

# 2020 PERSONAL INCOME TAX ORGANIZER COMPREHENSIVE ACCOUNTING SERVICES

33930 W. 8 Mile Rd, Ste 1-B, Farmington Hills, MI 48335

(248) 476-7447 FAX (248) 476-6849

E-mail: [john@comprehensivefh.com](mailto:john@comprehensivefh.com)

[www.compacctg.com](http://www.compacctg.com)

**Please return this form in an envelope marked "Attn: Tax Department" to ensure processing is not delayed**

The information required on this form is pertinent to the preparation of your INCOME TAX RETURN and relates to you and your family personally, and not to your business operations. Please complete and return to us as soon as possible, BUT NO LATER THAN MARCH 5th, 2021. **WE MUST HAVE THIS SIGNED AND COMPLETED DATA SHEET TO PREPARE YOUR TAX RETURN.** You are cautioned that paid bills and cancelled checks claimed by you as deductions herein, must be preserved for a period of at least three years from the date the return is filed. Do not claim as deductions any bills that have not been paid during the year unless they were charged to your credit card before the year end. If we may be of assistance to you in preparing this form, kindly call us at the number above.

**(If you are a new client, please mail or have a copy of your last three years tax returns for your first appointment.)**

Your Full Name	For New Clients Only S.S. # - -	Birthdate / /
Spouses Full Name	For New Clients Only S.S. # - -	Birthdate / /
Mailing Address _____ City _____ State _____ Zip _____	Home Phone Number _____ ( ) - Cell Number _____ ( ) -	Work Number _____ ( ) -
Your Occupation	Spouse's Occupation	
<b>Identity Protection PIN</b> , if you received a PIN from the IRS, please enter below. We must have this to file the return if one has been issued to you.  Husband PIN: _____ Spouse PIN: _____  Marital status at 12/31/2020 _____ Single _____ Married  County and School District _____		E-mail Address _____  Check if legally blind (H) Yes ____ (S) Yes ____  Check if \$3 to campaign fund Yes ____ No ____  Do you want any refunds direct deposited? Y N <b>If yes, please attach a voided check for the account.</b> <b>If bank account is the same as last year, check here</b> ____

The state is now asking for driver's license or state ID info to help cut down on identity fraud. Please fill in the information below or check one of the boxes if you are not going to furnish this info. Not providing this info WILL slow down any refunds.

Taxpayer's **DRIVER'S LICENSE or STATE ID** (circle one) # \_\_\_\_\_ Issuing State \_\_\_\_\_

Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

Spouse's **DRIVER'S LICENSE or STATE ID** (circle one) # \_\_\_\_\_ Issuing State \_\_\_\_\_

Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

- Mark this box if taxpayer doesn't have a license or ID.       Mark this box if spouse doesn't have a license or ID.
- Mark this box if the taxpayer has a license or ID but DECLINES to provide.       Mark this box if spouse DECLINES to provide.

**DECLARATION :**

I have provided the information on this form to the best of my knowledge and hereby declare it is complete and ready for the preparation of my/our income tax returns. Where business deductions shown, I acknowledge having spent these amounts and have kept a log of such activities, pursuant to section 274(a) and can fully substantiate such deductions.

**NOTE: PLEASE DO NOT FORGET YOUR SIGNATURE**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## DEPENDENTS

Name	Date of Birth	SOCIAL SECURITY NUMBER For New Dependents Only	RELATIONSHIP	MONTHS LIVED IN HOME	MONTHS AS A STUDENT

## HEALTH INSURANCE

If you were covered with health insurance through the Marketplace, we will need **FORM 1095-A**. We must have the form in order to complete your tax return.

If you had your 2020 health insurance through the “**MARKETPLACE**” and you are receiving, or expect a premium credit or subsidy, we will also need the income from all dependents listed on your tax return in order to calculate the credit.

## INCOME

### Review for the following:

**Foreign Bank Accounts?** Yes No If YES and more than \$10,000, send details. **There are SUBSTANTIAL PENALTIES for not providing this information.**

**CRYPTO/VIRTUAL CURRENCY:** At anytime during 2020, did you receive, sell, send exchange or, otherwise acquire any financial interest in any VIRTUAL CURRENCY? Yes No

**Wages, Salaries, Tips, Etc.?** Yes No If YES, enclose ALL W-2's

**Interest and Dividends (from Banks & Financial Institutions)?** Yes No. If YES, enclose ALL 1099's

**Pensions or IRA Distributions?** Yes No If YES, enclose 1099R's

Did you **convert** or **rollover** a traditional **IRA** into a ROTH IRA? Yes No. If YES, enclose 1099R's

Did you receive Alimony? Yes No. If YES, how much did you receive? \$ \_\_\_\_\_

## OTHER INCOME

**Estates, Trusts, Partnerships or S-Corps?** (Enclose K-1's) Jury Duty Income \$ \_\_\_\_\_

**Tips not reported to your employer?** Yes No. If YES, how much did you receive? \$ \_\_\_\_\_

**Prizes & Awards?** Yes No. If YES, how much \$ \_\_\_\_\_

**State Tax Refund?** Yes No. If YES, how much \$ \_\_\_\_\_

**Unemployment Compensation?** Yes No. If YES, how much \$ \_\_\_\_\_ and attach 1099G's

**Did your dependet child receive Unemployment?** Yes No. If YES, please attach 1099G's for each.

**Gambling Winnings?** Yes No. If YES, how much \$ \_\_\_\_\_ and attach W-2 G's

**Gains & losses from sale of property, stock, etc.?** Yes No. If YES, attach 1099B's

**Social Security?** Yes No. If YES, attach SSA 1099's and answer the two following questions:

**Rental Property Income?** Yes No. If YES, please call for form or download it at: [www.compacctg.com](http://www.compacctg.com) under Forms & Tools.

Did you have **any other income** from any other source such as a 1099-MISC? Yes No. If YES, enclose 1099s:

Type of work performed: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_

Total income would also include income not reported on a 1099.

Please detail any "ordinary and necessary" expenses associated with the above income below or on a separate sheet. If you want to use mileage for your vehicle, download our Business Use of Vehicle form at [www.compacctg.com](http://www.compacctg.com) under Forms & Tools.

\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_ \$ \_\_\_\_\_

**“STIMULUS CHECK/ ECONOMIC IMPACT PAYMENT”**

If you received either of the two Federal “Stimulus Checks” or “Economic Impact Payments” from the Federal government. You should have received **Notice 1444** showing the amount of the checks. Please send a copy of that notice, or the actual total amount you received in stimulus payments for the year be sure to include the second stimulus even if you received it in 2021.

Amount of “Stimulus Checks” \$ \_\_\_\_\_

**INCOME ADJUSTMENTS**

Did you or your spouse contribute to a ( )REGULAR IRA, ( )ROTH IRA, ( )SIMPLE, or ( )KEOGH?

If YES, how much (You) \$ \_\_\_\_\_ (Spouse) \$ \_\_\_\_\_

Do you have a retirement plan at work (You)? **Yes No** (Spouse)? **Yes No**

Did you pay alimony? **Yes No**. If **YES**, how much \$ \_\_\_\_\_ Recipient's name & S.S.# \_\_\_\_\_ - \_\_\_\_\_

Date of Divorce: \_\_\_\_\_

Did you contribute to or establish a Health Savings Account? Attach 5498-SA or HSA

Individual Plan Contribution \$ \_\_\_\_\_ or Family Plan Contribution \$ \_\_\_\_\_

VA Disability Comp \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_ State or Fed Aid \$ \_\_\_\_\_ Gifts \$ \_\_\_\_\_

**DEDUCTIONS**

**Taxes:**

Did you pay **Sales** Taxes on **major** purchases last year? **Yes No**. If **YES**, how much \$ \_\_\_\_\_

What for? \_\_\_\_\_

Auto License Fees (list years & fees)	Other Taxes:
Year ( ) \$ _____	_____ \$ _____
Year ( ) \$ _____	_____ \$ _____
Year ( ) _____	

Real Estate Taxes on main residence: \$ _____	Property Taxes on all other real estate
	Addresses:

Estimated taxes are reported at the bottom of page 4.	\$ _____
	\$ _____

**OTHER DEDUCTIONS**

**Interest:** (Attach all 1098's)

1ST HOME	BANK NAME	AMOUNT	2ND HOME	NAME	AMOUNT
Mortgage.....	_____	\$ _____	Mortgage.....	_____	\$ _____
2nd Mortgage.....	_____	\$ _____	2nd Home Mortgage...	_____	\$ _____
Interest paid to an individual? Provide name, address and social security #.			Real Estate Loan Fees	_____	\$ _____
_____			Points Paid	_____	\$ _____

Was any of the money used for anything other than to buy, build or improve either home? **Yes No**. If "Yes", how much? \$ \_\_\_\_\_

**Contributions:** (please note, the IRS will require receipts if audited)

Church	\$ _____	Colleges	\$ _____
Cancer Foundation	\$ _____	Humane Society	\$ _____
Red Cross	\$ _____	Public TV	\$ _____
Salvation Army (cash/checks)	\$ _____	Other	\$ _____
United Way	\$ _____	Other	\$ _____

Did you donate any **non-cash items** such as food, clothing or furniture? **Yes No**. If **YES**, attach receipts & list descriptions with thrift store values. We need the values in order to claim the deduction.

**Medical:** please fill in this information and keep all receipts for your records. Medical deductions must exceed 7.5% of your adjusted gross income to be deductible.

Medicines / Drugs	\$ _____	Hearing Aids	\$ _____
Doctors / Dentists	\$ _____	Lab Fees	\$ _____
Eyeglasses	\$ _____	Long Term Care Premiums	You \$ _____ Spouse \$ _____
Transportation Miles	\$ _____	Medical insurance Paid	\$ _____
Lodging	\$ _____	Hospital	\$ _____

**COLLEGE TUITION**

If you are claiming one or more college students as dependents, provide the following information and attach form 1099-T for each:

How much was actually paid for the students tuition, fees and course materials during 2020? \$ \_\_\_\_\_

What was the student's first year of college? \_\_\_\_\_

Enrolled for at least one academic period in a degree, certificate, or other program leading to a recognized credential? **Yes** **No**

Did the student carry at least half the normal full-time workload for his/her course of study? **Yes** **No**

Was the student convicted before the end of 2020 of a felony for possession or distribution of a controlled substance? **Yes** **No**

**CHILD OR DEPENDENT CARE**

Did you pay for child care expenses last year? **Yes** **No** If **YES**, complete the following:

NAME OF CHILD	NAME OF PROVIDOR	S.S. # or EIN #	ADDRESS OF PROVIDOR	AMOUNT PAID
				\$
				\$

If your sitter is an adult & works in your home, you are required to file W-2 forms by January 31. If you want us to prepare these forms for a separate fee, please contact us as soon as possible.

**MICHIGAN HOMESTEAD PROPERTY TAX CREDIT**

**For Homeowners:**

2020 Property Tax **BILLED** \$ \_\_\_\_\_ 2020 **Taxable Value** \$ \_\_\_\_\_ Not the Equalized Value

**For Renters:**

Total Rent Paid in 2020 \$ \_\_\_\_\_ Landlord's Name and Address: \_\_\_\_\_

Must have this info \_\_\_\_\_

**OUT OF STATE PURCHASES**

If you made any out-of-state purchases, either by phone, mail order catalog or internet, the State is now requiring you to report it on your Michigan Tax Return. Please list the total dollar amount of purchases made for 2020 (**that you didn't pay sales tax on**) below.

2020 Out-of-State purchases \$ \_\_\_\_\_ (**that Sales Tax was NOT paid on**)

**ESTIMATED TAXES PAID**

CREDIT FROM PRIOR YEAR'S RETURN	FIRST QUARTER (July 15, 2020)	SECOND QUARTER (July 15, 2020)	THIRD QUARTER (Sept. 15, 2020)	FOURTH QUARTER (JAN. 15, 2021)	TOTAL FOR YEAR 2020
Federal	\$	\$	\$	\$	\$
State	\$	\$	\$	\$	\$
City	\$	\$	\$	\$	\$

Additional Questions

Personal Information

Yes No

Did you receive an Identity Protection PIN from the IRS?

If yes, Taxpayer PIN: \_\_\_\_\_

Spouse PIN: \_\_\_\_\_

Did your marital status change during 2020? \_\_\_\_\_

If married, do you and your spouse want to file separate returns? \_\_\_\_\_

Did your address change during 2020? \_\_\_\_\_

Can you or your spouse be claimed as a dependent by another taxpayer? \_\_\_\_\_

Dependents

Did you pay for childcare while you worked or looked for work? If yes, see page 4 for further details.

Do you have any children under age 18 or a full-time student between the ages of 19 and 23 with unearned investment income more than \$2,200? \_\_\_\_\_

Did you adopt a child or begin adoption proceedings during 2020? \_\_\_\_\_

Purchases, Sales and Debt

Did you have any debts canceled, forgiven, or refinanced during 2020? \_\_\_\_\_  
If yes, please attach all 1099's.

Did you start a new business, purchase a new rental property or farm, or acquire any new interest in a partnership or S Corporation during 2020? \_\_\_\_\_

Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation during 2020? \_\_\_\_\_

Did you sell, exchange, or purchase any real estate in 2020? If so, please attach closing statements

Did you withdraw any amounts from your IRA or Roth IRA to acquire a principal residence? \_\_\_\_\_

Did you take out a home equity loan in 2020? If yes, provide closing statement. \_\_\_\_\_  
What were the funds used for: \_\_\_\_\_

Are you claiming a deduction for mortgage interest paid to a financial institution for which someone else received the 1098? \_\_\_\_\_

Did you pay any student loan interest during the year? Please include statement. \_\_\_\_\_

Itemized Deductions

Did you contribute property (other than cash) with a fair market value of more that \$5,000 to a charitable organization? \_\_\_\_\_  
If yes, you will need to have the property appraised.

Did you incur any casualty or theft losses during the year? \_\_\_\_\_  
This now only applies if the disaster happened in a federally declared disaster area.

Credits

Did you purchase a solar energy system, such as a solar water heater or solar panels? \_\_\_\_\_  
If yes, please include a copy of the receipt.

Miscellaneous

Did you or your spouse contribute to or establish a medical savings account (MSA ) in 2020 or a Health Savings Account (HSA)? \_\_\_\_\_

Did you pay any individual \$2,000 or more to perform household services during the year such as babysitting, cleaning, cooking or gardening? \_\_\_\_\_

Were there any changes made to federal or state returns filed in prior years? If yes, provide copies of the correspondence received. \_\_\_\_\_

Did you or your spouse contribute to or establish a Roth IRA or convert an existing IRA into a Roth IRA?

Questions (continued)

Yes No

Did you withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?

Did you withdraw any amounts from a Coverdell Education Savings Account or state education savings plan?

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? If yes, how many months were you covered?

Did you or your spouse receive distributions from long-term care insurance contracts? If yes, please include Form 1099-LTC

Did you make gifts of more than \$15,000 to any individual?

Did you have any foreign income or pay any foreign taxes during 2020?

\* Were you or your spouse a grantor or transferor for a foreign trust, have an interest in or a signature or authority over a foreign bank account, securities account, or other financial account in a foreign country?

\* Did you create or transfer money or property to a foreign trust?

**There are substantial penalties for answering these foreign banking questions incorrectly. We will need to get the details if either of these foreign account information questions apply.**

Have you received a punitive damage award or an award for damages other than for physical injuries or illness?

Did you engage in any bartering transactions?

Did you make a contribution to a MET or MESP?

Did you purchase a new hybrid vehicle or a plug-in electric vehicle?    
If yes, provide a copy of the invoice that includes, make, model and date of purchase.

**Sale of Your Home**

Did you sell your home in 2020?

If yes, did you (or your spouse if MFJ) own the home as your principal residence for at least two years of the five-year period prior to the sale?

Was the home acquired through a tax free (1031) exchange?

Did you ever use any portion of the home for business purposes?

At the time of sale, was the residence owned by the taxpayer, spouse or both?

**Purchase of Home**

Did you purchase a home in 2020? If yes, please enclose your closing statement.

**Severance/Retirement**

Did you retire or change jobs in 2020?

Did you receive retirement/severance compensation? If yes, date received.

Is there a chance you may retire or take a buyout from your current job in 2021?

Notes:

---

---

---

---

---