



5300 MacArthur Blvd  
Suite 102  
Vancouver, WA 98661

Phone: 360-448-7009  
Fax: 360-314-6126  
[www.candctaxes.com](http://www.candctaxes.com)

Thank you for considering C & C Taxes for your income tax needs. The enclosed organizer is intended to assist you in gathering the information needed to prepare your income tax return.

Please answer all the questions on the questionnaire and fill out the Personal and Dependent Information. Please provide all information forms (W-2, 1099, etc...) that you have received. Forms are included to provide other information where forms have not been provided (Business, Rental, etc...).

Please fill out the Dependent Form for each child/dependent you intend to claim on your tax return.

Engagement letter included will need to be signed by both taxpayer and spouse if filing a joint return.

Please provide photo ID for both taxpayer and spouse, and copies of Social Security cards for all persons that will be listed on the tax return. Copies of birth and marriage certificates are also requested if feasible.

The most recent three years tax returns are also requested.

All documents can be brought back into the office at any time, M-F, 8am to 5pm and placed in the locked mailbox next to the door or mailed to the address listed above. If you wish to send electronically, please make sure I have your email address, and I will setup an account on my secure portal where they can be uploaded. DO NOT SEND attachments via email as they will not be opened for security reasons.

I look forward to working with you.

Carl Timmerman

C & C Tax and Accounting

# C & C TAX AND ACCOUNTING INC

5300 MacArthur Blvd Suite 102  
Vancouver, WA 98661  
CARL@CANDCTAXES.COM  
Phone: (360)448-7009 | Fax: (360)314-6126

January 09, 2021

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions
- \* Electronic tools and applications used to collect, store, reconcile and compile such information. We use a third party provider to send text and email updates concerning the status of your tax return.

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (360)448-7009.

Sincerely,

CARL TIMMERMAN EA  
C & C TAX AND ACCOUNTING INC

# C & C TAX AND ACCOUNTING INC

5300 MacArthur Blvd Suite 102  
Vancouver, WA 98661  
CARL@CANDCTAXES.COM  
Phone: (360)448-7009 | Fax: (360)314-6126

January 09, 2021

Subject: Preparation of Your 2020 Tax Returns

:

Thank you for choosing C & C TAX AND ACCOUNTING INC to assist you with your 2020 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide. The IRS imposes penalties on taxpayers, and on us as return preparers, for failure to observe due care in preparing income tax returns. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2020 U.S. Individual Income Tax Return with all necessary supporting Forms and Schedules from the information provided by you to us. It is your responsibility to provide all the information required for the preparation of a complete and accurate tax return. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that any expenses claimed for meals, entertainment, travel, business gifts, dues and membership, vehicle usage, and/or charitable contributions are supported by records as required by law and that you have disclosed to us all known tax liabilities. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. You have the final responsibility for your income tax return and, therefore, you should review your return carefully.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible. We subscribe to a program of peer review for maintenance of quality control in our office. As part of this program, your return may be reviewed by other tax preparers in our office under strict rules of confidentiality.

If your U.S. 2020 Individual Tax Return prepared by us is selected for review by taxing authorities, any proposed adjustment may be subject to rights of appeal. In the event you receive a letter from the IRS on a return we prepared, we will assist you in resolving the issue with the IRS. Fees may apply to undisclosed tax liabilities. If you receive an audit request, you will be billed at our standard rate of \$125 per hour.

IRS guidelines require us to electronically file **all** U.S. Individual Income Tax Returns we prepare. Unless you feel electronically filing your income tax return will do you *undue hardship*, your return will be filed electronically with the IRS. We will require a signed form 8879 authorizing us to electronically file your tax return. We will provide you with the form 8879 for your signature.

Our fees are based on the various forms and schedules used to prepare your tax return. Your bill is due and payable upon completion of your tax return. No additional services will be performed until your bill is paid in full. If, after your tax return has been filed, and you bring us additional information where the return needs to be amended, there will be an additional charge of \$125 for the amended return, plus the cost of any additional forms and schedules. Amounts not paid within 25 days from the invoice date will be subject to a late payment charge of 1-1/2% per month (annual percentage rate of 18%). If for any reason

the account is turned over to a collection agency, and additional charge of 30% will be added to cover collection costs.

If we are asked to disclose any privileged communication, unless we are required to disclose the communication by law, we will not provide such disclosure until you have provided written instructions to provide any privileged information. If any additional taxes are due because of our mistake, we will agree to pay the initial penalties and interest on these taxes. The additional taxes and any further interest and penalties will be your responsibility.

Although we strive to provide you with a complete and accurate tax return, sometimes mistakes are made. In the event of a mistake on our part, we will correct the tax return, or provide an amended tax return if it has already been file at no cost to you.

After your tax return has been completed, it will be uploaded to our secure portal where it can be accessed at any time. Additionally, you have the option of purchasing a CD or a USB drive will all of your tax returns and documents for a fee of \$10.00 each. You may also get a paper copy for a \$30.00 fee. **Please initial each item you wish to purchase**

\_\_\_\_\_ CD (\$10.00) \_\_\_\_\_ USB Drive (\$10.00) \_\_\_\_\_ Paper (\$30.00)

If the foregoing fairly sets forth your understanding, please sign below.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (360)448-7009.

Sincerely,

CARL TIMMERMAN EA  
C & C TAX AND ACCOUNTING INC

(Both spouses must sign for preparation of joint returns.)

Accepted By:

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

## Checklist

Name:

SSN:

### Checklist

This check list is provided to help you gather necessary information for us to prepare your 2020 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2019 tax year.

#### Economic Impact Payment

Notice 1444

#### State and city refunds and other government payments (Form 1099-G)

Unemployment compensation

#### Other Income (provide supporting documentation for income received for the following items)

Sale of assets or property

Cancellation of debt

Other income \_\_\_\_\_

#### Payments (provide supporting documentation for payments made for the following items)

Educator classroom expenses

Employee business expenses

Contributions to a Health Savings Account

Expenses related to work relocation

Alimony

Student loan interest

Tuition and fees for higher education

Expenses related to child or dependent care

Contributions to a Retirement Savings Account

Medical and dental expenses

Real estate taxes

Other state and local taxes

Mortgage interest

Investment interest

Cash Contributions

Noncash Contributions

Unreimbursed employee expenses

Investment expenses

Gambling losses

Other payments \_\_\_\_\_

## Questionnaire

Name:

SSN:

### Questionnaire

#### Personal Information

**Yes No**

- Did your marital status change during the year?  
If "Yes," explain \_\_\_\_\_
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?
- Were you, your spouse, or any dependents a victim of identity theft?  
If "Yes," explain \_\_\_\_\_
- Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?  
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

#### Dependent Information

**Yes No**

- Did you have any changes in dependents during the year?  
If "Yes," explain \_\_\_\_\_
- Can another person qualify to claim any of your dependents?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2200 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

#### COVID-19 Implications

**Yes No**

- Did you receive an Economic Impact Payment?  
If "Yes," provide Notice 1444 from the IRS.
- Did you or your spouse experience economic loss due to COVID-19 (loss of job, closed business, etc.)?
- Were you or your spouse unemployed for any portion of the year due to COVID-19?
- Did you or your spouse continue to receive wages from your employer even if you were unable to work?
- Did you or your spouse receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?
- If you or your spouse own a farm or business, did you continue to pay any employees while they were not working?
- If you or your spouse own a farm or business, did you delay withholding FICA taxes from any employee's pay?
- If you or your spouse own a farm or business, did you receive a Paycheck Protection Program (PPP) loan?  
If "Yes," was the loan forgiven or have you applied for forgiveness?
- If you or your spouse own a farm or business and were unable to work due to COVID-19, would you have qualified for sick or family leave if employed by someone other than yourself?

#### Health Care Information

**Yes No**

- Did any member of your household have healthcare coverage through the Marketplace?  
If "Yes," provide copies of Form 1095-A.
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

#### Income, Purchases, Sales, and Debt Information

**Yes No**

- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash in any U.S. savings bonds during the year?
- Did you start a new business or purchase any rental property during the year?

## Questionnaire

Name:

SSN:

### Questionnaire

- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?  
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?  
If "Yes," provide closing documentation for the purchase and sale of the home.
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?  
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?  
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
- Did you receive income or incur expenses associated with a fantasy sport league?  
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?  
If "Yes," attach Form 1099-MISC and Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?  
If "Yes," attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?  
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?  
If "Yes," attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?  
If "Yes," provide documentation.
- Did you receive any other income you have not provided information for with this organizer?  
If "Yes," explain \_\_\_\_\_

### Itemized Deduction Information

#### Yes No

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?  
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

## Questionnaire

Name:

SSN:

### Questionnaire

#### Retirement Information

**Yes No**

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

#### Education Information

**Yes No**

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

#### Miscellaneous Information

**Yes No**

- Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?
- Did you incur a gain or loss due to damaged or stolen property?  
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$15,000 during the year?  
**Yes No**  
  If "Yes," are you splitting the gift with your spouse?
- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you own interest or shares in a Qualified Opportunity Fund?
- Did you apply an overpayment of your 2019 taxes to your 2020 estimated taxes?
- If you have an overpayment of 2020 taxes, do you want the refund applied to your 2021 estimated taxes?
- Did you make any estimated payments toward your 2020 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?  
If "Yes," provide a canceled checking or savings slip.
- Do you anticipate your income or withholdings to be different for 2020?
- Did you make any purchases subject to Use Tax?  
If "Yes," provide details.
- Did you receive any notices from the IRS or state taxing authority?  
If "Yes," explain \_\_\_\_\_
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

#### Foreign Tax Information

**Yes No**

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?

#### Preparer Notes



**Income**

Name:

SSN:

**Wages & Salaries**

Provide all copies of Form W-2

Employer name	2020 federal wages

**Retirement**

Provide all copies of Form 1099-R

Payer name	2020 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?  Yes  No

**Form 1099-Misc and Form 1099-NEC Income**

Provide all copies of Forms 1099-MISC and 1099-NEC

Payer name	2020 amount

**Income**

Name:

SSN:

**Dividend Income**

Provide all copies of Form 1099-DIV & other statements that report dividend income

Account number Payer name	2020 ordinary dividends	2020 qualified dividends
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Interest Income**

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Account number Payer name	2020 interest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

## Sale of Capital Assets

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

Description of property	Date purchased	Date sold	Sales price	Cost

### Installment Sale Income

Description of property: \_\_\_\_\_

Date acquired \_\_\_\_\_ Date sold \_\_\_\_\_

	2020	Prior years
Selling price . . . . .	_____	
Mortgages assumed . . . . .		
Cost of property sold . . . . .		
Depreciation allowed . . . . .		
Commissions and expense of sale . . . . .		
Gross profit percentage . . . . .		
Interest received . . . . .	_____	
Principal payments received . . . . .	_____	

Property was sold to a related party

### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

	2020 Taxpayer	2020 Spouse
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____
Alimony received		
Divorce or separation date _____ Amount _____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____
Unemployment compensation repaid in 2020 . . . . .	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____
Alaska Permanent Fund . . . . .	_____	_____
ABLE distributions . . . . .	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

#### Adjustments

	2020 Taxpayer	2020 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____	_____	_____
Name _____		
SSN _____ Divorce or separation date _____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____
Interest paid on a student loan . . . . .	_____	_____
Other adjustments: _____	_____	_____

#### Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station. **2020**

Number of miles from old home to old workplace . . . . . \_\_\_\_\_

Number of miles from old home to new workplace . . . . . \_\_\_\_\_

Expense to move household goods and personal effects and lodging expenses while traveling to your new home (Do not include cost of meals) . . . . . \_\_\_\_\_

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

- Checkboxes for business start/acquire, disposal, and 1099 filing status.

Income

Table with 2 columns for 2020 and 2020, rows for Gross receipts or sales, Returns & allowances, and Other income.

Expenses

Table with 2 columns for 2020 and 2020, rows for Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, Employee benefit programs, Insurance, Interest, Legal & professional services, Office expenses, Pension & profit sharing plans, Rent, Repairs & maintenance, Supplies, Taxes & licenses, Travel, Total meals, Utilities, Wages, and Other expenses (list).

Cost of Goods Sold

Table with 2 columns for 2020 and 2020, rows for Inventory at beginning/end of year, Purchases, Cost of personal use items, Cost of labor, Materials & supplies, Other costs, and a checkbox for change in inventory method.

## Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Property Information

Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> This property is your main home or second home       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental |
| <input type="checkbox"/> This property was disposed of during 2020            | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals  |
| <input type="checkbox"/> This property was owned as a qualified joint venture |  |   |

### Income

	2020		2020
Rent income . . . . .		Royalties from oil, gas, mineral, copyright or patent . . . . .	

### Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising . . . . .			If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel . . . . .			
Cleaning & maintenance . . . . .			
Commissions . . . . .			
Insurance . . . . .			
Legal & professional fees . . . . .			
Management fees . . . . .			
Mortgage interest . . . . .			
Other interest . . . . .			
Repairs . . . . .			
Supplies . . . . .			
Taxes . . . . .			
Utilities . . . . .			
Depletion . . . . .			
Other expenses			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			



### Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### General Information

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2020

Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes  No You filed Forms 1099 for the individuals

#### Income

	2020	2020
Sale of livestock / other items . . . . .	_____	Custom hire income . . . . . _____
Cost of items bought for resale . . . . .	_____	Beginning inventory for accrual . . . . . _____
Sale of products you raised . . . . .	_____	Ending inventory for accrual . . . . . _____
Total cooperative distributions . . . . .	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method
Total agricultural payments . . . . .	_____	Other income . . . . . _____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____
Crop insurance proceeds:		
Amount received in 2020 . . . . .	_____	_____
<input type="checkbox"/> You elect to defer to 2021		
Amount deferred from 2019 . . . . .	_____	_____

#### Expenses

	2020	2020
Car & truck expenses . . . . .	_____	Repairs & maintenance . . . . . _____
Chemicals . . . . .	_____	Seeds & plants purchased . . . . . _____
Conservation expenses . . . . .	_____	Storage & warehousing . . . . . _____
Custom hire (machine work) . . . . .	_____	Supplies purchased . . . . . _____
Employee benefit programs . . . . .	_____	Taxes . . . . . _____
Feed purchased . . . . .	_____	Utilities . . . . . _____
Fertilizers & lime . . . . .	_____	Veterinary, breeding, & medicine . . . . . _____
Freight & trucking . . . . .	_____	Other expenses . . . . . _____
Gasoline, fuel, & oil . . . . .	_____	
Insurance (other than health) . . . . .	_____	
Interest - mortgage (paid to banks, etc.)	_____	
Interest - other . . . . .	_____	
Non-W-2 labor hired . . . . .	_____	
W-2 wages paid . . . . .	_____	
Pension & profit-sharing plans . . . . .	_____	
Rent - vehicles, machinery, & equipment . . . . .	_____	
Rent - other (land, animals, etc.) . . . . .	_____	



### Form 4835 - Farm Rental Income and Expenses

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Description \_\_\_\_\_ Employer ID Number \_\_\_\_\_

This farm was disposed of during 2020

**Income**

	2020	2020
Income from production of livestock, grains, & other crops . . . . .	_____	_____
Total cooperative distributions . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____
Commodity Credit Corporation (CCC) loans:		
CCC loans reported . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____
Crop insurance proceeds:		
Amount received in 2020 . . . . .	_____	_____
<input type="checkbox"/> You elect to defer to 2021		
Amount deferred from 2019 . . . . .	_____	_____
Other income . . . . .	_____	_____

**Expenses**

	2020	2020
Car & truck expenses . . . . .	_____	_____
Chemicals . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____
Feed purchased . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____
Freight & trucking . . . . .	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____
Insurance (other than health) . . . . .	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____
Interest - other . . . . .	_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____
Rent - vehicles, machinery & equip . . . . .	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____
Repairs & maintenance . . . . .	_____	_____
Seeds & plants purchased . . . . .	_____	_____
Storage & warehousing . . . . .	_____	_____
Supplies purchased . . . . .	_____	_____
Taxes . . . . .	_____	_____
Utilities . . . . .	_____	_____
Veterinary, breeding, & medicine . . . . .	_____	_____
Other expenses	_____	_____

### Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes No  
  This vehicle is available for use during off-duty hours  
  Another vehicle is available for personal use

Yes No  
  There is evidence to support your deduction  
  The evidence is written

#### Mileage

Number of miles the vehicle was driven during 2020

Business . . . . . \_\_\_\_\_  
 Commuting . . . . . \_\_\_\_\_  
 Other . . . . . \_\_\_\_\_

#### Expenses

Garage rent . . . . . _____	Repairs . . . . . _____
Gas . . . . . _____	Tires . . . . . _____
Insurance . . . . . _____	Tolls . . . . . _____
Licenses . . . . . _____	Lease addback . . . . . _____
Oil . . . . . _____	Other expenses _____
Parking fees . . . . . _____	_____
Rental fees . . . . . _____	_____
Interest . . . . . _____	_____
Property tax . . . . . _____	_____

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business \_\_\_\_\_

What is the total square footage of your home \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used \_\_\_\_\_

How many hours per day was the area used \_\_\_\_\_

The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest . . . . . _____	_____	_____
Real estate taxes . . . . . _____	_____	_____
Excess mortgage interest . . . . . _____	_____	_____
Excess real estate taxes . . . . . _____	_____	_____
Insurance . . . . . _____	_____	_____
Rent . . . . . _____	_____	_____
Repairs & maintenance . . . . . _____	_____	_____
Utilities . . . . . _____	_____	_____
Other expenses . . . . . _____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

### Household Employment

Name:

SSN:



TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes**   **No**

Did you pay any one household employee cash wages of \$2,200 or more in 2020?

Did you withhold federal income tax during 2020 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2020 by April 15, 2021?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

**2020**

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax . . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes**   **No**

Did you pay any one household employee cash wages of \$2,200 or more in 2020?

Did you withhold federal income tax during 2020 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2020 by April 15, 2021?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

**2020**

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax . . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

- Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical & dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses & contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

- State and local income taxes
Sales tax
Real estate taxes
Personal property taxes
Other taxes (list)

Interest Paid

- Mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home
Mortgage interest paid to an individual
Paid to: Name, Address, City, State, ZIP, SSN or EIN
Mortgage insurance premiums
Investment interest

Charitable Contributions

- Donations to charity: Church, Boy or Girl Scouts, Goodwill, Red Cross, Salvation Army, United Way, Veterans, Hospital, University, Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

- Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument
Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

- Necessary job expenses you paid that were not reimbursed by your employer: Safety equipment, tools, & supplies; Uniforms; Protective clothing (shoes, hardhats, glasses, etc.); Dues to professional organizations; Books & subscriptions; Other
Union dues
Tax preparation fees
Other nonpersonal expenses related to taxable income: Safe deposit box fees; Investment expenses not entered elsewhere; Other
Home equity interest

**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Mortgage Interest**

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employee Business Expenses**

- |  |  |
|--|--|
| <input type="checkbox"/> You are a qualified performing artist                             | <input type="checkbox"/> You are a member of the clergy                          |
| <input type="checkbox"/> You are a fee-based state or local government official            | <input type="checkbox"/> You used your personal vehicle for your job during 2020 |
| <input type="checkbox"/> You are a disabled employee with impairment-related work expenses |  |
| <input type="checkbox"/> You are a reservist   |  |

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Parking fees, tolls, local transportation . . . . .	_____	_____
Meals . . . . .	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
_____	_____	_____
_____	_____	_____

**Casualties and Thefts**

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Child and Other Dependent Care Expenses**

Name of care provider	Address	SSN or EIN	Amount paid

**Education Expenses**

Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

## 2020 Tax Organizer Personal and Dependent Information

### Personal Information

	SSN	Has IP PIN	Date of birth
Name			
Taxpayer			
Spouse			
Street address, city, state, and ZIP			
Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer			
Spouse			
Taxpayer email			
Spouse email			

**Marital Status at end of 2020**

- Married  
 Married filing separately  
 Single  
 Widow(er) If spouse died in 2020 enter the date of death \_\_\_\_\_

**Other information**

- Are you blind?  Yes  No  
 Are you disabled?  Yes  No  
 Are you a full-time student?  Yes  No  
 Do you want \$3 to go to the Presidential Election Campaign Fund?  Yes  No

**Taxpayer**

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

**Spouse**

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency?  Yes  No

### Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

### COVID-19 Implications

**Yes No**

- Did you receive an Economic Impact Payment (EIP)?  
If "Yes," provide Notice 1444 from the IRS.  
  Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?  
  Were you unemployed for any portion of the year due to COVID-19?  
  Did you continue to receive wages from your employer even if you were unable to work?  
  Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?

If you own a farm or business:

- Did you continue to pay any employee while they were not working?  
  Did you delay withholding FICA taxes from any employee's pay?  
  Did you receive a Paycheck Protection Program (PPP) loan?  
If "Yes," was the loan forgiven or have you applied for forgiveness? \_\_\_\_\_

- Were you unable to work due to COVID-19 and, if employed by someone other than yourself, would have qualified for sick or family leave?

### Appointment Information

Your 2020 appointment is scheduled for \_\_\_\_\_

### Additional Taxpayer Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

#### Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

#### Identification Information

##### Taxpayer

Type of photo ID  Driver's license  State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

##### Spouse

Type of photo ID  Driver's license  State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_



**Dependent Form:** Fill this out **completely**. One for each dependent. Your child is your dependent if they are younger than 19 by the end of the tax year or, in college and younger than 24 (or are disabled and any age). If your dependent files their own tax return they must mark "someone can claim me as a dependent" on it so your return doesn't get rejected by the IRS (paper filing and amending will incur extra tax preparation fees).

**Dependent #** \_\_\_\_ (It's easiest to designate the oldest as dependent #1):

Name	Social Security #	Date of Birth	Relationship to you	# of months in your home

**YES/NO:** I am the custodial parent, I have the right to claim dependent #1 and haven't released my claim to anyone. (If "No" don't continue form.)

**YES/NO:** This dependent lived in my home for 183 days or more (if in college he/she spent vacations at home). If they didn't live with you for over half the year the Child Tax Credit may not be claimed.

**YES/NO:** I was a non-resident alien for part of the year. **YES/NO:** Part of my salary goes into a dependent care account.

**YES/NO:** My main home (and that of my spouse if filing together) was in the US for more than half of the year.

**YES/NO:** I (or my spouse) could be claimed as a child or dependent on someone else's federal tax return.

**YES/NO:** The IRS has previously disallowed my child credit or earned income credit. Which year(s)? \_\_\_\_\_

**If I had to I could provide for the IRS:**  social security card,  birth certificate,  a piece of mail the child has received at my address,  school records,  medical records,  a health care provider statement (check all that apply)

**YES/NO:** The child on this form is married. **YES/NO:** He/she is a citizen, national or resident of the US.

**YES/NO:** Another person could qualify to claim this child.

**YES/NO:** There is an active Form 8332 Release of Claim to exemption by the custodial parent.

**YES/NO:** This child is not my son or daughter. If yes, why is the parent not claiming them: \_\_\_\_\_

**This child was under the age of 12** by 12/31 of the tax year and I paid for non-educational care (camp, after-school program, pre-school): Spent \$ \_\_\_\_\_ on childcare for this child while I was working/school full-time:

Provider: \_\_\_\_\_; SSN/EIN: \_\_\_\_\_

Address \_\_\_\_\_

**This child is a student in K-12.** He/she is in grade: \_\_\_\_\_, the name of the school: \_\_\_\_\_, in this city: \_\_\_\_\_

I am an IL resident that spent money on K-12 education-related items for this child. Spent \$ \_\_\_\_\_ on tuition, registration fees, lab fees, musical instrument rental from the school.

**This child is in college:**  Spent \$ \_\_\_\_\_ this year on higher education. \$ \_\_\_\_\_ for the actual classes (Include the 1098-T from the college with your documents), and \$ \_\_\_\_\_ for supplies including books, software, etc. The education was:  Undergraduate,  Graduate.  I am planning on taking the American Opportunity Credit (the largest undergraduate credit) and realize I can only take it for 4 years. I have already taken the credit for \_\_\_\_\_ years (it's on or near line 50 and 68 of your previous tax returns). If you are a recurring client of ours disregard this part of the question.

**Head of Household:** If you're single or "married living separately from a spouse" for the last 6 months of year please

answer: I am:  not married,  married, but lived apart from my spouse for the last 6 months of the year,

I could provide the IRS with these items if asked:  divorce decree,  separate maintenance or separation agreement,  property tax bill,  lease agreement,  utility bills,  grocery receipts,  other household bills.

**YES/NO:** I receive non-taxable support:  food stamps,  housing assistance,  childcare assistance