Michele Knight, CPA
Knight Accounting, LLC
www.cpamichele.com

2020 Individual Tax Organizer

ph 303-598-4413
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NOTES: 1) You must retain receipts for all expenses for at least 7 years, Knight Acctg only needs tax forms, not receipts.
2) Please email or mail all docs at the same time, rather than piecemeal. Copies are preferred over originals.
3) Please do not send 5498 forms, 1095-B or C, receipts, annual statements or anything not specifically requested.
4) If you own a small business or rental property, please use the organizers found at www.cpamichele.com

	Taxpayer		Spouse
Name		Name	
SSN		SSN	
Occupation		Occupation	
Date of Birth		Date of Birth	
Email		Email	
Phone #		Phone #	
Driver's License: State, License #, Issue Date, Exp Date		Driver's License: State, License #, Issue Date, Exp Date	

Mailing Address (city, state, zip):

Direct Deposit Info:

Bank Name ______ Routing # ______ Account # ______

If you want your refund split between bank accounts or used to purchase US Savings Bonds, please note below.

Dependents' Name	SSN	Date of Birth	Age 12/31/20

Do any dependents have earned income > $12,400 or investment income > $2,200? If so, a return may be required.

For Daycare and Summer/Sports Camps (under age 13)

* Add list below if you need more space, must list amount paid per child

Child	Provider's Name	Provider's Address	Tax ID#	Amount Paid

For College & Grad Students:

*** Attach 1098-T, 1099-Q, and Savings Bond Info**

Student	# of year's completed as of 12/31/20	Name of School	Tuition Paid in 2020	Other Exp Paid in 2020

Total Annual Contributions to State's 529 Plan

2020 Covid Rebate Credit:	Amount Received?		Date Received?	
2021 Covid Rebate Credit:	Amount Received?		Date Received?	

* If you are unsure, please visit IRS.gov/account and sign up to review your tax information online

Any notes on items listed on this page?

NOTES:

Mailing Address:
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INCOME SOURCES - Please include copies of the following source documents:
W-2 Wages or W-2G Gambling Income, SSA-1099 (Social Security Statement)
1099-R (pension), 1099-MISC (miscellaneous), 1099-INT (interest), 1099-DIV (dividends), 1099-G (government payments)
1099-B: Stocks, Bonds, Real Estate - **must provide Purchase Price & Date, Sales Price & Date**
Schedule K-1: Partnerships, S Corporations, Trust or Estate
Other Income: Alimony, jury duty, tips, prizes, awards, unreported tips
1095-A from State Health Insurance Marketplace (1095-B and 1095-C are NOT needed)

ESTIMATED TAX PAYMENTS - only list amounts you paid to the IRS and state on 2020 estimated tax vouchers
- do not include amounts paid towards prior year taxes
- do not include items paid or withheld through payroll, W-2, 1099 or other withholdings

	Date	Amount	Date	Amount	Date	Amount	Date	Amount
Federal		$ -		$ -		$ -		$ -
State		$ -		$ -		$ -		$ -

HEALTH SAVINGS ACCOUNTS **- do not include amounts listed on your W-2, only those made out of pocket**

	Taxpayer's Contribution	Spouse's Contribution
HSA Out of Pocket Contribution Amt	$ -	$ -
Was this a high deductible health plan?	yes / no	
Was this plan for an individual or family?	Individual / Family	

RETIREMENT CONTRIBUTIONS **- do not include amounts listed on your W-2, only those made out of pocket**

	Taxpayer's Contribution	Spouse's Contribution	Date Made
Trad'l IRA Contributions ALREADY made for 2020	$ -	$ -	
Roth IRA Contributions ALREADY made for 2020	$ -	$ -	
SEP Contributions ALREADY made for 2020	$ -	$ -	

If you want Knight Accounting to calculate your allowable contributions, please make note below of how much you plan to contribute before 4/15/2020 (or just write "MAXIMIZE")

Student Loan Interest Deduction **- do not include interest statements from student loan companies**

Loan Company Name	Taxpayer's Interest Paid	Spouse's Interest Paid
	$ -	$ -
	$ -	$ -

Did you receive, sell, send, exchange or acquire any interest in any virtual currency?
If taxpayer/spouse is a K-12 educator, did you spend $250 or more on supplies?
Did you add central air, boiler/furnace/fan, insulation, roof, water heater, or windows/doors to your home?

Cost	$ -	Description	
Amount of alimony paid?	$ -	Recipient's SSN	
Amount of alimony received?	$ -	Payor's SSN	
Date of Divorce			
Did you adopt a child?	yes / no	Total adoption expenses incurred?	$ -

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ITEMIZED DEDUCTIONS

Actuals only, estimates are not acceptable.

MEDICAL EXPENSES: (only list if you feel they may exceed 7.5% of your income, or if you are self-employed)

Prescription Drugs	$ -	LongTerm Care-taxpayer	$ -
Doctors, Dentists	$ -	LongTerm Care-spouse	$ -
Hospitals, Clinics	$ -	Medical Eqpt & Supplies	$ -
Eyeglasses, Contacts	$ -		
Insurance Premiums paid out of pocket		# Miles Driven for Medical	

$ - **(do not include Medicare or premiums paid through an employer or paycheck)**

TAXES:

Do you claim a home office for business? (If yes, complete page 2 of small business organizer) yes / no

Real estate taxes paid on principal residence	$ -
Real estate taxes paid on add'l homes or land **(NOT RENTAL PROPERTIES)**	$ -
Car Registration Taxes	$ -
Total sales tax paid on large purchases (if greater than state income tax paid)	$ -

HOME MORTGAGE INTEREST - Please include copies of Form 1098 for each loan:

Mortgage Lender/Bank	Interest Paid
	$ -
	$ -
	$ -

Points Paid on Mortgage $ - Date Paid Length of Mortgage

* CHARITABLE CONTRIBUTIONS: Attach list if add'l space is needed. Please include whether you itemize or not.

CASH: Unless eligible for CO-specific credit, do not send receipts, but keep for your records

Name of Charity	$ donated	Name of Charity	$ donated
	$ -		$ -
	$ -		$ -
	$ -		$ -
	$ -	# Charitable Miles Driven?	

NON-CASH: See Salvation Army Donation Guide posted on www.cpamichele.com, under Downloads

Charity Name and Address	Est. Thrift Store Value	Est. Purch Price	Date Donated
	$ -	$ -	
	$ -	$ -	
	$ -	$ -	

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