



The Bridge
Certified Public Accountants

Individual
Tax
Organizer

2020

5622 Columbia Pike Suite 202
Falls Church, VA 22041
Phone: (571) 214-5460
Email: info@thebridgecpas.com

INDIVIDUAL TAX ORGANIZER

Enclosed is an organizer that I provide to tax clients to assist in gathering the information needed to prepare your current year tax returns.

Your individual income tax returns are due on **April 15, 2021**. Tax returns are prepared in the order received. **I will not start working on your return until all information required has been received.** In order to guarantee the timely filing of your return, tax organizers and supporting documents must be received no later than **March 31, 2021**.

If an extension of time to file your tax return is required, any tax that may be due must be paid with the extension by April 15, 2021. Amounts not paid by the filing deadline may be subject to late payment penalties and interest.

The work performed in connection with the preparation of your federal and state income tax returns is intended to be in compliance with the requirements issued by the various taxing authorities. Because tax laws are not always clear, honest differences of opinions may arise between our interpretation of laws and that of the various taxing authorities. We will assist you in resolving these differences in your favor whenever possible.

All tax returns are subject to review and acceptance by the various taxing authorities. In the event of an examination or other taxing authority contact, The Bridge CPAs can assist you with responding to the notice or represent your position before the taxing authority. However, there is an additional fee for this service that is not included in your tax preparation fees.

Please review all completed tax returns carefully. As a tax preparer, I have a responsibility to both the various taxing authorities with whom we file tax returns as well as to my clients. Clients will remain liable for the contents of tax returns prepared by The Bridge CPAs, LLC with data provided by that client.

All tax return preparation fees must be paid before the full tax return will be released to clients and/or electronically filed. Tax returns will be electronically filed only after payment and the signed e-file authorization forms are received.

**BELOW IS A LIST OF ITEMS YOU WILL NEED TO
COMPLETE YOUR ORGANIZER:**

- Name, social security numbers and date of birth for dependents
- Driver's license for filer and spouse as applicable
- W-2s
- 1099-R for retirement and pension payments
- K-1s
- 1099-SSA received from Social Security Administration
- 1099-MISC
- Unemployment information
- 1099-DIV for dividends received during the year
- 1099-INT for interest received during the year
- 1099-G for gambling winnings and any gambling losses
- State income tax refunds
- 1099-B for sales of stock – need cost basis and sales proceeds
- 1098-T for tuition and other qualified expense including fees, books and supplies
- 1098-E for interest paid on student loans
- 1099-C or 1099-A for cancellation of debt
- Health Insurance Form 1095-A (from health insurance exchange) or 1095-B/C (from employer)
- Child and dependent care expenses – name, tax ID number and address of provider and amount paid
- Records of income and expenses for your business and mileage log
- Rental property income and expenses, HUD-1 statement if purchase during the tax year
- Out of pocket medical expenses, health insurance premiums paid, and medical mileage
- 1098 for interest paid
- Real estate taxes paid during the year
- Sale or refinance of property information including HUD-1 statement
- Cash and non-cash contributions made to charities
- Alimony received or paid, name of person paid to and their social security number
- Amounts paid for miscellaneous employee expenses (dues, uniforms, continuing education, unreimbursed mileage)
- Medical savings account contributions and disbursements
- Education savings account contributions and disbursements
- IRA or other retirement account contributions
- Copy of your previous year tax return if not prepared by The Bridge CPAs, LLC

PERSONAL INFORMATION

	Taxpayer	Spouse
Last Name		
First Name, Middle Initial		
Social Security #		
Occupation		
Home Phone		
Work or cell phone		
Birth Date		
Email		
Street Address		
City, State, Zip Code		

FILING STATUS

- | | |
|--|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Head of Household Qualifying |
| <input type="checkbox"/> Married Filing Jointly | <input type="checkbox"/> Widow(er) |
| <input type="checkbox"/> Married Filing Separately | |

HEALTH INSURANCE COVERAGE

Did you have health insurance in 2020?	YES	NO
Did you receive a health insurance subsidy/credit?	YES	NO
Did you receive a form 1095-A, 1095-B, or 1095-C?	YES	NO

DEPENDENT INFORMATION

First Name	Middle Initial	Last Name	SSN#	Birth Date	Education Expenses

DEPENDENT CARE EXPENSES

Name	Address	Tax ID Number	Amount Paid

INCOME

WAGES, SALARIES AND OTHER INCOME

List the following: W-2s, 1099-Rs, 1099-SSA, 1099-MISC, 1099-G, K-1s, W2-Gs	Taxpayer	Spouse

SOURCES OF OTHER INCOME

	Taxpayer	Spouse
Alimony/For divorce prior to 12/31/2018		
State Income Tax Refunds		
Scholarships		
Tips		
Gambling Winnings		
Jury Duty Pay		
Unemployment Income		

INTEREST/DIVIDEND INCOME

Pay er	Interest received	Total Dividend	Qualified Dividend	Capital Gains

SALES OF STOCKS AND SECURITIES

Description	Date Purchased	Date Sold	Sales Proceeds	Cost Basis

ADJUSTMENTS TO INCOME

	Taxpayer	Spouse
Educator Expenses		
Health Savings Account Deduction		
Moving Expenses/ For people in the military		
SEP, SIMPLE & Qualified Plan Contributions		
Self Employed Health Insurance		
IRA Deduction		
Student Loan Interest		
Tuition and Fees		

MOVING EXPENSES/For people in the military

Date of Move: _____
Miles from Old Home to New Work Place: _____
Miles from Old Home to New Work Place: _____

	Amount
Transportation	
Storage	
Travel	
Lodging	
Miles Driven	

ESTIMATED TAX PAYMENTS

FEDERAL

STATE

	Date	Amount	Date	Amount
Quarter 1				
Quarter 2				
Quarter 3				
Quarter 4				

Paid with Extension				
From prior year refund				

BANKING INFORMATION FOR DIRECT DEPOSIT OF REFUNDS

Bank Name	
Routing Number	
Account Number	

ITEMIZED DEDUCTIONS

MEDICAL AND DENTAL EXPENSES

Prescriptions	
Health Insurance Premium	
Long Term Care Insurance Premium	
Doctors, Dentists, Hospital	
Eyeglasses	
Medial Miles	
Other Medical	

TAXES

Real estate taxes on main home	
Taxes on additional real estate or homes	
Personal property and other taxes	

PRINCIPAL HOME MORTGAGE INTEREST and POINTS

Loan Company	Amount Paid

CASH AND NON-CASH CONTRIBUTIONS

Name of Organization	Amount

BUSINESS INCOME & EXPENSES

(If more than one business, use complete a separate worksheet for each business)

Check Ownership Taxpayer Spouse Joint

Business Name: _____

Business Address: _____

Principal Business: _____

Federal employer ID Number: _____ Maryland Department ID Number: _____

Gross Receipts	
Income reported on 1099s	
Returns and Allowances	

COST OF GOODS SOLD (INVENTORY ONLY)	
Inventory at beginning of year	
Purchases: Less personal items	
Labor Costs	
Materials and Supplies	
Other Costs	
Inventory at end of year	

EXPENSES	
Advertising	
Car & truck expense – Complete Vehicle Worksheet	
Commissions and Fees	
Contract help	
Insurance	
Interest	
Legal and professional fees	
Office expenses	
Rent	
Repairs and maintenance	
Supplies	
Taxes and licenses	
Travel	
Meals and entertainment	

Telephone	
Utilities	
Wages	
OTHER EXPENSES:	
A)	
B)	
C)	
D)	

BUSINESS ASSETS PURCHASED DURING THE YEAR

Description	Date	Cost

VEHICLE WORKSHEET

GENERAL INFORMATION	Vehicle 1	Vehicle 2
Odometer reading 1/1/19		
Odometer reading 12/31/19		
Description of vehicle		
Date placed in service		
Total miles driven for the year		
Total business miles		
Total commuting miles		
ACTUAL EXPENSES:	Vehicle 1	Vehicle 2
Gas/Fuel		
Oil Changes		
Repairs and Maintenance		
Insurance		
Interest		
License and Registration		
Vehicle Lease		
Tolls and Parking		

Is another vehicle available for personal use? YES NO

Do you have written evidence to support the mileage? YES

HOME OFFICE EXPENSE

Square footage of area used for home business: _____
 Total square footage of home: _____

	Direct	Indirect
Mortgage Interest		
Real Estate Taxes		

Insurance		
Repairs and Maintenance		
Electricity		
Water/Sewer		
Gas		
Rent		
HOA fees		
Security monitoring		
OTHER EXPENSES:		
A)		
B)		
C)		

RENTAL INCOME

DESCRIPTION & ADDRESS OF PROPERTY

PROPERTY 1:

PROPERTY 2:

PROPERTY 3:

	PROPERTY 1	PROPERTY 2	PROPERTY 3
Date Available for Rent			
Rental Income			
Advertising			
Automobile expenses (complete vehicle worksheet)			
Travel			
Cleaning and maintenance			
Commissions			
Insurance			
Legal and professional			
Management fees			
Mortgage interest			
Other interest			
Repairs and maintenance			
Supplies			
Real estate taxes			
Utilities			
OTHER EXPENSES:			
A)			
B)			
C)			
D)			

E)			
----	--	--	--

FIXED ASSET PURCHASES AND BUILDING IMPROVEMENTS

Description	Date	Cost