

MinistryCPA 2020 Tax Return Organizer

Name(s): _____ Primary Contact: _____

Primary Contact Email: _____ Phone: _____

Spouse's Email: _____ Spouse Phone: _____

Updated/Current Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Preferred method of communication? Phone Email Other: _____

My forms W-2, 1099, K-1, 1095, 1098, 1098-T, etc. have been provided to MinistryCPA YES NO

*See Tax Preparation Checklist for help in gathering documents (www.ministry.cpa/resources/tax-organizers)

Banking Information

If you are due a **refund**, how do you want to receive it?

- Check sent to you in the mail
- Apply to next year's estimates
- Direct deposit (please provide a voided blank check OR complete the following)

Bank name: _____ Checking or Savings

Routing #: _____ Acct #: _____

If you **owe** taxes, how do you want to pay them?

- Paper check sent in mail/online payment.
- Direct debit from my bank account (please provide bank information above)

Let me know if an IRA retirement or HSA contribution on or before 4/15/2021 will save taxes.

Dependent Filing Information

For each dependent with income, **please provide all necessary tax documentation** (forms W-2, 1099, 1098-T, etc.), email address for e-filing, and preferred refund or balance due payment method. MinistryCPA will prepare your dependent's simple form W-2 tax return at no additional cost to you. If the dependent is filing their own return, **please provide a copy of their filed return.**

My dependents' forms have also been provided. N/A YES NO

Name: _____ Dependent email: _____

Name: _____ Dependent email: _____

Name: _____ Dependent email: _____

Additional dependent info:

General Information

1. Are there any changes in your personal information or dependent information from last year? YES NO
2. Did you purchase or sell your principal residence or other property? *Please provide closing documents.* YES NO
3. Have you received any tax correspondence from the IRS or a state agency regarding prior year returns, etc.? YES NO
If yes, explain any ongoing correspondence in the Additional Comments section on page 5.
4. Have you been a victim of identity theft in prior years **and** been issued an Identity Protection Pin? YES NO
5. Did you make any federal or state **estimated** tax payments for tax year **2020**? YES NO

*If yes, provide **payment dates and amounts**, including any January 2021 payments for the year 2020. **Note:** January 2020 payments, if any, were likely for the 2019 tax year. Please do not include payments made in 2020 not for tax year 2020.*

| Federal | Date | Amount |
|---------|------|--------|
| | | |
| | | |
| | | |
| | | |

| State | Date | Amount |
|-------|------|--------|
| | | |
| | | |
| | | |
| | | |

6. Did you receive an economic impact payment (stimulus check)? YES NO
 If yes, amount received: \$ _____
7. Did you receive, sell, send, exchange, or acquire any virtual currency in 2020? YES NO
8. Indicate what types of healthcare coverage you maintained in 2020?

- | | |
|---|---|
| <input type="checkbox"/> Employer-Sponsored Plan <input type="checkbox"/> Marketplace Coverage* (healthcare.gov) Please provide Form 1095-A <input type="checkbox"/> State Health Coverage/Medicaid <input type="checkbox"/> Healthcare Sharing | <input type="checkbox"/> Medicare <input type="checkbox"/> Medicare Supplement <input type="checkbox"/> Other: _____ <input type="checkbox"/> None |
|---|---|

*If you had Marketplace Coverage at any point in the year, did you receive any Premium Tax Credit? YES NO

9. Did you make charitable contributions of at least \$300? YES NO
10. Were either you or your spouse in the military or National Guard in 2020? YES NO
11. Did you incur adoption expenses in 2020? If yes, please provide payees and amounts. YES NO

Additional general info:

Other Income and Expenses

12. Did you or your spouse have income not reported on Form W-2? YES NO

13. Please indicate the types of additional income received in 2020:

- Self-employment/business Rental Royalty Unemployment Partnership or S-Corp (Sch. K-1)
- Dividends Interest Capital gains Retirement Distributions Other: _____

14. Indicate which method/s used to provide listing of income and expenses (Check all that apply):

- Completed Self-Employed Organizer (www.ministry.cpa/resources/tax-organizers)
- Completed Rental Organizer (www.ministry.cpa/resources/tax-organizers)
- Provided income and expenses in another format (QuickBooks, Excel, Etc.)
- Provided tax documents (Forms 1099-NEC, Forms 1099-MISC, 1099-G, 1099-INT, 1099-DIV, 1099-B, 1099-R, etc.)

Additional other income info:

Dependents, Education, and Child Care (if applicable)

15. Did any of your dependents (other than spouse) have earned income in 2020? N/A YES NO

*MinistryCPA will prepare your dependent's simple Form W-2 tax return at no additional cost to you.

| Child Name | Estimated Income | MinistryCPA Preparing | Self-Preparing | Other/Comments |
|------------|------------------|--------------------------|--------------------------|----------------|
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | |
| | \$ | <input type="checkbox"/> | <input type="checkbox"/> | |

*If you are unsure as to whether you can/should claim a child as your dependent, we will assist in this determination.

16. Did you pay college tuition or fees for you or a dependent? YES NO

If yes, complete the following table and provide **Form(s) 1098-T**. Note: We are required to have a copy of the 1098-T before e-filing your return.

| Student | Full-time or Part-time | Grade/Level | Cost of Expenses, other than room and board (e.g., books, supplies), in 2020 |
|---------|------------------------|-------------|--|
| | | | |
| | | | |
| | | | |

17. Did you pay any student loan interest? If yes, provide statement (Form 1098-E) from lender. YES NO

18. Did you receive distributions from a 529 plan, or similar account? (Provide form 1099-Q) YES NO

19. Did you pay expenses for the care of your child or other dependent, so you could work? YES NO

*If yes, please provide **care provider name, EIN, and expenses.***

IRA, HSA, Investments

20. **Your Name:** _____ Indicate which type of retirement/savings accounts you made contributions to in 2020:

IRA Roth IRA 401(k) 403(b) SIMPLE IRA SEP IRA HSA Other: _____

21. Indicate the amount and type of contributions made to any of accounts listed above in 2020:

Check if made through
Employer-sponsored plan

1. Account Type: _____ Amount Contributed for 2020: \$ _____
2. Account Type: _____ Amount Contributed for 2020: \$ _____
3. Account Type: _____ Amount Contributed for 2020: \$ _____

22. **Spouse's name:** _____ Indicate which type of retirement/savings accounts you made contributions to in 2020:

IRA Roth IRA 401(k) 403(b) SIMPLE IRA SEP IRA HSA Other: _____

23. Indicate the amount and type of contributions made to any of accounts listed above in 2020:

Check if made through
Employer-sponsored plan

1. Account Type: _____ Amount Contributed for 2020: \$ _____
2. Account Type: _____ Amount Contributed for 2020: \$ _____
3. Account Type: _____ Amount Contributed for 2020: \$ _____

24. Did you or your spouse "roll over" a retirement account or convert a traditional IRA amount to a Roth IRA? YES NO

25. Did any investment of yours become worthless or debts become uncollectible in 2020? YES NO

26. Did you or your spouse take any distributions from an HSA (Health Savings Account) in 2020? YES NO

If yes, please provide Form 1099-SA.

Minister and Missionary Questions

I am not a minister or a missionary (Skip this section)

27. Did you use part of your home "regularly and exclusively" for ministry purposes? YES NO
Square footage of home: _____ Square footage of office space: _____

28. Did you use your car on the job (other than to and from work for commuting) and were not fully reimbursed? YES NO

29. Did you incur any unreimbursed travel, meals, lodging, or gift expenses for ministry purposes? YES NO

Please provide listing of all unreimbursed mileage and expenses.

30. If applicable, have you completed and provided us the housing allowance worksheet? YES NO

The worksheet is available for download on our website: www.ministry.cpa/resources/tax-organizers.

31. Did you and your family live outside the U.S. for any part of 2020? If yes, provide below all travel dates in and out of the U.S.

32. Did you own, have interest in, or have signing ability over a foreign financial account* in 2020? YES NO

**E.g., checking, savings, Canadian RRSP. The accounts may be owned by another individual or entity.*

If yes, did the combined balances of all foreign accounts at any point in 2020 exceed \$10,000?* YES NO

*Please complete the FBAR Organizer: (www.ministry.cpa/resources/tax-organizers)

State Tax (if applicable)

33. If you made online purchases subject to state sales tax that was unpaid, provide amount online purchases: \$ _____ N/A
34. If you paid rent for a home that you lived in, provide total paid for 2020: \$ _____ Paid own heat N/A
35. Did one or more of your dependents attend a private school (K-12)? N/A YES NO
Please separately provide name, grade, tuition paid, other education expenses, and school info for 2020.
36. Did you make contributions to a state education plan (e.g. WI Edvest, Tomorrow's Scholars, etc.)? YES NO

New Client/Updated Info

| <i>Taxpayers</i> | <i>Date of Birth</i> | <i>SSN</i> | <i>Occupation</i> |
|-------------------|----------------------|------------|--|
| | | | |
| | | | |
| <i>Dependents</i> | <i>Date of Birth</i> | <i>SSN</i> | <i>Full time student?</i> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**MinistryCPA will prepare your dependent's simple Form W-2 tax return at no additional cost to you.*

2021 Tax Planning

Yes, please help me plan for 2021.

I expect the following major changes in income, deductions, or withholding in 2021:

Additional Comments:

Please Note:

- When submitting scanned documents, please make sure scans are high quality and entirely readable. Documents should be formatted as PDFs. Uploading tax documents as JPGs or low quality scans may cause delays in processing your returns.
- For your security, **do not** email tax returns, anything with SSNs, or bank info. Please use the MinistryCPA ShareFile portal.

Your submission of this organizer is accepted as acknowledgment of your intent to engage Corey A. Pfaffe, CPA, LLC to prepare your 2020 federal and state income tax returns.



Itemized Deductions/State Deductions

If itemized deductions are not expected to exceed \$24,800 (married) or \$12,400 (single), please still complete any applicable portions below. State deductions may still apply.

Medical and Dental Expenses

(e.g., Prescriptions, doctor fees, hospital fees, medical aids or equipment, travel, lodging, premiums, and long-term care premiums):

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Total Miles driven for medical purposes: _____

Real Estate Taxes and Property Taxes

(e.g., taxes on principal residence, other non-business property, vehicle taxes, other personal property taxes)

I provided a copy of my real estate tax bill receipt instead of listing here

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Mortgage Interest and Points

I provided Form(s) 1098 instead of listing here

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Gifts to Charity

I provided all substantiation provided me instead of listing here

Cash Gifts

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Yes, I received a charitable contribution receipt from each charity that I gave \$250 or more during 2020.

Total Miles driven for charitable purposes: _____

Non-Cash Gifts

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

*If donated non-cash gifts over \$500, please provide receipts or (1) Name, address, city, state, and ZIP code of the donee organization (2) description of donated property (3) Fair Market Value of contribution and (4) EIN of the donee organization.



Self-Employed Business Income & Expenses

Also, for use by ministers for unreimbursed employee business expenses

Business Name: _____ EIN: _____

Business Address: _____ Same as personal address

If you purchased and sold inventory during the year, please provide your cost of inventory at the end of the year: \$ _____

Did you receive Payment Protection Program Loan during the year? YES NO

Were you unable to work at any point in the year due to Covid-19 diagnosis, mandatory quarantine, caring for an individual subject to quarantine, or caring for a child due to a school closing related to Covid-19? YES NO

Did you pay a non-employee over \$600 during 2020? YES NO

If yes, did you file the required Form(s) 1099-Misc. with the IRS?* YES NO

*Please advise us if you wish MinistryCPA to assist with this filing.

Income – List your gross receipts, sales, and income from your business. Indicate if received and provided a 1099-MISC for any income.

| Income Type | Amount | 1099-MISC Received |
|-------------|----------|--------------------------|
| _____ | \$ _____ | <input type="checkbox"/> |
| _____ | \$ _____ | <input type="checkbox"/> |
| _____ | \$ _____ | <input type="checkbox"/> |
| _____ | \$ _____ | <input type="checkbox"/> |

Expenses

| Business Expenses | Amount |
|--|--------|
| Cost of Inventory Purchased for Resale | |
| Advertising | |
| Subcontractor Labor | |
| Commissions and Fees | |
| Employee Expenses | |
| Insurance | |
| Interest | |
| Legal and Professional Services | |
| Office Expenses | |
| Vehicle, Machinery, and Equip. Rental | |
| Other Rental | |
| Repairs and Maintenance | |
| Supplies | |
| Taxes and Licenses | |
| Travel | |
| Meals and Entertainment | |
| Utilities | |

| Home Office (Business Use of Home) | Amount |
|--|--------|
| Total square footage of home (portion that is heated) | |
| Area of home used regularly and exclusively for business | |
| Home insurance | |
| Rent | |
| Repairs and Maintenance | |
| Utilities | |
| Other | |

ADDITIONAL DETAILS

(e.g., OTHER EXPENSES, ASSETS PLACED IN SERVICE THIS YEAR: DESCRIPTION, COST, AND DATE)

| Use of Vehicle | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|---|-----------|-----------|-----------|
| Date Vehicle was placed in service | | | |
| Year and model of vehicle | | | |
| Total miles driven for the year | | | |
| Business miles driven during | | | |
| Personal miles | | | |
| Parking fees and tolls, vehicle interest, personal property tax | | | |

Yes, I maintained mileage receipts or reports.

If not using standard mileage rate, please provide gasoline, maintenance, repairs, insurance, registration, and or lease or rental expenses.



Real Estate Rentals and Royalties

Please complete a separate rental page for each rental property.

Property Description: _____ Owner (filer, spouse, or joint): _____

Property Address: _____

City: _____ State: _____ Zip: _____

Select property type:

Single-family residence Multi-family residence Vacation/Short-term rental Commercial Other: _____

What is your ownership percentage? % _____ Explain (if less than 100%): _____

Did you pay a non-employee over \$600 during 2020? YES NO

If yes, did you file the required Form(s) 1099-Misc. with the IRS?* YES NO

*Please advise us if you wish MinistryCPA to assist with this filing.

Income – List your gross rental or royalty income. Indicate if received and provided a 1099-Misc for any income.

| Rent or Royalties | Amount | 1099-MISC Received |
|-------------------|----------|--------------------------|
| _____ | \$ _____ | <input type="checkbox"/> |
| _____ | \$ _____ | <input type="checkbox"/> |
| _____ | \$ _____ | <input type="checkbox"/> |
| _____ | \$ _____ | <input type="checkbox"/> |

Expenses

| Property Expenses | Amount |
|---------------------------------------|--------|
| Advertising | _____ |
| Cleaning and Maintenance | _____ |
| Commissions and Fees | _____ |
| Insurance | _____ |
| Legal and Professional Services | _____ |
| Management Fees | _____ |
| Qualified mtg. interest paid to banks | _____ |
| Other mortgage interest paid to banks | _____ |
| Other interest | _____ |
| Repairs | _____ |
| Supplies | _____ |
| Real Estate Taxes | _____ |
| Other Taxes | _____ |
| Utilities | _____ |
| Travel | _____ |
| Meals and Entertainment | _____ |

ADDITIONAL DETAILS

(e.g., OTHER EXPENSES, ASSETS PLACED IN SERVICE THIS YEAR: DESCRIPTION, COST, AND DATE)

| Use of Vehicle | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|---|-----------|-----------|-----------|
| Date Vehicle was placed in service | _____ | _____ | _____ |
| Year and model of vehicle | _____ | _____ | _____ |
| Total miles driven for the year | _____ | _____ | _____ |
| Business miles driven during | _____ | _____ | _____ |
| Personal miles | _____ | _____ | _____ |
| Parking fees and tolls, vehicle interest, personal property tax | _____ | _____ | _____ |

Yes, I maintained mileage receipts or reports.

If not using standard mileage rate, please provide gasoline, maintenance, repairs, insurance, registration, and or lease or rental expenses.