

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Tax Organizer</b>	<i><b>TPNW</b></i>	<b>Tax Partners Northwest</b>
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**TAX PARTNERS NORTHWEST, LLC**  
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**Tax Return Appointment**

Date:   
 Time:

Please enter all 2020 tax information, sign & date the last page, and return it with your tax documents and signed Engagement letter.

**NOTE:** If you claim any credits related to children, please provide proof of where your child resides. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records, place of worship, tribal office statement, or employer statement.

**ALSO:** If your child or other dependent is disabled, please provide one of the following as proof of disability: doctor statement, other health care provider statement, or social services agency statement.

**CLIENT INFORMATION**

	Taxpayer	Spouse
First name & initial.....		
Last name.....		
Title/suffix.....		
Social security number		
Occupation.....		
Date of birth (m/d/y).....		
Date of death (m/d/y)....		
Drivers license number		
- State, Issue/Exp Date		
Home phone.....		
Work phone.....		
Cell phone.....		
E-mail address.....		
<b>Address</b>	In care of.....	
	Street address	
	City, State, Zip	

**DEPENDENTS**

	Dependent No. 1	Dependent No. 2
First name & initial.....		
Last name.....		
Title/suffix.....		
Social security number		
Date of birth (m/d/y)....		
Date of death (m/d/y)...		
Date of adoption (m/d/y)		
Relationship.....		
Months lived at home		
	Dependent No. 3	Dependent No. 4
First name & initial.....		
Last name.....		
Title/suffix.....		
Social security number		
Date of birth (m/d/y)....		
Date of death (m/d/y)...		
Date of adoption (m/d/y)		
Relationship.....		
Months lived at home		

Please attach all 2020 tax documents. If you do not have a government form but you do have an amount, check the box and enter the 2020 amount.

**WAGES, SALARIES AND TIPS**

Employer name:	2020 Amount	2019 Amount <small>(For reference only, not required)</small>
<input type="checkbox"/> _____	<b>Attach Forms W-2</b>	_____
<input type="checkbox"/> _____		_____
<input type="checkbox"/> _____		_____
<input type="checkbox"/> _____		_____

**INTEREST INCOME**

Payer name:	2020 Amount	2019 Amount <small>(For reference only, not required)</small>
<input type="checkbox"/> _____	<b>Attach Forms 1099-INT</b>	_____
<input type="checkbox"/> _____		_____
<input type="checkbox"/> _____		_____
<input type="checkbox"/> _____		_____

**DIVIDEND INCOME**

Payer name:	2020 Amount	2019 Amount <small>(For reference only, not required)</small>
<input type="checkbox"/> _____	<b>Attach Forms 1099-DIV</b>	_____
<input type="checkbox"/> _____		_____
<input type="checkbox"/> _____		_____
<input type="checkbox"/> _____		_____

**RETIREMENT AND GAMBLING INCOME**

Payer name:	2020 Amount	2019 Amount <small>(For reference only, not required)</small>
<input type="checkbox"/> _____	<b>Attach Forms 1099-R, &amp; W-2G</b>	_____
<input type="checkbox"/> _____		_____
<input type="checkbox"/> _____		_____
<input type="checkbox"/> _____		_____
Winnings not reported on W-2G.....		
Total gambling losses.....		

**OTHER INCOME/ OTHER GOVERNMENT FORMS**

<input type="checkbox"/> Form 1099-B - Sales of stock (also include transaction history).....	<b>Attach Forms 1099</b>
<input type="checkbox"/> Form 1099-MISC -Miscellaneous income or 1099-NEC -Non-employee compensation	
<input type="checkbox"/> Form 1099-K - Merchant card and third party network payments.....	
<input type="checkbox"/> Form 1099-S - Sales of real estate (also include closing statements).....	
<input type="checkbox"/> Form 1099-C - Cancellation of debt income.....	
<input type="checkbox"/> Do you own or have signature authority over any foreign accounts or trusts? or did you receive any foreign gifts or inheritances?	
<input type="checkbox"/> Form 1099-G - Unemployment compensation or State tax refunds.....	<b>Attach Forms 1099</b>
<input type="checkbox"/> Did you receive an Economic Impact (STIMULUS) payment? How much?	
<input type="checkbox"/> Form SSA-1099 - Social security benefits (taxpayer and/or spouse)	<b>Attach Forms 1099</b>
<input type="checkbox"/> Form 1099-Q - 529 Plan or Form 1099-QA/5498-QA - Able Accounts.....	
<input type="checkbox"/> Form 1099-SA/5498-SA - Health savings accounts.....	
<input type="checkbox"/> Did you or your spouse receive money from an EIDG, EIDL, or PPP? (Economic Impact Disaster Grant or Loan, or Payroll Protection Program)	
<input type="checkbox"/> Or any other type of grant?	
<input type="checkbox"/> Did you or your spouse have income from a hobby, prizes, barter, jury duty, cryptocurrency transactions, or any other income?	

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<b>RETIREMENT PLAN CONTRIBUTIONS</b>					
				<b>2020 Amount</b>	<b>2019 Amount</b>
Taxpayer: Traditional IRA Contributions.....					
Roth IRA Contributions.....					
Self-employed, SEP, SIMPLE, & qualified plan contributions.....					
Spouse: Traditional IRA Contributions.....					
Roth IRA Contributions.....					
Self-employed, SEP, SIMPLE, & qualified plan contributions.....					
<b>OTHER GOVERNMENT FORMS - DEDUCTIONS</b>					
<input type="checkbox"/> Form 1099-E - Student loan interest.....				<b>Attach</b>	
<input type="checkbox"/> Form 1099-T - Tuition and related expenses (also include college tuition statement & receipts for books & required supplies and equipment)				<b>Forms 1098</b>	
<b>HEALTH CARE COVERAGE FORMS</b>					
<input type="checkbox"/> Form 1095-A - Health insurance marketplace statement.....				<b>Attach Forms 1095</b>	
<input type="checkbox"/> Form 1095-B - Health coverage.....					
<input type="checkbox"/> Form 1095-C - Employer-provided health insurance offer and coverage.....					
<b>ADJUSTMENTS TO INCOME</b>					
				<b>2020 Amount</b>	<b>2019 Amount</b>
Taxpayer: Self-employed health insurance premiums.....					
Educator expenses (K through 12).....					
Other adjustments to income.....					
Spouse: Self-employed health insurance premiums.....					
Educator expenses (K through 12).....					
Other adjustments to income.....					
Alimony paid or received pursuant to a pre-2019 settlement? (Other party's name and SSN) Please circle paid or received and list the date of settlement _____					
<b>MEDICAL AND DENTAL EXPENSES (not reimbursed by insurance)</b>					
Prescription medicines and drugs.....					
Doctors, dentists, and nurses.....					
Hospitals and nursing homes.....					
Insurance premiums paid with after-tax money.....					
Long-term care premiums - taxpayer.....					
Long-term care premiums - spouse.....					
Out of pocket lodging and transportation expenses.....					
Hearing aids, glasses, contacts.....					
Other medical equipment.....					
Number of medical miles.....					
<b>TAXES PAID</b>					
State, city, and local income taxes paid.....					
State and local sales taxes (except autos, boats, aircraft, and homebuilding materials).....					
Sales tax paid on autos, boats, aircraft, and homebuilding materials.....					
Real estate taxes - principal residence.....					
Real estate taxes - 2nd residence and/or other properties held for investment.....					
Personal property taxes (ie. RTA Excise tax on autos in some states).....					
Foreign Income taxes.....					
<b>OTHER DEDUCTIONS</b>					
Mortgage interest paid.....					
Donations to charitable organizations (made by cash or check).....					
Non-cash donations to charitable organizations (clothing, household items, vehicles, etc.).....					
Miles driven for charitable purposes.....					