

1040

US

Tax Organizer

OBER FINANCIAL

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Tax Return Appointment

Date:

Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2020 tax return. Please enter all pertinent 2020 information. If you have attached a government form for an item, check the box and do not enter a 2020 amount.

CLIENT INFORMATION

Taxpayer

Spouse

First name and initial.....		
Last name.....		
Title/suffix.....		
Social security number....		
Occupation.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
1=blind.....		
Home phone.....		
Work phone.....		
Work extension.....		
Cell phone.....		
E-mail address.....		
Drivers License #.....		
Drivers License State.....		
Issue Date.....		
Expiration Date.....		

Address

Street address.....

Apartment number.....

City.....

State.....

ZIP code.....

DEPENDENTS

Dependent No.

Dependent No.

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
Date of adoption (m/d/y).....		
Social security number....		
Relationship.....		
Months lived at home.....		

WAGES, SALARIES AND TIPS

Employer Name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2020 Amount

2019 Amount

Attach Forms W-2

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Please enter all pertinent 2020 information. If you have attached a government form for an item, check the box and do not enter a 2020 amount.

INTEREST INCOME

Payer Name:

2020 Amount	2019 Amount
Attach Forms 1099-INT	

DIVIDEND INCOME

Payer Name:

Attach Forms 1099-DIV	

PENSION AND IRA INCOME

Payer name:

Attach Forms 1099-R	

GAMBLING WINNINGS

Payer name:

Attach Forms W-2G	

Total gambling losses.....
Winnings not reported on Form W-2G.....

OTHER GOVERNMENT FORMS - INCOME

- Form 1099-B - Sales of stock (also include transaction history).....
- Form 1099-MISC - Miscellaneous income.....
- Form 1099-K - Merchant card and third party network payments.....
- Form 1099-S - Sales of real estate (also include closing statements).....
- Form 1099-G - State tax refunds.....

Attach Forms 1099

Attach Forms 1099	
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Taxpayer:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

Attach Forms 1099	

Spouse:

- Form SSA-1099 - Social security benefits.....
- Form 1099-G - Unemployment compensation.....

Attach Forms 1099	

MISCELLANEOUS INCOME

Alimony received.....
Spouse: Alimony received.....

Other:

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Please enter all pertinent 2020 information. If you have attached a government form for an item, check the box and do not enter a 2020 amount.

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer:

- Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum)

Table with 2 columns: 2020 Amount, 2019 Amount

Spouse:

- Traditional IRA contributions (1=maximum)
Roth IRA contributions (1=maximum)
Self-employed SEP, SIMPLE, & qualified plan contributions (1=maximum)

Table with 2 columns: 2020 Amount, 2019 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

- Form 1098-E - Student loan interest
Form 1098-T - Tuition and related expenses

Attach Forms 1098

Affordable Care Act

- Form 1095-A - Health Insurance Marketplace Statement

Attach Forms 1095

ADJUSTMENTS TO INCOME

Taxpayer:

- Self-employed health insurance premiums
Educator expenses
Expenses from rental of personal property

Table with 2 columns: 2020 Amount, 2019 Amount

Other adjustments to income:

Table with 2 columns: 2020 Amount, 2019 Amount

Alimony Paid - Recipient name & SSN

Table with 2 columns: 2020 Amount, 2019 Amount

Spouse:

- Self-employed health insurance premiums
Educator expenses
Expenses from rental of personal property

Table with 2 columns: 2020 Amount, 2019 Amount

Other adjustments to income:

Table with 2 columns: 2020 Amount, 2019 Amount

Alimony Paid - Recipient name & SSN

Table with 2 columns: 2020 Amount, 2019 Amount

MEDICAL AND DENTAL EXPENSES

- Prescription medicines and drugs
Doctors, dentists and nurses
Hospitals and nursing homes
Insurance premiums
Taxpayer: Long-term care premiums
Spouse: Long-term care premiums
Insurance reimbursements
Out-of-pocket lodging and transportation expenses
Number of medical miles

Table with 2 columns: 2020 Amount, 2019 Amount

Other:

Table with 2 columns: 2020 Amount, 2019 Amount

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Please enter all pertinent 2020 information. If you have attached a government form for an item, check the box and do not enter a 2020 amount.

MEDICAL AND DENTAL EXPENSES (Continued)

Other: [line] 2020 Amount 2019 Amount

TAXES PAID

Table with 2 columns: Description, 2020 Amount, 2019 Amount. Rows include State income taxes, City/local income taxes, State and local sales taxes, etc.

Other: [line] [line] [line]

[checkbox] Personal property taxes (including automobile fees in some states)..... Attach Tax Notice

INTEREST PAID

Home mortgage interest and points paid [checkbox] Attach Forms 1098

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee)

Points not reported on Form 1098

Mortgage insurance premiums on post 12/31/06 contracts.....

Investment interest (interest on margin accounts):

Passive Interest.....

CASH CONTRIBUTIONS

Note: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contributions date(s), and contribution amount(s).

[line] [line]

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Please enter all pertinent 2020 information. If you have attached a government form for an item, check the box and do not enter a 2020 amount.

CASH CONTRIBUTIONS (Continued)

	2020 Amount	2019 Amount
Volunteer Expenses (out-of-pocket).....		
Number of charitable miles.....		

NONCASH CONTRIBUTIONS

Note: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

MISCELLANEOUS DEDUCTIONS

Union and professional dues.....		
Tax return preparation fee.....		
Safe deposit box rental.....		
Investment expenses.....		
Estate tax, section 691(c).....		

Unreimbursed employee expenses:

Other:

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Business Income (Schedule C) (cont.)

No.

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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2020 Amount	2019 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2020 Amount	2019 Amount
Description of property		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented	34	

Percentage of ownership if not 100% (.xxxx)		1=did not actively participate	
Percentage of tenant occupancy if not 100% (.xxxx)		1=real estate professional	
1=spouse, 2=joint		1=rental other than real estate	
1=qualified joint venture		1=investment	
1=nonpassive activity, 2=passive royalty		1=single member limited liability company	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no			

INCOME

	2020 Amount	2019 Amount
Rents or royalties received		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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Vehicle Expenses

No.

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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2020 Amount	2019 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months of business use if changed from 100% personal use		

AUTOMOBILE MILEAGE

Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

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Business Use of Home (Form 8829)

No.

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Please enter 2020 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2020 Amount	2019 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
Area of home included above used exclusively for daycare business, if any (sq ft).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		

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Vehicle Expenses (Form 2106) (cont.)

No.

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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

- 1=vehicle used primarily by more than 5% owner
- 1=vehicle is available for off-duty personal use
- 1=no other vehicle is available for personal use
- 1=no evidence to support your deduction
- 1=no written evidence to support your deduction

2020 Amount	2019 Amount

VEHICLE 1

- Description of vehicle
- Date placed in service (m/d/y)
- Total mileage (for the tax year)
- Business mileage
- Commuting mileage (for the tax year)
- Average daily round-trip commute
- Number of months of business use if changed from 100% personal use
- Parking fees and tolls (business portion only)

Actual expenses:

- Gasoline, lube, oil
- Repairs
- Tires
- Insurance
- Miscellaneous
- Auto license (other than personal property taxes)
- Personal property taxes (based on car's value)
- Interest (car loan) (for Schedule C, E & F)
- Vehicle rent or lease payments
- Inclusion amount (enter as positive)
- Value of employer-provided vehicle on Form W-2 (2106)

VEHICLE 2

- Description of vehicle
- Date placed in service (m/d/y)
- Total mileage (for the tax year)
- Business mileage
- Commuting mileage (for the tax year)
- Average daily round-trip commute
- Number of months of business use if changed from 100% personal use
- Parking fees and tolls (business portion only)

Actual expenses:

- Gasoline, lube, oil
- Repairs
- Tires
- Insurance
- Miscellaneous
- Auto license (other than personal property taxes)
- Personal property taxes (based on car's value)
- Interest (car loan) (for Schedule C, E and F)
- Vehicle rent or lease payments
- Inclusion amount (enter as positive)
- Value of employer-provided vehicle on Form W-2 (2106)
