** concerning your taxes.
- 3) **W-2 forms** from your employer or **1099-MISC forms** if you are self employed.
- 4) **Forms 1099** concerning your interest income, dividend income, investment sales, real estate sales, IRA/pension income, rental income, unemployment compensation, social security payments, etc.
- 5) **Schedule K-1** from partnerships, S corporations, estates and/or trusts.
- 6) **Forms 1098** concerning mortgage interest, student loan interest, and tuition payments.
- 7) Statement from child care provider showing **provider name, address, social security/tax ID number** and **amounts paid**.
- 8) **Forms 1095-A, 1095-B, or 1095-C** relating to healthcare coverage.
- 9) If you have a **business**, are a **daycare provider**, have **rental property**, or have a **farm operation**, and don't already have the applicable organizer, please download the organizer from our website or call our office and request the organizer be mailed to you.
- 10) The following personal information if this is **your first year** with our firm. Otherwise, simply fill in **any changes** from last year:

	<u>Taxpayer</u>		<u>Spouse</u>
Name	_____	Name	_____
Social Security #	_____	Social Security #	_____
Date of Birth	_____	Date of Birth	_____
Occupation	_____	Occupation	_____
Home Phone	_____	Cell Phone	_____
Primary Email Address	_____	Preferred Contact Method	_____
Address	_____		_____
City	_____	State	_____ Zip _____
Referred By	_____		
Dependents:		Date of Birth	# of Months Child Lived
<u>Name</u>	<u>Social Security #</u>	<u>Income</u>	<u>With You During 2020</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing below you acknowledge that, to the best of your knowledge and belief the information contained in this tax organizer is both accurate and complete and fairly represents your income and deductions for the 2020 tax year.

Signature	Date
Signature	Date

Yes No

General Information

- Were there any changes to your filing status or number of dependents during 2020? If yes, provide details.
Did you receive any notices from the IRS or other state taxing agency during 2020? If yes, provide details.
Do you want to allow your preparer to be able to discuss your return with the IRS or MN Revenue should the need arise?
If you receive a refund would you like direct deposit? If yes, provide a voided check if not already on file.
Would you like a PDF copy of your return instead of a paper copy? If yes, bring your ATS flash drive from prior years or bring a blank formatted flash drive and you will receive \$5 off your 2020 tax preparation.
Did you receive any economic stimulus payments during 2020 or early 2021? If yes, provide the amounts.
First stimulus payment \$ Second stimulus payment \$
Did you receive a Paycheck Protection Program loan during 2020? If yes, provide the following amounts.
Loan Amount \$ Amount Forgiven \$
Did you receive an Identity Protection Personal Identification Number (IP PIN) from the IRS? If yes, provide the six-digit code: Taxpayer: Spouse:
Did you or your spouse have a financial interest in or signature or other authority over a foreign bank or securities account? If yes, enter the name of the foreign country.
Did you make estimated tax payments for the 2020 tax year? If yes, complete the following:
Federal: 4-15 7-15 9-15 1-15
State: 4-15 6-15 9-15 1-15
Did you purchase health insurance for yourself or a family member through the Health Insurance Marketplace (MNsure). If yes, attach Form 1095-A, Health Insurance Marketplace Statement.

Income

- Did you receive any type of prize, award, or gambling winnings during 2020? If yes, provide details.
Did you receive any alimony, unemployment benefits, jury duty pay, or any other items of miscellaneous income during 2020? If yes, provide details.
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? If yes, provide details.
Did you have any debt cancelled during 2020? If yes, provide details and Form 1099-C.

Deductions

- Are you a full-time K-12 teacher, counselor, or other school official who incurred at least \$250 of out of pocket expense for books, supplies, or professional development courses?
Are you a National Guard member or Reservist who traveled more than 100 miles away from home and stayed overnight to fulfill your training and service commitments? If yes, provide the following:
Miles Driven Hotel/Lodging
Meals or Nights Away Parking/Tolls
Did you make a non-payroll related Health Savings Account contribution for the 2020 tax year? \$
If you are self-employed, did you make a contribution to a SEP or SIMPLE IRA for the 2020 tax year? If yes, please provide the amount and type of plan. \$ Plan Type
Are you self-employed and paid unsubsidized non-employer health insurance premiums? If yes, provide the amount paid during 2020? Health Insurance \$ Long-Term Care Insurance \$
Did you pay alimony in 2020? Amount? \$ Recipient's Social Security #
Did you make any Traditional or Roth IRA contributions for the 2020 tax year? (Not related to employer plans)
Traditional IRA - Taxpayer Roth IRA - Taxpayer
Traditional IRA - Spouse Roth IRA - Spouse
Did you pay any student loan interest during 2020? If yes, attach Form 1098-E. \$
Did you purchase, sell, or refinance your home during 2020? If yes, provide settlement statement.
Do you own any securities or hold any debts that became worthless during 2020? If yes, provide details.

Yes No

Tax Credits

Did you pay child care costs for a dependent child under the age of 13 so you could work, attend school, or look for a job? If yes, please provide statement from daycare or complete the following:

Table with 4 columns: Name of Provider, Address of Provider, Provider SocSec/Tax ID #, Amount Paid\*

\*Child must have lived with you for greater than 6 months / Includes nursery or pre-school expense

Did you pay any qualified tuition in 2020? If yes, please attach Form 1098-T and answer the following:

Table with 4 columns: Student's Name & Grade or Year in College, Tuition & Fees Paid During 2020, Required Course Materials Purchased in 2020\*, Degree Candidate & At Least 1/2 Student (Yes/No)

\*Includes amounts spent on books, supplies, and equipment needed for a course of study. For Lifetime Learning Credit only course materials paid directly to the institution as a condition of enrollment qualify.

Did you install any qualified solar property to your personal residence during 2020? Amount? \$

Did you pay any of the following adoption related expenses in 2020 for an adoption finalized in 2020?

Table with 4 columns: Adoption Fees, Attorney Fees, Court Costs, Travel Expense, Other (all with \$ amounts)

MN Tax Items

Did you reside in more than one state during 2020? If yes, please provide the following:

Table with 4 columns: State, Date Residency Began, Date Residency Ended

Were you in the military during 2020 and did you receive federally taxable pay for federal active duty, state active service, or other compensation relating to National Guard/Reservists training?

Did you receive a military pension or other military retirement pay during 2020?

Did you make contributions to a Sec 529 College Savings Plan during 2020? If yes, provide the following:

Amount Paid \$ Account Number Financial Institution

Did you make any student loan payments during 2020? Attach 1098-E and complete all of the following:

Table with 4 columns: Total Payments (Taxpayer), Total Initial Loans\*(Taxpayer), Total Payments (Spouse), Total Initial Loans\*(Spouse)

\*This should reflect the original amount of all your qualified education loans

Would you like to give to the MN Nongame Wildlife Fund? Amount? \$

Did you pay any education related expenses relating to your qualifying child/children in grades Kindergarten through 12th grade? If yes, please complete the following:

- List of education expenses with dollar amounts: Private school tuition, Fees for after school enrichment programs, Tuition for summer camps, Instructors fees for drivers education, Fees for all day kindergarten, Tutoring expense, Music lesson expense, School supplies, Purchase or rental of musical instruments, Fees paid to others for transportation, Home computer hardware and educational software expense, Other K - 12 education related expenses.

Itemized Deductions

Medical & Dental (Not reimbursed by insurance and not pretax)

Medical and dental insurance premiums \_\_\_\_\_  
Long-term care insurance premiums - Taxpayer \_\_\_\_\_  
- Spouse \_\_\_\_\_  
Miles driven for medical or dental \_\_\_\_\_  
Doctors, dentists, clinics, chiropractors \_\_\_\_\_  
Prescription drugs and insulin \_\_\_\_\_  
Glasses, contacts, and eye exams \_\_\_\_\_  
Hospitals and ambulance \_\_\_\_\_  
Nursing home or long-term care expense \_\_\_\_\_  
Medicare premiums withheld from Social Security \_\_\_\_\_  
Lodging (Limited to \$50 per night, per person) \_\_\_\_\_  
Hearing aids, hearing aid repairs, and batteries \_\_\_\_\_  
Medical equipment \_\_\_\_\_  
Other transportation costs \_\_\_\_\_  
Parking fees \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_

Miscellaneous Itemized Deductions (For MN purposes only)

Union and other professional dues \_\_\_\_\_  
Professional books and subscriptions \_\_\_\_\_  
Safety deposit box rent \_\_\_\_\_  
Tax preparation fee \_\_\_\_\_  
Uniforms and protective clothing and upkeep \_\_\_\_\_  
Work tools, equipment, and supplies \_\_\_\_\_  
Professional insurance \_\_\_\_\_  
Professional license \_\_\_\_\_  
Seminars and meeting fees \_\_\_\_\_  
Professional education \_\_\_\_\_  
Job hunting expense in current line of work \_\_\_\_\_  
Investment expense and fees \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_

Taxes

Real estate taxes - Primary Residence \_\_\_\_\_  
- Other \_\_\_\_\_  
Personal truck or car license tabs: \_\_\_\_\_  
\_\_\_\_\_  
Sales tax paid on major purchases\* \_\_\_\_\_  
\*Vehicle, motorcycle, boat, home materials, etc.

Employee Business Expense - Taxpayer (For MN purposes only)

Parking fees & tolls \_\_\_\_\_  
Car rental, taxi, or other local transportation \_\_\_\_\_  
Airfare \_\_\_\_\_  
Hotel \_\_\_\_\_  
Number of nights away from home overnight \_\_\_\_\_  
Business related meals & entertainment \_\_\_\_\_  
Expenses listed above that were reimbursed by your employer:  
Non-Meal Reimbursement \_\_\_\_\_  
Meal Reimbursement \_\_\_\_\_

Interest (Attach Form 1098's)

Primary residence mortgage interest \_\_\_\_\_  
Home equity/line of credit mortgage interest \_\_\_\_\_  
Were the above home equity/line of credit loan proceeds used to buy, build, or improve your home? Yes No  
If not, what % of the home equity/line of credit loan proceeds were used to buy, build, or improve your home? \_\_\_\_\_ %  
Mortgage interest paid to individual: (Provide details) \_\_\_\_\_  
Mortgage points paid relating to: (Attach settlement statement)  
Purchase or improvement of main home \_\_\_\_\_  
Refinancing of main home \_\_\_\_\_  
Life of loan (Number of years) \_\_\_\_\_  
Investment interest expense \_\_\_\_\_

Work Related Mileage - Taxpayer (For MN purposes only)

Date vehicle was first used for business \_\_\_\_\_  
Business miles driven 2020 (Non-commuting) \_\_\_\_\_  
Total miles vehicle was driven during 2020 \_\_\_\_\_  
Amount reimbursed by employer, if applicable \_\_\_\_\_

Employee Business Expense - Spouse (For MN purposes only)

Parking fees & tolls \_\_\_\_\_  
Car rental, taxi, or other local transportation \_\_\_\_\_  
Airfare \_\_\_\_\_  
Hotel \_\_\_\_\_  
Number of nights away from home overnight \_\_\_\_\_  
Business related meals & entertainment \_\_\_\_\_  
Expenses listed above that were reimbursed by your employer:  
Non-Meal Reimbursement \_\_\_\_\_  
Meal Reimbursement \_\_\_\_\_

Charitable Contributions (Complete even if taking standard deduction)

Cash, Check, Credit Card, or Payroll \_\_\_\_\_  
Non-Cash \_\_\_\_\_  
Vehicle donation (Must attach 1098-C) \_\_\_\_\_  
Charitable mileage \_\_\_\_\_  
Please provide the following if non-cash items exceed \$500:  
Name of organization \_\_\_\_\_  
Address \_\_\_\_\_  
Description of items given \_\_\_\_\_

Work Related Mileage - Spouse (For MN purposes only)

Date vehicle was first used for business \_\_\_\_\_  
Business miles driven 2020 (Non-commuting) \_\_\_\_\_  
Total miles vehicle was driven during 2020 \_\_\_\_\_  
Amount reimbursed by employer, if applicable \_\_\_\_\_