STREL TAX SERVICES
Kevin Strel, Enrolled Agent
PO Box 13440, Burton WA 98013
(206) 463-4628 • kevin@strel.com

Organizer and Checklist

There is no need to fill in the amounts from your official documents. Just give me the documents.
I prefer to work directly from your W2's, 1099s or or other official documents. If you do decide to enter the amounts, make a note so I don't accidentally duplicate the entry.

Secure Portal / Zoom Meetings.
We offer Verifyle, an easy to use secure portal that works a lot like text messaging, WhatsApp or Slack. This is safer than email. You can upload, download and sign documents. It's free and very popular with my clients. You easily can access your documents anytime you like. Zoom is always a possibility, too.

Photos of Documents
Please avoid emailing or uploading iPhone photos of documents. The poor quality and shadows are incompatible with my error checking workflow, and can add cost and the potential for errors. Several iPhone scanner apps are good, including the Apple Notes app, which is already installed on iPhones. Go to this link for details: **tinyurl.com/scanphone**
.
Existing clients do not need to complete the first two information pages if you think I already have the information on file. Just let me know of changes.

New Clients can use tax organizers provided by their previous tax preparer if you like. Please provide last year's (or your most recently filed) tax return.

Print this organizer instead of trying to fill out on the screen
That is safer, unless you save often and double check that the data you are entering is actually being saved. I am happy to print one out for you, too.

Rentals? Small business?
This is our basic organizer. Please visit our Resources page at Strel.com for small business and rental organizers.

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What does this engagement include?

Our engagement to prepare your 2021 tax returns will conclude with the delivery or e-filing of your tax returns. Additional work, such as later work with audits, and responding to IRS letters will be invoiced, unless due to our error.

We are happy to answer quick tax questions throughout the year at no charge, however we may need to invoice our work if we have to research your issue.

Will we verify or audit your information?

We will depend on you to provide accurate and complete information. We may ask you to clarify some items but will not audit or otherwise verify the data you submit.

Should we encounter instances of unclear wording or conflicts in the interpretation of tax law, we will outline reasonable courses of action and the risks and consequences of each. We will adopt, on your behalf, the alternative you select, unless you ask us to do something that the IRS will see as "unreasonable" or illegal.

Our Payment and Fees

We try to estimate our fee as closely as possible, but sometimes some extra work comes up. If we find that the extra work will increase the bill more than a small amount, we'll let you know.

Invoices are due and payable upon completion of our work.

Please make checks payable to "Strel LLC" Credit card accepted - 3% additional. We can't deduct our fees from your refund. .

E-File / Tax Refund and Payments

We normally must e-file your tax returns and, for reliability and refund speed, recommend including bank account information for the IRS to direct deposit refunds or autodraft amounts due. We can select the exact date of payment withdrawals up to April 15.

Privacy Policy

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients. This can include client requests for non-tax related services, or as required by law.

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

Accepted By

____

Taxpayer (Sign and Date)

____

Spouse (Sign and Date)

We suggest printing this organizer instead of filling it out on your computer to be certain your work is actually saved.

CHECKLIST

General Information

- Last year's filed tax return (New clients only).
- Exact amount of stimulus payments you received, or the explanation that was mailed.

Dependents

- Dependent documentation showing residency with you. Possibilities are a screenshot from the student's page on the school website, a medical document, or ID. (I will personally incur high penalties if I skip this even if I know you).
- Childcare expenses, provider's address, SSN / EIN number and amounts paid.

Income

- W-2 Forms from Employers
- Form 1099-INT: Interest Income
- Form 1099-DIV: Dividend Income
- 1099-Consolidated, or 1099-B from stock brokerage accounts. Download the PDF from your broker.
- Form 1099-R: Retirement Income
- Alimony received or paid
- Form 1099-G: State Tax Refund.
- Unemployment Compensation.
- Form 1099-S: Sales of Real Estate.
- Form 1099-MISC: Non-employee compensation or other income
- Form SSA-1099: Social Security
- K-1: Income from Partnerships, S- Corporations and Estates.
- Form 1099-C: (Cancellation of Debt)
- Brokers, Government Agencies, Contract Employers, etc.
- Form W-2G: Gambling Winnings and Losses

Rental Income

- Rental Income and Expenses page in this organizer, or similar.
- Prior year depreciation schedules from your last tax return
- Form 8542 or similar detailing any disallowed passive losses on your rental properties
- New Rental? Bring Final HUD closing statement.

Business or Farm Income

- Self-employment pages in this organizer, or I can use the profit and loss statements generated by your bookkeeping software for most of the information.
- Farm income section may be found on our organizer page.
- Medical insurance you purchased, including Medicare and Medicare supplemental plans.
- Home Office: Total square feet of the home, and square feet of your office. Especially on larger offices, it might be worthwhile to prorate your actual home expenses instead.

Foreign Income

- Foreign Source Income.
- Foreign bank information, including bank accounts owned by others that you are able to sign on, if the total of all your accounts was greater than $10,000.

Itemized Deductions
You usually need over $12,000 Single, $24,000 married in this section to make the research worthwhile. Exception: Non-itemizers can still deduct up to $300 in cash charitable donations.

- Medical expense, prescription medicines and drugs, doctor and dentist payments, hospital and nurse payments.
- Medical Miles Driven, parking and ferry fares.
- Long term care insurance premiums.
- Medical insurance paid, including Medicare Supplemental Insurance
- Form 1098: from Mortgage Lenders.
- Property/Real Estate Taxes Paid, usually on the 1098 if paid by your lender.
- Home Purchase/Refinance Documents, Closing Disclosure/HUD Statements
- Private Mortgage Insurance (PMI) Premiums, Year-End Loan Statements
- Charitable Cash Contributions.
- Fair Market Value of Non-Cash Charitable Contributions.
- Unreimbursed Volunteer expenses and volunteer mileage driven.

Payments and Other Information

- Estimated tax payments made and date paid.
- Form 1095-A if you purchased Obamacare health insurance on the marketplace: Usually not mailed to you, download at **wahealthplanfinder.org**
- Contributions and distributions from a Health Savings Account
- IRA contributions: Traditional IRA and Roth IRA.
- Student loan interest paid.
- Form 1098-T: Tuition expenses and list of expenses paid.
- Household Employees paid over $2200 usually requires employment taxes to be paid.
- Educator classroom and PPE expenses.

Deadlines

Wednesday, March 24, 2021 - Paperwork to me deadline.

All tax documentation must be received for us to guarantee an on-time filing (I routinely receive documentation well into April and still complete the tax returns on time - I just can't promise it).

Wednesday, April 7, 2021 - Deadline to ask for an extension to file (not to pay).

Penalty + interest for unextended late filing is roughly 6% per month, while not paying is only 1% per month. Pay what you can with the extension to minimize extra fees. **$35 fee for extensions**.

Monday, April 12, 2021 - Signatures and Tax Payments

The final date for receiving final signatures to allow for reliable e-filing and payment by the 4/15 IRS deadline on all individual tax returns (except Expats).

2020 Tax Organizer
Personal and Dependent Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
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

	Taxpayer		Spouse	
Are you blind?	☐ Yes	☐ No	☐ Yes	☐ No
Are you disabled?	☐ Yes	☐ No	☐ Yes	☐ No
Are you a full-time student?	☐ Yes	☐ No	☐ Yes	☐ No
Do you want $3 to go to the Presidential Election Campaign Fund?	☐ 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 and Notice 1444-B 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
			☐	☐	☐	☐
			☐	☐	☐	☐

Identfication 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 ____________

2020

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 child dependents.
This can school records, student webpage screenshots, medical records, daycare records, etc. Tax preparers are subject to laws and significant penalties that require them to obtain this documentation for child credits even when I know you well. Thank you for your kind understanding.

COVID-19 Implications

Yes No

- ☐ ☐ Did you receive an Economic Impact Payment? (Stimulus payment.)
  If "Yes," provide Notice 1444 from the IRS, or dates and amounts of the payment.
- ☐ ☐ 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. Download these from WAHEALTHPLANFINDER.ORG
- ☐ ☐ Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

2020

Questionnaire

Name: SSN:

Questionnaire

- ☐ ☐ 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?
- ☐ ☐ 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?

2020

Questionnaire

Name: SSN:

Questionnaire

- ☐ ☐ 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?

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? **IRS Requires this to be answered.**
- ☐ ☐ 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? (Military only)
- ☐ ☐ 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 purchase an electric or hybrid car in 2020?
- ☐ ☐ 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? This can include accounts owned by an overseas parent that you can sign on.
- ☐ ☐ Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?

Schedule A - Itemized Deductions

Name:

Skip this section if you don't think totals will exceed $12,400 Single, $24,800 Married
Exception: At least $300 in cash donations will be deductible for everyone in 2020.

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	Cash	Noncash	Amount
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:

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

Type of expense	Amount

Student name

Type of expense	Amount

Student name

Type of expense	Amount

Student name

Type of expense	Amount

Student name

Type of expense	Amount

Student name

Type of expense	Amount

Schedule C - Profit or Loss from Business

Name: Self-Employed, SSN:

General Business Information

Business name ____________ Employer ID number ____________

Professional product or service ____________

Business address, city, state, ZIP ____________

☐ This business started or was acquired during 2020 ☐ Yes ☐ No Payments of $600 or more were paid to an individual who is not your employee for services provided for this business

☐ This business was disposed of during 2020 ☐ Yes ☐ No You filed Forms 1099 for the individuals

Income — Please include information on PPP / EIDL loans received

Gross Income is income BEFORE any withheld merchant or marketplace fees. You can Expense the fees below.

			2020
Gross receipts or sales		Other income	
Returns & allowances			

Expenses

	2020		2020
Advertising		Travel	
Car & truck expenses		Total meals	
Commissions & fees		Utilities	
Contract labor		Wages	
Depletion		Other expenses (list)	
Employee benefit programs			
Insurance (other than health)			
Interest - mortgage			
Interest - other			
Legal & professional services			
Office expenses			
Pension & profit sharing plans			
Rent or lease (vehicles, machinery, & equipment)			
Rent (other business property)			
Repairs & maintenance			
Supplies			
Taxes & licenses			

Cost of Goods Sold

	2020		2020
Inventory at beginning of year		Materials & supplies	
Purchases		Other costs	
Cost of personal use items		Inventory at end of year	
Cost of labor		☐ There was a change in inventory method	

Is Sales Tax included in your Gross Income?

You have the option of including or not including sales tax you collected in your gross income. Just let me know which you are doing. Quickbooks is usually set up not to include it. If you do not include sales tax, you must not include sales tax you paid to the Department of Revenue as an expense. Separate out the B&O tax and only list that amount.

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		Yes	No	
☐	☐	This vehicle is available for use during off-duty hours	☐	☐	There is evidence to support your deduction
☐	☐	Another vehicle is available for personal use	☐	☐	The evidence is written

Mileage

Number of miles the vehicle was driven during 2020

Business . . . . ______

Commuting . . . . ______

Other (Personal Miles) . . . . ______

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.

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

- ☐ Single family residence
- ☐ Multi-family residence
- ☐ Vacation / short-term rental
- ☐ Commercial
- ☐ Land
- ☐ Royalties
- ☐ Self-rental
- ☐ 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 ______

- ☐ This property is your main home or second home
- ☐ This property was disposed of during 2020
- ☐ This property was owned as a qualified joint venture

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

☐ Yes ☐ No You filed Forms 1099 for the individuals

Income

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

Expenses

	Rental unit expenses	Rental **and** homeowner expenses
Advertising	______	
Auto & travel	______	
Cleaning & maintenance	______	______
Commissions	______	
Insurance	______	______
Legal & professional fees	______	
Management fees	______	
Mortgage interest	______	______
Other interest	______	______
Repairs	______	______
Supplies	______	______
Taxes	______	______
Utilities	______	______
Depletion	______	
Other expenses		
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______
______	______	______

If this Schedule E is for a 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.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Household Employment

Name: Housekeepers, Gardeners, etc 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 unemplyment 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	______________