**2020 Tax Preparation Worksheet**

Please use this worksheet to guide and assist you in compiling the information needed to prepare your income tax return. Please fill in as much information as you can. We will review this information and all other deductions not listed on this form. If we did not prepare your tax return last year, please bring a copy for our review.

**Taxpayer Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#:\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_

Best Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Type\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#:\_\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_

Best Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Type\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*A copy of both spouse’s state issued driver licenses is required for e-filing.*

**Dependent Name** *(Last if different)* **Stimulus Payments**

Soc Sec # DOB Relationship

1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1st Payment received? Y or N Amount $\_\_\_\_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ \_\_/\_\_/\_\_ \_\_\_\_\_\_\_\_\_\_\_ 2nd Payment received? Y or N Amount $\_\_\_\_\_\_\_\_

2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_ \_\_/\_\_/\_\_ \_\_\_\_\_\_\_\_\_\_\_

3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ \_\_/\_\_/\_\_ \_\_\_\_\_\_\_\_\_\_\_

*For* ***each*** *child please provide a written document that shows the child lives with you. Must have child’s address the same as your address (i.e. report card, medical bills, daycare provider statement)*

**Taxes Paid**

Property Tax on Home $\_\_\_\_\_\_\_\_\_\_\_

Other Real Estate Tax $\_\_\_\_\_\_\_\_\_\_\_\_

Personal Property Tax $ \_\_\_\_\_\_\_\_\_\_\_ (Vehicle/Motor Home/Boats)

**Questions (check all that apply)**

Did/Will you contribute to an IRA for 2020? \_\_\_\_

Did you buy or sell a home in 2020? \_\_\_\_ *If yes attach HUD Statement.*

Did you do anything to improve the energy efficiency of your home (insulation, furnace, windows, doors, solar) \_\_\_\_\_

Did any dependent have $2,200+ of unearned income (dividends/interest/capital gains)? \_\_\_\_\_

Did you pay/receive alimony? \_\_\_\_\_ If yes, amount and date of divorce $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 You must provide the social security number of the person who you **paid.**

Did you fix/replace your personal septic system? \_\_\_\_\_

Did you pay rent in Massachusetts? \_\_\_\_\_ If yes how much $\_\_\_\_\_\_\_\_

**If you had income from… then provide**

\_\_\_\_\_Wages W-2

\_\_\_\_\_Gambling W-2G

\_\_\_\_\_ **Unemployment 1099-G \*ALL unemployment benefits are taxable including Pandemic Assistance**

\_\_\_\_\_ Social Security 1099-SSA

\_\_\_\_\_ Interest 1099-INT

\_\_\_\_\_ Dividends 1099-DIV

\_\_\_\_\_ Pensions, IRA or

 Retirement 1099-R

\_\_\_\_\_ Capital Gains 1099-B

\_\_\_\_\_ Debt Cancellation 1099-C

\_\_\_\_\_ 529 Distribution 1099-Q

\_\_\_\_\_ Partnership or

\_\_\_\_\_\_S Corp Income K-1

**Estimated Payments:**  Please list the date and amount paid for any 2020 estimates.

Date Federal State of \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ $\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ $\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ $\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ $\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_

**Medical *Expenses*** *(these must exceed 7.5% of your income to be deductible)*

Medical/Dental Insurance: $\_\_\_\_\_\_\_\_\_\_

*(Do not include Medicare or pretax medical insurance paid through your employer)*

Long Term Care Ins:

Taxpayer $\_\_\_\_\_\_\_\_\_Spouse $\_\_\_\_\_\_\_\_\_

Prescriptions: $\_\_\_\_\_\_\_\_\_\_\_\_

Dental $\_\_\_\_\_\_\_\_\_\_

Copays (Dr./Clinic/Hospital): $\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapy $\_\_\_\_\_\_\_\_\_\_\_\_

Vision $\_\_\_\_\_\_\_\_ Hearing Aids $\_\_\_\_\_\_\_\_

Medical Miles \_\_\_\_\_\_\_\_\_\_\_ Medical Parking/Tolls $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interest Paid:**

Provide all form 1098 for mortgages and home equity loans. Note: mortgage proceeds must have been used to purchase, build or improve the home.

Did you pay points on a refinance in 2020 not listed on your form 1098? $\_\_\_\_\_\_\_\_\_\_\_

Interest paid on a margin loan or other investment interest: $ \_\_\_\_\_\_\_\_\_\_

**Charity:** You must have either a cancelled check or receipt for all contributions up to $250 at one time, and a receipt for any contribution over $250 at one time.

Total in 2020 by cash or check that you have a proper documentation for: $\_\_\_\_\_\_\_\_\_\_

Total receipted non-cash contributions $\_\_\_\_\_\_\_\_\_\_ If the total is over $500, please send receipts for all non-cash donations as this needs to be reported to IRS.

**Other Information:**

Teacher Expense $\_\_\_\_\_\_\_\_\_\_

Gambling Losses: $ \_\_\_\_\_\_\_\_\_\_\_ (If you had winnings)

College Tuition \_\_\_\_\_\_

 *For each student, please provide Form 1099-T, a copy of the bill from the college for each semester, and receipts for books, supplies and equipment.*

Child Care \_\_\_\_\_\_\_\_

 *For each child, please provide amount paid and providers name and tax id number.*

**Rental Income** \_\_\_\_\_

*Please provide a list of rental income & expenses by property.*

**Self-employment** \_\_\_\_\_

 *Please provide a list of income and expenses for your business as well as a mileage log.*

***Please provide amounts received from the SBA for PPP loans or EIDLs***

**Direct Deposit for refund:**

Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing # *(9 digits)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking or Savings? *(circle one)*