

# 2020 Client Organizer

## **Wheeler's Tax Service**

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(920)731-7859

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ATOM Portal Link

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## Personal Information

If filing status, dependents or contact information changed from prior year, check this box.

Taxpayer

Spouse

Legal First Name & Initial				
Preferred Name				
Last Name				
Social Security No.				
Date of Birth				
Occupation				
Pronouns Used				
Home Phone				
Work Phone				
Other Phone				
E-mail Address				
Street Address			Apt No	
City			State	Zip
Driver's License/ ID No.		State		State
	Iss Date	Exp Date	Iss Date	Exp Date

If you moved during 2020, enter your previous address.

Marital Status at 12/31/20

Were you divorced or separated during the year?      **Yes**      **No**

Were there any deaths in your family?      **Yes**      **No**

Have you received any notice from the IRS or state revenue department in the past year?

Bank information for direct deposit (direct debit)

Bank			
Routing Number		Account Number	
Account is	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

### Required Document Check List (Any Applicable)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> All Wage Statements (W-2s)</li> <li><input type="checkbox"/> All Pensions, Annuity IRA Documents (1099-R)</li> <li><input type="checkbox"/> All Trust and Estate Documents (K-1s)</li> <li><input type="checkbox"/> Property Sold Documents (1099-S)</li> <li><input type="checkbox"/> Real Estate Tax Bill</li> <li><input type="checkbox"/> Health Ins Marketplace Statements (1095s)</li> <li><input type="checkbox"/> Unemployment Income Statement (1099-G)</li> <li><input type="checkbox"/> Last two years of returns if new client</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Social Security/Railroad Benefits (SSA-1099)</li> <li><input type="checkbox"/> Interest Income Statements (1099-INT)</li> <li><input type="checkbox"/> Dividend Income Documents (1099-DIV)</li> <li><input type="checkbox"/> Day Care Statements</li> <li><input type="checkbox"/> Home Refinancing Documents</li> <li><input type="checkbox"/> Education Forms (1098-T, 1099-Q)</li> <li><input type="checkbox"/> Other Income Statements<br/>(1099-Misc, 1099-NEC, W-2G)</li> </ul> |
|---|--|

Please note how many of each you are including.

## Dependents

Name	Relationship	DOB	SSN	Months living with you	Mark if Student Disabled	Dep Gross Income

### COVID Questions

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	If self employed, did you receive a payroll protection program (PPP) loan?	Amount Rec <input style="width: 50px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unemployment? If yes, please include 1099-G.	
<input type="checkbox"/>	<input type="checkbox"/>	Did you take an early distribution from an IRA for COVID relief?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive the first stimulus payment?	Amount Rec <input style="width: 50px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive the second stimulus payment (Jan 2021)	Amount Rec <input style="width: 50px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any COVID related sick pay or FMLA pay?	Amount Rec <input style="width: 50px;" type="text"/>

### OTHER QUESTIONS

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you or your spouse legally blind?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase health insurance through a public exchange? If so, include 1095-A
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unemployment or disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of the military? If so, please include your end of year LES.
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance any of your homes or take an equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert a traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, or will you, contribute to an IRA for 2020 (outside payroll contributions)?
		Traditional                      or                      Roth
<input type="checkbox"/>	<input type="checkbox"/>	Can you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any energy efficient home or vehicle improvements?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use any mortgage loan proceeds for purposes other than to buy, build or improve your home?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive income from a sharing / gig economy activity? (e.g. Airbnb, Uber, etc)
<input type="checkbox"/>	<input type="checkbox"/>	Did you foreclose, file bankruptcy, or have repossession, debt forgiveness or debt consolidation procedures? Bring 1099-C
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any financial interest in a foreign bank account or foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any income from or did you live in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any purchases from a catalog or internet and not pay sales tax?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have any education expenses for you or dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive, sell, send, exchange or otherwise acquire any financial interest in any virtual currency?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect any significant changes in income or deductions in 2021?



## Itemized Deductions

### Medical/Dental Expenses

Medical Ins Prem (paid by you) \_\_\_\_\_  
 Long Term Care Insurance \_\_\_\_\_  
 Prescription Drugs \_\_\_\_\_  
 Glasses, Contacts \_\_\_\_\_  
 Hearing Aids, Batteries \_\_\_\_\_  
 Medical Equipment, Supplies \_\_\_\_\_  
 Hospital \_\_\_\_\_  
 Doctor, Dentist, Specialist \_\_\_\_\_  
 Medical Miles \_\_\_\_\_ miles  
 Other \_\_\_\_\_

### Charitable Contributions (Receipts Required)

Church Cash Contributions \_\_\_\_\_  
 You must have receipts for cash contributions  
 Other Cash Contributions \_\_\_\_\_  
 Donated Goods \_\_\_\_\_  
 Must have receipts from organization  
 Organization donated to \_\_\_\_\_  
 Address \_\_\_\_\_  
 Volunteer Miles \_\_\_\_\_ miles

### Real Estate Taxes Paid

Real Estate Taxes - Prim Residence \_\_\_\_\_  
 \*Bring Tax Bills \_\_\_\_\_  
 Other Real Estate Taxes \_\_\_\_\_  
 Personal Property Tax \_\_\_\_\_  
 ex. Mobile home, Vehicles (depends on state)  
 Sales Tax \_\_\_\_\_  
 Other \_\_\_\_\_  
  
 Mortgage Interest Expense \_\_\_\_\_  
 Mort Int Paid - Bring 1098 \_\_\_\_\_  
 Equity Line of Credit \_\_\_\_\_  
 Use of Equity Loan \_\_\_\_\_  
 Interest pd to others - No 1098 \_\_\_\_\_  
 Paid to : Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 SSN /EIN \_\_\_\_\_  
 Investment Interest \_\_\_\_\_

### Miscellaneous Expenses (not work related)

Gambling Losses\* \_\_\_\_\_  
 \*Losses require documented substantiation  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
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## Day Care Expenses

Children cared for \_\_\_\_\_  
 Was a flex spending account used to pay for some or all of the childcare expense?  
 Yes      Amout \$ \_\_\_\_\_      No  
 Provider 1 \_\_\_\_\_      Provider 2 \_\_\_\_\_  
 Address \_\_\_\_\_      Address \_\_\_\_\_  
 \_\_\_\_\_  
 SSN/EIN \_\_\_\_\_ Amt Pd \_\_\_\_\_      SSN/EIN \_\_\_\_\_ Amt Pd \_\_\_\_\_

Is there any other information you would like to share?