MANZI & ASSOCIATES L.L.C.

Certified Public Accountants

www.manziassociates.com

(978) 975-1099

2020 TAX DATA SHEET

Please take time to review and complete this organizer. This organizer helps us prepare accurate and timely returns.

NEW CLIENTS: Please bring copies of your 2018 and 2019 returns.

1. Personal Information

	Name	Social Security #	Date of Birth	Occupation	Phone Number
Taxpayer					
Spouse					

Street Address	City	State	Zip
Email Address	Identity Protection PIN(s) (if applicable)		

	Taxpayer		Spouse	
Blind	☐ Yes	☐ No	☐ Yes	☐ No
Disabled	☐ Yes	☐ No	☐ Yes	☐ No
Pres. Campaign Fund	☐ Yes	☐ No	☐ Yes	☐ No

Marital Status

☐ Married — Will file jointly: ☐ Yes ☐ No

☐ Single

☐ Widow(er), Date of Spouse's Death ____________

2. Dependents (Children & Other)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income

Please provide all statements (W-2s, 1099s, 1098, etc)

Please answer the following questions to determine maximum deductions and include all necessary details:

a) Are you self employed? ☐ Yes ☐ No

b) Did you receive rent from real estate or other property ☐ Yes ☐ No

c) Did you have health insurance coverage for you, spouse and dependents (if applicable)? (Please fill out item #19 below) ☐ Yes ☐ No

d) Do you provide a home for or help support anyone not listed in Section 2 above? ☐ Yes ☐ No

e) Did you receive any correspondence from the IRS or State? ☐ Yes ☐ No

f) Were there any births, deaths, marriages, divorces or adoptions in your immediate family? ☐ Yes ☐ No

g) Do you have any foreign financial accounts? ☐ Yes ☐ No

h) Did you give a gift of more than $15,000 to one or more person? ☐ Yes ☐ No

i) Did you have any debt cancelled, forgiven, or refinanced? ☐ Yes ☐ No

j) Did you go through bankruptcy proceedings? ☐ Yes ☐ No

k) If you paid rent, how much did you pay? ☐ Yes ☐ No

l) Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? ☐ Yes ☐ No

m) Did you have any children under the age of 19 (or 19-23 students with unearned income of more than $2,200?) ☐ Yes ☐ No

n) Did you receive, sell, exchange, or acquire any financial interest in virtual currency (see attached) ☐ Yes ☐ No

o) **Did you receive stimulus payments in 2020? (Please fill out item #11 below)** ☐ Yes ☐ No

p) **Did you receive a Paycheck Protection Program loan (PPP) in 2020? (Please fill out item #11 below)** ☐ Yes ☐ No

* If yes to any of the above, please include the necessary details.

3. Wage, Salary Information

Attach W-2s:

Employer	Taxpayer	Spouse
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

4. Interest Income

Attach 1099-INT & broker statements

Payer	Amount
Tax Exempt	

5. Dividend Income

From Mutual Funds & Stocks - Attach 1099-DIV

Payer	Ordinary	Capital Gains	Non-Taxable

6. Partnership, Trust, Estate Income

List of payers of partnerships, limited partnerships, S-Corps, trust, or estate income - attach K-1

____
____
____
____
____
____

7. Investments Sold

Attach 1099-B

Investment	Date Purch/Sold	Cost	Sales Price

8. IRA (Individual Retirement Account) or Roth IRA

Contributions for tax year:

	Date	Amount	Check for Roth
Taxpayer			☐
Spouse			☐

Amounts withdrawn. Attach 1099-R & 5498

Plan Trustee	Reason for withdrawal	Roll-over or Reinvested?	
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No

9. Pension, Annuity Income

Attach 1099-R

Payer*	Reason for withdrawal	Roll-over or Reinvested?	
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No

*Provide statements from employer or insurance company with information on cost of or contributions to plan.

Did you receive:	Taxpayer	Spouse
Social Security Benefits	☐	☐
Railroad Retirement	☐	☐
If 70 1/2 or older in 2019, did you take required minimum distributions (RMD) from all qualified plans (other than Roth IRA)	☐	☐

Did you recontribute any of your RMD to IRA and qualified retirement plans? ☐ Yes ☐ No

Attach SSA 1099, RRB 1099

10. Property Sold

Attach 1099-S and closing statements

Property	Date Acquired	Cost & Improv.
Personal Residence*		
Vacation Home		
Land		
Other		

* Provide information on improvements, prior sales of home, and cost of a new residence.

11. Other Income

List All Other Income (incl. non-taxable)

- * **All stimulus payments received in 2020** ____________
- * **PPP Loan received in 2020** ____________
- * **PPP Loan forgiven in 2020** ____________
- Alimony Received (do not include child support) ____________
- Unemployment Compensation (repaid) ____________
- Prizes, Bonuses, Awards ____________
- Gambling, Lottery (expenses ____________) ____________
- Unreported Tips ____________
- Director/Executor's Fees ____________
- Commissions ____________
- Jury Duty ____________
- Worker's Compensation ____________
- Disability Income ____________
- Veteran's Pension ____________
- Payments from prior installment sale ____________
- State Income Tax Refund ____________
- Other ____________________ ____________
- Other ____________________ ____________

12. Medical/Dental Expenses

Medical Insurance Premiums (paid by you) ____________
Prescription Drugs ____________
Glasses, Contacts ____________
Hearing Aids, Batteries ____________
Braces ____________
Medical Equipment, Supplies ____________
____
____
Nursing Care ____________
Medical Therapy ____________
Hospital
Doctor/Dental/Orthodontist ____________
Mileage (# of miles) ____________

13. Taxes Paid

State Income Taxes ____________
Real Property Tax ____________
Personal Property Tax ____________
Sales Tax ____________
Other ____________________ ____________

14. Interest Expense

Mortgage interest paid on primary and secondary residence (attach 1098) ____________
Interest paid to individual for your home (include amortization schedule) ____________
Paid to: Name ____________________
Address ____________________
Social Security # ____________________

Investment interest (only relating to loans used to purchase taxable investments) ____________

15. Charitable Contributions

Church ____________
Goodwill/Salvation Army, etc ____________
Other ____________
Non-Cash ____________

* You must have a receipt from the charity for all individual gifts in excess of $250, non-cash gifts in excess of $500 require a valuation statement from the charity.

16. Other Deductions

Alimony Paid to ____________________

Date alimony began ____________
Social security # ____________
Adoption expenses ____________
Student interest paid ____________
Out of pocket Educator expenses (for grade k-12 teachers) ____________

17. Education Expenses

Student Name	Type of Expense	Amount

18. Child & Other Dependent Care Expenses

Name of Care Provider ____________________
Address ____________________
____

Social Security or Employer ID ____________________
Amount Paid ____________________
Amount, if any, reimbursed by an employer dependent care plan ____________________

19. Health Care Coverage

A) Did you and everyone in your family have health coverage for every month of 2020?

Name	Insurance provider	Source- employer, exchange, etc	Specific months of 2020 when covered

B) Did you receive a Form 1095-A, 1095-B or 1095-C? If so, please submit a copy ☐ Yes ☐ No

C) Did you receive advance payments for insurance coverage? ☐ Yes ☐ No

D) Did you contribute to a health savings account for 2020? ☐ Yes ☐ No

E) Did you receive any distributions from your health savings account ? ☐ Yes ☐ No

If yes, how much did you receive? ____________

If yes, how much was spent on qualified unreimbursed medical costs? ____________

20. Estimated Tax Paid

Date Paid	Federal	State

21. Banking Information for Direct Deposits and Withdrawals

Would you like to have your refund(s) directly deposited into your account? ☐ Yes ☐ No

Would you like to have your tax due directly withdrawn from your account? ☐ Yes ☐ No

BANKING INFORMATION

Owner of account ☐ Taxpayer ☐ Spouse ☐ Joint

Type of account ☐ Checking ☐ Savings

Name of financial institution ____________________

Financial institution routing number ____________________

Your account number ____________________

Questions, Comments, or Other Information

To the best of my knowledge the information enclosed in this client organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer	**Date**	**Spouse**	**Date**