

2020 INDIVIDUAL ORGANIZER



PERSONAL INFORMATION

Taxpayer Name _____ Spouse's Name _____

TAXPAYER QUESTIONNAIRE

Please answer all the questions below.

Did any of your personal information change during 2020 (e.g. address, filing status, email, phone, etc.)? ___ Yes ___ No
 If yes, please detail: _____

Would you like to contribute \$3 to the Presidential Election Campaign Fund? Taxpayer: ___ Yes ___ No Spouse: ___ Yes ___ No

Did you have a change in dependents you can claim for 2020? If yes, detail below... ___ Yes ___ No

Add or Remove	Dependent's Names (First, Initial, Last)	Birth Date	Soc. Sec. #	Relationship

Have you, or will you by 4/15/2021, make an IRA Contribution? If yes, please provide detail below. ___ Yes ___ No

Traditional (taxpayer) \$ _____ Roth (taxpayer) \$ _____ Traditional (spouse) \$ _____ Roth (spouse) \$ _____

Did you purchase, sell or refinance any real estate in 2020? If yes, please provide Closing Statement. ___ Yes ___ No

Did any of your children have "unearned income" (interest/dividends/capital gains) over \$1,050? ___ Yes ___ No

Did you make any energy efficient improvements to your home in 2020? If yes, please send invoices. ___ Yes ___ No

Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies? ___ Yes ___ No

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? ___ Yes ___ No

PERSONAL ESTIMATED INCOME TAXES PAID **(PLEASE PROVIDE PROOF OF PAYMENT/CHECK COPY)**

Estimated taxes paid:	Date Paid	Federal	Date Paid	State
Balance of 2019 tax Paid in 2020	_____	\$ _____	_____	\$ _____
4th Quarter 2019 tax (due 1/15/20)	_____	\$ _____	_____	\$ _____
1st Quarter 2020 (due 4-15-20)	_____	\$ _____	_____	\$ _____
2nd Quarter 2020 (due 6-15-20)	_____	\$ _____	_____	\$ _____
3rd Quarter 2020 (due 9-15-20)	_____	\$ _____	_____	\$ _____
4th Quarter 2020 (due 1-15-21)	_____	\$ _____	_____	\$ _____

FORMS OF INCOME

If you received ANY of these forms, or had ANY of these types of income, please check box, and provide form if-applicable.

- | | | |
|---|--|---|
| _____ W-2 (Wage & Salary)
_____ 1099-INT (Interest)
_____ 1099-DIV (Dividends)
_____ 1099-B (Brokerage Proceeds)
_____ 1099-G (State Refunds & Payments)
_____ 1099-R (Pension, IRA & Annuity Distributions/Conversions/Rollovers) | _____ SSA-1099 (Social Security Benefits)
_____ 1099-S (Real Estate Proceeds)
_____ 1099-C (Cancellation of Debt)
_____ K-1 (Partnership, S-Corp or Trust Income)
_____ W-2G (Gambling (lottery/prizes/awards/raffles))
_____ ANY Other 1099 or Income Tax Form
_____ Alimony Income | _____ Business Income (Please fill out BBD Business Organizer or Business Questionnaire)
_____ Rental Income (Please fill out BBD Rental Organizer and/or Rental Questionnaire)
_____ Do you have ANY other form of income not indicated elsewhere? Please describe...
Other Income Described: _____ |
|---|--|---|

FORMS OF ADJUSTMENTS, DEDUCTIONS AND CREDITS

If you received ANY of these forms, or had ANY of these expenses, please check box, and provide form if-applicable.

- | | | |
|--|--|--|
| _____ 1098 (Mortgage Interest)
_____ 1098-E (Student Loan Interest)
_____ 1098-T (Tuition for household mbr)
_____ Penalty on CD withdrawal
_____ Other Interest Paid on Investments | _____ 1095-A,B or C (Health Insurance)
_____ 5498-SA (HSA or MSA Contribution)
_____ 5498 (Retirement Contribution)
_____ Gambling Losses
_____ Property Tax Statement (other than personal residence) | _____ Alimony Expense
_____ Child Care Paid (Need detail split by provider (including SSN/EIN) by dependent)
_____ Adoption Expenses were Incurred |
|--|--|--|

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FORMS OF ADJUSTMENTS, DEDUCTIONS AND CREDITS (continued)

If any of the following were paid in 2020, please fill in applicable amounts below.

MEDICAL EXPENSE DEDUCTION - LIMITED

Medical Deductions are subject to significant limitations. What was your total Medical Expense for 2020, **not including** Self-Employed Health Insurance nor expenses reimbursed by HSA/MSA Accounts:
\$ _____

We may ask for detail if we think you may benefit.

PERSONAL PROPERTY TAXES PAID

VEHICLE TABS PAID IN 2020

Send actual auto tab receipts **OR List plate number of each vehicle**

Plate Number: Vehicle 1 _____
 Plate Number: Vehicle 2 _____
 Plate Number: Vehicle 3 _____

MORTGAGE INTEREST (send all 1098 forms you received. If you paid to an Individual-provide name, address and Soc. Sec. #.)

There are IRS Limitations on Mortgage, Home Equity, and Line of Credit Interest. Please confirm if any of the following apply

- 1) Is any of your mortgage debt secured by a second home, other than your primary residence? ___ Yes ___ No
- 2) Is your total personal mortgage debt over \$750,000 at the end of 2020? ___ Yes ___ No
- 3) Were any mortgage debt proceeds used for anything other than to buy, build or improve your home? ___ Yes ___ No

REAL ESTATE TAXES (Primary Residence & Secondary Residence – Also Send Property Tax Statements)

\$ _____ Primary Residence \$ _____ Secondary Residence ... Secondary Address: _____

CONTRIBUTIONS to IRS approved charities (receipt is required on donations of \$250 or more to each charity)

\$ _____ Contributions of money – **written verification required**

\$ _____ Gifts other than cash (i.e. Goodwill, Vehicle, etc.) (If total of **ALL** non-cash contributions exceed \$500 in 2020 then itemize and **provide name, address, date and cost.** (Items in good or better condition.)

OTHER ADJUSTMENTS

\$ _____ School Supplies purchased by Teachers

***** MINNESOTA RESIDENTS ONLY *****

STATE ELECTIONS FUNDS & DEDUCTIONS

Designate \$5.00 to **State Elections** Campaign Fund? (Indicating a party will not increase or decrease your refund/payment)

___ Independent ___ Republican ___ Democratic Farmer-Labor ___ Green ___ General Campaign Fund

\$ _____ Amount for **Non-Game Wildlife Fund** (Reduces Refund or Increases Amount Due)

Miscellaneous Employee Expenses (W-2 employees only) - **DO NOT LIST EXPENSES FOR BUSINESS**

\$ _____ Un-reimbursed employee business expenses (W2)

LONG TERM CARE INSURANCE CREDIT

Policy Number _____ Insurance Company _____ Premiums Paid _____ (**Taxpayer**)

Policy Number _____ Insurance Company _____ Premiums Paid _____ (**Spouse**)

EDUCATION EXPENSES - (K-12 Subtraction or Credit) – List separately for each child, complete Instructor Name & Address for Ind. Fees lessons

Child Name and Grade at End of Year				
Class Fees (field trips)				
Individual Fees (Tutoring, music/dance lessons)				
Name of Institution / Instructor	Address:			
Textbooks & School/Project Supplies				
Musical Instruments (Purchase or rental fees)				
List instrument purchased				
Computer Hardware/Software (Educational programs)				
Private School Tuition (K-12 only)				

Did you contribute to a 529 plan in 2020 (as owner or established for the benefit of any individual)?

___ Yes ___ No. If yes, List (Do this for each account you made a 529 contribution to):

Trustee name: _____ Account number: _____ Amount contributed: \$ _____

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Trustee name: _____ Account number: _____ Amount contributed: \$ _____

Total Amounts Distributed in 2020, from all accounts: \$ _____