SOS Tax Bookkeeping and Associates
613 Ferris Avenue, suite 108
Waxahachie TX 75165
email: Frances.sostax@gmail.com
website: sosandassociates.com
mobile: 469-360-8538

2020 SIMPLIFIED TAX ORGANIZER

PERSONAL INFORMATION *(Please review all information for changes and/or corrections.)*

Description	Taxpayer	Spouse
Full Name:		
Birthdate:		
Occupation:		
Driver's License #:		
Expiration Date:		
Issue Date & State:		

CONTACT INFORMATION *(Please verify information and change if necessary):*

Description	Information	
Mailing or Street Address:		
Phone Number(s):		
Email Address(es):		

DEPENDENT INFORMATION *(Please include all information for **new** dependents):*

Full Name	SSN (*if new*)	Birthdate	Income (if > $4,200)
			$

TAX YEAR RETURN QUESTIONS

All questions pertain to the 2020 tax year. For any question answered "Yes", please include support.

Personal Information:	Yes	No
Did your marital status change?		
Can you or your spouse be claimed as a dependent by someone else?		
Were you enrolled in the Health Insurance Marketplace? ***If yes, include Form 1095-A***.		
Dependents:	**Yes**	**No**
Were there any changes in dependents from the prior year?		
Did you or your spouse pay for childcare while either of you worked?		
Do you have any children under age 18 with unearned income greater than $1,100?		
Do you have any children age 18 or older (or students aged 19-23) who did not provide more than half of their cost of support with unearned income greater than $1,100?		

Education:	**Yes**	**No**
Did you or your spouse pay any student loan interest?		
Did you, your spouse or your dependents incur any post-secondary education expenses, such as tuition?		
Gifts:	**Yes**	**No**
Did you or your spouse make any gifts (including birthday, holiday, anniversary, graduation, etc.) with a total value in excess of $15,000 to an individual?		
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?		
Retirement or Severance:	**Yes**	**No**
Did you or your spouse contribute to a Roth IRA, convert an existing IRA into a Roth IRA or roll any other distributions into a Roth IRA?		
Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution? (Note: Minimum distributions are not required in 2020 due to the CARES Act.)		
If you are aged 70½ or more, did you initiate an IRA distribution directly from the IRA trustee to a church or qualified organization (which can be excluded from income)?		
Personal Residence:	**Yes**	**No**
Did your address change? ***If yes, please provide the new address on page 1.***		
Did you or your spouse take out a home equity loan? ***If yes, please provide the purpose***.		
Did you or your spouse have an outstanding home equity loan at year-end? ***If so, provide the principal balance & interest rate at the beginning & end of the year***.		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?		
Did you sell your home? ***If yes, provide all closing documents and forms***.		
Foreign Matters:	**Yes**	**No**
Did you or your spouse perform any work outside of the U.S. or pay any foreign tax?		
Did you or your spouse hold any money or securities in a foreign financial institution? ***If so, please provide all information regarding the account(s).***		
Miscellaneous:	**Yes**	**No**
Did you or your spouse pay in excess of $1,000 in any quarter, or $2,100 during the year for domestic services performed in or around your home to individuals who could be considered household employees? ***If so, please provide W-2's or wages support***.		
Were you or your spouse notified by the Internal Revenue Service or other taxing authority of any changes in prior year returns?		
Did you or your spouse sell, acquire, or exchange any virtual currencies? ***If so, please provide information regarding these activities.***		
Did you or your spouse receive an economic impact payment (stimulus)? $_________		
Did you, your spouse or your dependents receive an identity protection PIN from the IRS? ***If so, please include this information***.		

WAGES, SALARIES & TIPS *(Please include all W-2 forms; filling out information is optional):*

Employer Name	Wages	Federal Withheld	State Withheld	State
	$	$	$	

SOCIAL SECURITY BENEFITS *(Please include all 1099's; filling out information is optional):*

	Gross Benefits Received	Federal Withheld	State Withheld	Medicare Premiums
Taxpayer	$	$	$	$
Spouse				

INCOME FROM RETIREMENT *(Please include all 1099's; filling out information is optional):*

Payer Name	Distribution Amount	Federal Withheld	State Withheld	State
	$	$	$	

STATE AND LOCAL TAX REFUNDS *(Please include all 1099's; filling out information is optional):*

Source (State or City)	Tax Year	Refund Amount
		$

PASSTHROUGH INCOME *(Please include all K-1's):*

Entity Name	√	Entity Name	√

OTHER SOURCES OF INCOME *(Please include all 1099's or supporting documentation):*

Payer Name and/or Nature & Source *(List any other items and amounts below)*	Amount	Federal Withheld	State Withheld	State
Unemployment Income (Form 1099-G)	$	$	$	
Alimony Received				
Jury Duty Pay				
Gambling Income (Form W-2G)				
Cancellation of Debt (1099-C)				
Other *(Describe):*				

<u>INTEREST INCOME</u> *(Please include all 1099's; filling out information is <u>optional</u>):*

Payer Name	Interest Income	U.S. Bond Interest	Tax-Exempt Interest
	$	$	$

<u>DIVIDEND INCOME</u> *(Please include all 1099's; filling out information is <u>optional</u>):*

Payer Name	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions
	$	$	$

<u>CAPITAL GAINS & LOSSES</u> *(Please include all 1099's; filling out information is <u>optional</u>):*

Property Description	Date Acquired	Date Sold	Gross Sales Price	Cost Basis
			$	$

<u>PROFIT OR LOSS FROM BUSINESS – SCHEDULE C</u> *(Please include all 1099's):*

Name of Business:	
Principal Product/Service:	**Tax ID #:**

Business Income *(List Below):*	**Amount**
Gross Receipts or Sales	$
Other *(Describe):*	
Cost of Goods Sold *(List Below)*:	**Amount**
Cost of Labor	$
Purchases and Materials	
Other *(Describe):*	
Business Expenses *(List Below):*	**Amount**
Returns and Allowances	$
Advertising	
Auto Expenses (Business Mileage: ____________________ x $0.575)	
Commissions and Fees	
Contract Labor	
Employee Benefit Programs	
Insurance *(Other than Health)*	
Interest Expense	
Legal and Professional Services	
Office Expenses	
Pension and Profit-Sharing Plans	
Rent or Lease of Machinery and Equipment	
Rent or Lease of Real Estate	
Repairs and Maintenance	
Supplies	
Taxes and Licenses	
Travel (Hotel, Airfare, Parking, Etc.)	
Meals	
Utilities	
Wages *(Please include W-2s)*	
Dues and Subscriptions	
Other *(Describe):*	

Listing of Significant Purchases for Business Use (Greater than $2,500):

Description of Property	**Date Purchased**	**Cost**
		$

<u>INCOME OR LOSS FROM RENTAL ACTIVITY – SCHEDULE E</u> *(Please include all 1099's):*

Property Address:	
Rental Income *(List Below):*	**Amount**
Gross Rent Received	$
Other *(Describe):*	
Rental Expenses *(List Below):*	**Amount**
Advertising	$
Auto Expenses (Business Mileage: ____________________ x $0.575)	
Cleaning and Maintenance	
Commissions	
Insurance	
Legal and Other Professional Fees	
Management Fees	
Mortgage Interest Paid *(Include Form 1098)*	
Repairs	
Supplies	
Taxes	
Utilities	
Association Dues	
Other *(Describe):*	

Listing of Significant Purchases for Rental Real Estate (Greater than $2,500):

Description of Property	Date Purchased	Cost
		$

Rental Information	
How many days was the property rented at fair market rate?	
How many days was the property used personally (including use by family members)?	

<u>OIL & GAS PRODUCTION INCOME AND EXPENSE</u> *(Please include all 1099's):*

Payee Name/Source	Gross Income	Severance Taxes	Operating Expenses	Intangible Drilling Costs
	$	$	$	$

PROFIT OR LOSS FROM FARMING – SCHEDULE F *(Please include all 1099's):*

Principal Crop/Activity:	**Tax ID #:**
Farming Income *(List Below):*	**Amount**
Sales of Raised Livestock, Produce, Grains, Etc.	$
Cooperative Distributions	
Agricultural Program Payments	
Other *(Describe):*	
Farm Expenses *(List Below):*	**Amount**
Auto Expenses (Business Mileage: ____________________ x $0.575)	$
Chemicals	
Feed Purchased	
Fertilizers and Lime	
Freight and Trucking	
Gasoline, Fuel and Oil	
Insurance (*Other than Health)*	
Interest Expense	
Contract Labor	
Rent or Lease of Machinery and Equipment	
Rent or Lease of Real Estate	
Repairs and Maintenance	
Seeds and Plants Purchased	
Storage and Warehousing	
Supplies	
Taxes	
Utilities	
Veterinary, Breeding and Medicine	
Meals	
Other *(Describe):*	

Listing of Significant Purchases for Farming Purposes (Greater than $2,500):

Description of Property	Date Purchased	Cost
		$

ITEMIZED DEDUCTIONS (SCHEDULE A)

Medical Expenses	**Taxpayer/Joint**	**Spouse**
Prescription Medicines and Drugs	$	$
Health Insurance Premiums Paid		
Long-Term Care Insurance Premiums Paid		
Insurance Reimbursements Paid to You		
Medical Miles (_____________________ x $0.17)		
Lodging		
Doctors, Dentists, Etc.		
Hospitals		
Lab Fees		
Eyeglasses and Contacts		
Other *(Describe):*		
Taxes Paid	**Taxpayer/Joint**	**Spouse**
Real Estate Taxes	$	$
Personal Property Taxes (including Car Tags)		
General Sales Tax Paid on Specified Items		
Other *(Describe):*		
Mortgage & Investment Interest Paid *(List Institution Paid)*	**Taxpayer/Joint**	**Spouse**
	$	$
Cash Contributions *(List Organization Paid)*	**Taxpayer/Joint**	**Spouse**
	$	$
Charitable Miles (_____________________ x $0.14)		
Noncash Contributions *(List Organization & Description)*	**Taxpayer/Joint**	**Spouse**
	$	$

STUDENT LOAN INTEREST EXPENSE *(Please include Form 1098-E):*

Payee Name	Amount
	$

RETIREMENT CONTRIBUTIONS *(Please include all supporting documentation):*

Payee Name	Traditional	Roth	SEP/SIMPLE
	$	$	$

CHILD AND DEPENDENT CARE EXPENSES *(Please include all supporting documentation):*

Provider Name	Provider Address	SSN or EIN	Amount Paid
			$

OTHER POTENTIALLY DEDUCTIBLE ITEMS *(Please include all supporting documentation):*

Nature and Source	Taxpayer/Joint	Spouse
Educator Expenses	$	$
Health Savings Account Contributions *(Include form 1099-SA)*		
Alimony Paid *(List Recipient & SSN)*		
Gambling Losses		
Tuition Expenses *(Include Form 1098-T)*		
§529 Plan Contributions to M.A.C.S. & M.P.A.C.T.		
Prior Year Tax Preparation Fees		
Other *(Describe):*		

BANKING

Direct Deposit:	Yes	No
Would you like any refunds owed to you directly deposited? Name of Bank: ______________________________ Routing Number: ____________ Account Number: ____________		

RETURN DELIVERY

Processing:	Paper	Email	Both
Upon completion, how would you like to receive your tax return? *Please include a preferable email address if electronic delivery is requested.* *(Email Address: ______________________________)*			

FEDERAL TAX PAYMENTS

Detail	Amount Paid	Date Paid
Prior Year Overpayment Applied	$	
1st Quarter Estimate (Due 4/15/2020)		
2nd Quarter Estimate (Due 6/15/2020)		
3rd Quarter Estimate (Due 9/15/2020)		
4th Quarter Estimate (Due 1/15/2021)		
Extension Payment (Due 4/15/2021)		
Other *(Describe):*		

PRIMARY STATE TAX PAYMENTS

Detail	State	Amount Paid	Date Paid
Prior Year Overpayment Applied		$	
1st Quarter Estimate (Due 4/15/2020)			
2nd Quarter Estimate (Due 6/17/2020)			
3rd Quarter Estimate (Due 9/16/2020)			
4th Quarter Estimate (Due 1/15/2021)			
Extension Payment (Due 4/15/2021)			
Other *(Describe):*			

SECONDARY STATE TAX PAYMENTS

Detail	State	Amount Paid	Date Paid
Prior Year Overpayment Applied		$	
1st Quarter Estimate (Due 4/15/2020)			
2nd Quarter Estimate (Due 6/17/2020)			
3rd Quarter Estimate (Due 9/16/2020)			
4th Quarter Estimate (Due 1/15/2021)			
Extension Payment (Due 4/15/2021)			
Other *(Describe):*			

OTHER STATE TAX PAYMENTS

Detail	State	Amount Paid	Date Paid
Prior Year Overpayment Applied		$	
1st Quarter Estimate (Due 4/15/2020)			
2nd Quarter Estimate (Due 6/17/2020)			
3rd Quarter Estimate (Due 9/16/2020)			
4th Quarter Estimate (Due 1/15/2021)			
Extension Payment (Due 4/15/2021)			
Other *(Describe):*			

TAX PLANNING INFORMATION FOR TAX YEAR 2021

Do you expect any of the following to occur in 2021? (If yes, explain below)	Yes	No
A change in marital status		
A change in dependents		
A substantial change in income		
A substantial change in withholding		
A substantial change in deductions		

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OTHER ITEMS OF SIGNIFICANCE

State Use Taxes	
Amount of Internet and out of state purchases for which you did not pay sales tax	$______________

Please include any other information that might be of significance.

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature: ______________________________ **Date:** ______________

Spouse Signature: ______________________________ **Date:** ______________