

2020 Tax Organizer printed from www.hurstkelly.com

This Organizer (and your corresponding tax documents) can be mailed to our office at the address at the bottom of this page, deposited into our secure drop box located outside our office front door, or be emailed to your accountant or contact at our office or to info@hurstkelly.com

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2020 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2020 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2019 information is included for your reference. You do not need to make any 2019 entries.

In lieu of entering 2020 information, please include the corresponding document (W2, 1099, etc.)

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer yes to any of the questions, be sure to provide the applicable details.

Please provide the following information: (We will return all original documentation to you with your tax return)

- A copy of your 2019 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, or Form 1099-NEC.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

How did you hear about Hurst, Kelly & Company? \_\_\_\_\_

Thank you for taking the time to complete this Tax Organizer.

Did our office provide you with a fee estimate?

If yes, please provide the fee or fee range \_\_\_\_\_

HURST, KELLY & COMPANY LLC  
3293 MONTGOMERY ROAD  
LOVELAND, OH 45140  
Telephone: (513) 234-0977



**Attach Form(s) W-2 – Wages, Salaries, Tips and Other Compensation**

Employer Name

2019 Amount

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Attach Form(s) 1099-R – Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRAs, etc**

1099-R Payer Name

2019 Amount

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Attach Form(s) SSA-1099 – Social Security/Railroad Benefits**

**Taxpayer**

**Spouse**

Social Security Benefits from Form SSA-1099 ..... \_\_\_\_\_  
 Railroad Retirement Benefits from Form RRB-1099 ..... \_\_\_\_\_  
 Medicare B premiums withheld ..... \_\_\_\_\_  
 Medicare C premiums withheld ..... \_\_\_\_\_  
 Medicare D premiums withheld ..... \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Attach Form(s) 1099-MISC – Miscellaneous Income and 1099-NEC**

1099-MISC Payer Name and 1099-NEC Payer Name

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Attach Form(s) 1099-INT – Interest Income**

1099-INT Payer Name

2019 Amount

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Attach Form(s) 1099-DIV – Dividend Income**

1099-DIV Payer Name

2019 Amount

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Attach Form(s) 1099-B, 1099-S – Sales of Stocks, Bonds, Real Estate, etc**

Attach all stock sale transaction information, including initial cost information.

**Other Government Forms to attach:**

Form(s) 1099-G – Certain Government Payments, Schedule K-1s – Partnership, S-Corporation, Trust or Estate Income, Form(s) W-2G – Gambling or Lottery Winnings, Form(s) 1099-Q – Payments from Qualified Education Programs

**Other Income:**

Alimony, jury duty, unreported tips, disability income, etc. Business, rentals, farms: Attach income and expenses for any business, rental or farm you own. Include a list of all new equipment acquired this year, including date of purchase and cost.

	Taxpayer	Spouse
<b>Retirement Plan Contributions</b>		
Traditional IRA contributions made for 2020 .....	_____	_____
Roth IRA contributions made for 2020 .....	_____	_____
SEP, Keogh, Individual 401(k) or SIMPLE Contributions .....	_____	_____

**2020 Deductions**

<b>Medical and Dental Expenses</b>	<b>2020 Amount</b>	<b>2019 Amount</b>
Prescription medications.....	_____	_____
Health insurance premiums .....	_____	_____
Doctors, dentists, etc .....	_____	_____
Hospitals, clinics, etc .....	_____	_____
Eyeglasses and contact lenses .....	_____	_____
Miles driven for medical purposes.....	_____	_____
Other medical and dental expenses: _____	_____	_____
<b>Taxes</b>	<b>2020 Amount</b>	<b>2019 Amount</b>
Real estate taxes paid on principal residence .....	_____	_____
Real estate taxes paid on additional homes or land .....	_____	_____
Auto license registration fees based on the value of the vehicle .....	_____	_____
Other personal property taxes .....	_____	_____
<b>Interest Expenses</b>		
Home mortgage interest paid – Attach Form(s) 1098.		
<b>Lender's Name</b>	<b>2020 Amount</b>	<b>2019 Amount</b>
_____	_____	_____
Points paid on loan to buy, build or improve main home		
<b>Lender's Name</b>	<b>2020 Amount</b>	
_____	_____	
<b>Cash/Check/Credit Contributions</b>	<b>2020 Amount</b>	<b>2019 Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Noncash Charitable Contributions</b>		
Attach all receipts with details listing the following information: Donee, donee address, description of donation, date acquired and date contributed, your cost, value at time of donation, and how you acquired the property.		
<b>Miscellaneous Deductions</b>	<b>2020 Amount</b>	<b>2019 Amount</b>
Union and professional dues .....	_____	_____
Professional subscriptions, books, supplies .....	_____	_____
Uniforms and protective clothing (including cleaning) .....	_____	_____
Job search costs .....	_____	_____
Taxpayer educator expenses.....	_____	_____
Spouse educator expenses.....	_____	_____
Tax return preparation fees .....	_____	_____
Safe deposit box rental .....	_____	_____
Gambling losses (to the extent of gambling income) .....	_____	_____
Other expenses (list): _____	_____	_____

## 2020 Questions

	Yes	No
1 Did you receive an Economic Impact (Stimulus) Payment? ..... If yes, how much did you receive? .....	<input type="checkbox"/>	<input type="checkbox"/>
2 Did a lender cancel any of your debt in 2020? (Attach any Forms 1099-A or 1099-C).....	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2020? If <b>yes</b> , please attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you purchase a motor vehicle or boat during 2020 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , attach documentation showing sales tax paid.		
5 Did you purchase a hybrid or electric vehicle in 2020? If <b>yes</b> , enter year, make, model, and date purchased: .....	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you donate a vehicle in 2020? If <b>yes</b> , attach Form 1098C.....	<input type="checkbox"/>	<input type="checkbox"/>
7 What was the sales tax rate in your locality in 2020 ? ..... %      State ID .....		
8 Did your marital status change during 2020? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , explain: .....		
9 Were you or your spouse permanently and totally disabled in 2020? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200?...	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you provide over half the support for any other person during 2020? .....	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you incur adoption expenses during 2020 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
14 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?.....	<input type="checkbox"/>	<input type="checkbox"/>
15 Did you receive any disability payments in 2020 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
16 Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
17 Did you buy, sell, refinance, foreclose or abandon a principal residence or other real property in 2020 ? If <b>yes</b> , attach closing or escrow statements, 1099-C or 1099-A forms.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If you sold a home, did you claim the First-Time Homebuyer Credit when you purchased it?.....	<input type="checkbox"/>	<input type="checkbox"/>
18 Did you incur any casualty or theft losses during 2020 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
19 Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>
20 Did you pay any individual for domestic services in 2020 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
21 Did you take a retirement account distribution related to the corona virus or a natural disaster? .....	<input type="checkbox"/>	<input type="checkbox"/>
22 Did you buy or sell any stocks or bonds in 2020 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
23 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
24 Did you incur any moving expenses? If <b>yes</b> , attach details.....	<input type="checkbox"/>	<input type="checkbox"/>
25 Did you receive any income not included in this Tax Organizer?.....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please attach information.		
26 Do you expect your income and deductions in 2021 to be the same as 2020 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>no</b> , attach explanation of changes expected.		
27 Did you receive Form 1095-A (Health Insurance Marketplace Statement)? If so, please attach .....	<input type="checkbox"/>	<input type="checkbox"/>
28 At any time during 2020, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? .....	<input type="checkbox"/>	<input type="checkbox"/>
29 <b>a</b> Did you obtain a Paycheck Protection Program (PPP) loan? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If yes, has any portion of that loan been forgiven? .....	<input type="checkbox"/>	<input type="checkbox"/>
30 If you paid any alimony, enter recipient's SSN: _____ Alimony paid: _____		
31 Enter your state of residence..... <b>Taxpayer</b> _____ <b>Spouse</b> _____		

### Electronic Filing and Direct Deposit of Refund

	Yes	No
If your tax return is eligible for Electronic Filing, would you like to file electronically?.....	<input type="checkbox"/>	<input type="checkbox"/>
The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? .....	<input type="checkbox"/>	<input type="checkbox"/>
If <b>yes</b> , please provide a voided check (not a deposit slip) if your bank account information has changed.		
What type of account is this?.....	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

### Estimated Tax Paid

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID

### Additional Information (Enter any additional information here and attach any documents.)

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# Health Insurance Coverage

**ORG3A**

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

<b>Part 1 Coverage</b>																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

\*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

- Taxing authorities are now requiring driver's license or state ID information to process electronically filed returns. Please provide us with Driver's license/ID information for each person in your household that our office is preparing tax returns for.

	Taxpayer	Spouse (if any)
License/ID - Full Name		
License/ID - Issuing State		
License/ID - Number		
License/ID - Issue Date		
License/ID - Expiration Date		