

# TAX ORGANIZER

Dear Client,

Enclosed is your Tax Organizer for tax year 2020.

Your Organizer contains several sections that include common expenses and deductions that many taxpayers overlook. Please review these sections carefully.

Figures reported on official tax documents do not need to be detailed (such as W2 or 1099 Forms)

To complete the Organizer, enter all relevant information in the designated areas on each page. Please add any notes or questions that will help us prepare a complete and accurate return, including details of any changes to your situation.

If you answer 'Yes' to any of the questions, please provide detailed information with your answer.

Schedule your pick-up time by responding to this email and requesting dates and times or by calling our office. You do not need an appointment to drop off your information. Due to the ongoing pandemic, we are limiting in-office meeting times. Pick up times will be a limited encounter for you to pick up and sign for your completed returns. If you prefer, we also have options for contactless service.

**YOUR TAX DOCUMENTS MUST BE DROPPED OFF 7 DAYS PRIOR TO YOUR SCHEDULED PICK UP TIME. LAST DAY TO DROP OFF IS MARCH 31ST.** After that, we cannot guarantee the returns will be completed by April 15th. If an extension is necessary, we can file that for a charge of \$50.

To respect your time and ours, please wait until you have collected all relevant tax information before providing it to us for processing. When you drop off your tax information, please bring your Organizer and any of the following that apply to your tax situation:

- Last year's tax returns (ONLY IF WE DID NOT PREPARE YOUR 2019 RETURNS)
- Original Form(s) W-2
- Schedule(s) K-1 from partnerships, S-corporations, estates or trusts
- Information about contributions and distributions related to pensions or other retirement plans
- Form(s) 1099 or statements reporting dividend, interest, retirement or other income
- Broker statements providing details of capital gains transactions INCLUDING COST BASIS
- Form(s) 1098 and copies of real estate tax bills, etc.
- Legal documents pertaining to the sale or purchase of real property
- **Include dates and amounts of any estimated tax payments to federal, state, and local tax departments**
- **1099-SA form if you used an HSA account to pay for medical expenses**
- IRS correspondence regarding changes or issues with your previously filed return. (If you require us to correspond on your behalf with taxing authorities outside of the initial tax preparation, that service is subject to additional fees.)

*Note: Many people are enrolled in electronic delivery or only have online access to certain accounts. It is your responsibility to provide us with any relevant tax documents that may not have been physically mailed to you.*

**PAYMENT IS DUE UPON COMPLETION OF THE RETURN BEFORE YOUR RETURN WILL BE E-FILED. If you pay via check, we can also use that to verify your routing and account number for direct deposit or debit of tax refund or balance due.**

If you have any questions before your scheduled pick up time, please feel free to call or email.

Sincerely,

Jeremiah F McCarthy  
115 South Main Street  
Springboro, OH 45066  
937-748-4765  
Jerry@mccarthywealth.com

# General Information

## Taxpayer

## Spouse

First Name \_\_\_\_\_  
 Middle Initial \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Suffix \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Date of Death \_\_\_\_\_

\_\_\_\_\_

Check ("X") which phone number to list on return.

Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Fax Number \_\_\_\_\_

\_\_\_\_\_

Legally Blind \_\_\_\_\_  
 Totally Disabled \_\_\_\_\_  
 Claimed as a Dependent \_\_\_\_\_  
 Presidential Election Fund (\$3) \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 State of Residence as of 12/31 \_\_\_\_\_  
 County of Residence as of 12/31 \_\_\_\_\_  
 School District as of 12/31 \_\_\_\_\_

\_\_\_\_\_

Sales tax rate of locality in 2020 \_\_\_\_\_ % \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_

If Part Year, Period of Residency \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type \_\_\_\_\_  Driver's license OR  State Issued ID \_\_\_\_\_  Driver's license OR  State Issued ID  
 ID number \_\_\_\_\_  
 ID issuing state \_\_\_\_\_  
 ID issue date \_\_\_\_\_  
 ID expiration date \_\_\_\_\_

## Filing Status

Status on 2019 return :   
 Status as of 12/31/2020 : \_\_\_\_\_  
 Enter ("X") in the box

1 Single  
 2 Married filing joint  
 3 Married filing separately  
 (Enter spouse's name and SSN above)  
 4 Head of Household Non-dependent name: \_\_\_\_\_  
 Non-dependent SSN: \_\_\_\_\_  
 5 Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

## Taxpayer's Address

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 If address is in a foreign country, enter that country . . . \_\_\_\_\_  
 Foreign province/county . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 If a bona fide resident of a U.S. territory, enter territory . . . \_\_\_\_\_

## Preparer's Information

Preparer's name Jeremiah F McCarthy  
 Firm's name McCarthy Tax Services, LLC  
 Street 115 South Main Street  
 City Springboro State OH Zip Code 45066

## Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
 here \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Questions

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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### Personal Information

- 1 Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
- 2 Did you purchase or sell your principal residence or did your address change?
- 3 Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
- 4 Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2020?
- 5 Were either you or your spouse in the military or National Guard?
- 6 Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
- 7 Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?
- 8 Did you receive an economic impact "stimulus" payment? Include dollar amounts for both rounds of payments.

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
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### Dependents

- 1 Are there any changes in your dependents from last year?
- 2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,100 in investment income?
- 3 Did you pay education expenses for your dependent children?
- 4 Did anyone in your family receive a scholarship of any kind during 2020?
- 5 Did you pay any dependent care expenses for a child or a parent?
- 6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
- 7 Are all of your dependents either US residents or citizens?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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### Health Care Coverage

- 1 Did you have health insurance through the Marketplace in 2020?  
Provide Form 1095-A that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Income (In 2020, did you or your spouse have any of the following?)

- 1 Wages? (include form(s) W-2)
- 2 Non-employee compensation? (include form(s) 1099-NEC)
- 3 Miscellaneous Income? (include form(s) 1099-MISC)
- 4 Interest income? (include form(s) 1099-INT)
- 5 Dividend income? (include form(s) 1099-DIV)
- 6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
- 7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
- 8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
- 9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
- 10 Disability income? (include form(s) W-2 or 1099)
- 11 UNEMPLOYMENT COMPENSATION? (include form(s) 1099-G)
- 12 Alimony?
- 13 Did you receive tip income NOT reported to your employer?
- 14 Did you receive payments from a Long-Term Care insurance contract?
- 15 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
- 16 Did you receive employer-provided adoption benefits for a previous year?
- 17 Did you cash in any U.S. savings bonds?
- 18 Did you make a loan to someone at an interest rate below market rate?
- 19 Did you receive any income not reported in this Organizer?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Foreign Reporting

- 1 Did you have an interest in or signature authority over a financial account in a foreign country?
- 2 Were you the grantor of or transferor to a foreign trust?
- 3 Did you receive income from a foreign source or pay taxes to a foreign government?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Retirement & Other Plans

- 1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
- 2 Did you rollover a retirement plan distribution into another plan?
- 3 Did you convert a traditional IRA to a Roth IRA?
- 4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- 5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
- 6 Did you receive a DISTRIBUTION FROM AN HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
- 7 Did you make any contributions to an HSA (Health Savings Account) in 2020? Please provide Form 5498.
- 8 Did you receive an early distribution for a Coronavirus (CARES Act) qualified distribution?
- 9 Did you receive an early distribution for a qualified birth or adoption distribution?

Yes No

<input type="checkbox"/>	<input type="checkbox"/>
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### Purchases, Sales, Gains and Losses

- 1 Do you have any short sales, commodity sales, or straddles?

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you buy or sell any bonds?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you receive stock from a stock bonus plan with your employer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you sell any other personal assets at a gain?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you sell any real estate (other than your home) during the year?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you sell any assets using the installment method?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you receive proceeds from a prior year installment sale?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you purchase a rental property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you exchange any property for other property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did any security become worthless during 2020?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did any debts become uncollectible during 2020?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

**Yes**   **No**   **Business and Rental Property Income & Deductions**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you start or acquire a new business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you sell any part of an existing business, or sell business assets?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you cease operating any business or rental property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you remove any of your business assets for personal use?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you use part of your home for business purposes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you make any contributions to a Keogh or a self-employed SEP plan for 2020?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Do you pay for any health or long term care insurance through your business?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you purchase any furniture or equipment for your business?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you make any improvements to your rental properties?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you receive income from raising animals or crops?   |

**Yes**   **No**   **Other Deductions**

- |                          |                          |    |  |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Did you pay expenses for the care of your child or other dependent so you could work?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2020?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2020?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you refinance a mortgage or take out a home equity loan during 2020?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Did you incur moving expenses during the year due to a military order and incident to a permanent change in station? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Did you or your spouse pay any educational expenses for yourselves?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you pay any student loan interest?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you make any federal or state estimated payments?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you pay alimony?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you donate non-cash donations? If over \$500, please provide dates, descriptions, and values of each donation.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you donate a vehicle?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you make cash or check charitable donations of at least \$300?   |

**Yes**   **No**   **Miscellaneous**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$15,000 to any one person?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2020?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |

**Yes**   **No**   **Return preparation and filing**

- 1 If you are due a refund, how do you want to receive it?
- |   |   |
|---|---|
| <input type="checkbox"/> Check sent to you in the mail                      | <input type="checkbox"/> Other quick refund via a bank product                      |
| <input type="checkbox"/> Apply to next year's estimates                     | <input type="checkbox"/>  |
| <input type="checkbox"/> Direct deposit (please provide voided blank check) | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
- If you owe taxes, how do you want to pay them?

Paper check sent with my return     Credit card     Installment Agreement

Direct debit (please provide a voided blank check)    Type of account:     Checking     Savings

2

Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's name \_\_\_\_\_ Phone Number \_\_\_\_\_ Personal identification Number (5 digit PIN) \_\_\_\_\_