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# 2020 Tax Organizer

	ai appointments via: 🗆	Phone Internet we	bcam meeting	or ⊐Curbside	□Web Portal* Service	
Taxpayer			Spot			
		Name				
lame SSN Birthday		SSN		Birthday		
Occupation		Name Birthday Occupation				
e-mail		e-mail				
e-mail Daytime		e-mailEvening				
Address □New address t		□Yes, Direct Deposit My Refund to:				
		Bank Name			_ □Ck □Sav	
City ST	_ Zip	_ Bank Name □Ck Rtn # Acct #				
Filing Status □Single □MFJ □H	OH □QW □MFS	I prefer my finis	hed tax retur	n:  Printed	□PDF □Both	
id you and/or your spouse purchase he Did you receive an IRS Economic Impa Date: \$	ict Payment (COVID/Sti	mulus Rebate)? □Ye	s □No If YES	S, provide paym	ent details:	
	DEPEND					
Name (First Last) (exactly as shown on SS card)	Soc. Sec. No.	Relationship	#Months in Home			
,		•			Student	
					□Y □N	
					□Y □N	
	TAX DOCUMENT					
* To send digital documents, use our w				Taxpayer	Spouse	
Picture ID (or copy) required for both Taxp	•	ndustry regulations				
	yment change this year					
	Hardship?					
Social Security 1099SSA						
Interest Income 1099INT						
Dividend Income 1099DIV						
Sales of Capital – 1099B (□enclose brok	,	le of Real Estate				
Unemployment Compensation (it's tax						
Gambling Winnings W2G (see page 2 fo	<del>*</del>					
□Estate, □Trust □S-Corp □Partnership						
□Rents, □Royalties □Prizes, □Self Em	ployment – 1099MISC	1099NEC (see page	3)			
Mortgage Interest 1098 (see page 2)	· · · · · · · · · · · · · · · · · · ·					
Education Expense – □1098T & □Proc		ent Loan □1098E				
Other 1099s: <b>1099A 1099C 1099</b>	SA =1099LIC =1099	<b>Ų</b> □10990ID				

1st Choice Tax Organizer Page 1 Who can we thank for referring you?

### (Standard Ded: \$24,800 Married \$18,650 HOH \$12,400 Single) **MEDICAL**

Medical Insurance (not Pre-Tax)	
Dental/Vision Ins. (not Pre-Tax)	
LongTerm Care Ins Taxpayer	
LongTerm Care Ins Spouse	
DR	
DDS	
Rx Meds	
X-Ray, Labs, Hospital	
Eye care & Supplies	
Hearing Aids & Supplies	
Medical or Diabetic Supplies	
Smoking, Weight Loss, Rehab Prog	
Assisted Living/Nursing Home	
(Less Insurance or HSA Reimbursements)	( )
Total	
Medical Miles (# miles)	

# **TAXES**

AZ Tax Paid	
State Tax Paid	
Real Estate Tax:	
Auto License (VLT)	
Sales Tax paid on Large Purchases	
□Auto □Boat □Airplane □	
Non-taxable income for addl Sales	
Tax deduction □Adoption □Foster	
□Child Support □VA □	

# **ITEMIZED DEDUCTIONS INTEREST**

Home Mortgage □1098 □Over \$750K	
2'nd Home/Motor Home □1098	
HELOC □1098 □ Acquisition Debt?	
P.M.I. (Private Mortgage Insurance)	
Private Mortgage □ No 1098	
Name	
SSN	
Address	
Points on Refi. □ HUD-1	
Margin Interest □ 1099	
Other Investment Interest	

### **ESTIMATED TAXES PAID**

Due	Mailed	IRS	Ariz.	
Applied fr	om last yr			
April 15				
June 15				
Sept 15				
Jan 15				
Total				

# **MISCELLANEOUS**

Gambling Losses (<= winnings)	
Casualty Loss □ Fed Disaster Area	
Moving Exp □Active Duty Military	

# CHARITABLE CONTRIBUTIONS

# **New:** Even if you do not have enough total deductions to exceed the Standard Deduction amounts listed above, you are now allowed an additional deduction on your IRS and AZ tax return based on your charitable giving. Please list all donations here:

### **\$ CONTRIBUTIONS \$**

Organization Name	\$ Contributed
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
Total	

### \$ AZ "Dollar for Dollar" Tax Credit \$

□ AZ321 Qual Charitable Org-QCO
(#)*
(#)*
□ AZ322 Public/Charter School
(#)*
(#)*
□ AZ323 Private School Tuition Org
(# n/a )*
□ AZ352 Qual Foster Care Org-QFCO
(#)*
□ AZ340 Military Family Relief Fund

(\* provide AZ DOR code #, or donation receipt)

# **NON-CASH CONTRIBUTIONS \*\***

1)		
2)		
3)		
Charity Miles (# Miles	) Total**	

( \*\* If over \$500 additional detail required)

### **SELF EMPLOYMENT INCOME Business Name** EIN (if available) Owner ( Taxpayer Spouse) LLC □T □S □LLC Home Office? Sq Ft Office Home $\Box Y \Box N$ $\neg Y \neg N$ Gross Receipts or Sales □1099MISC/NEC Purchases of Inventory **EOY Ending Inventory** # Miles: Auto - Yr: Make: # Miles: Total: Gas, Oil Mtce \$\_\_\_\_\_ Interest Pd \$\_\_ Business: License/Reg \$ Commuting: Advertising & Marketing Contract Labor Paid (1099NEC Issued □Y □N) Insurance (not health) Insurance ( □ SE Health) Interest (not auto) Legal, Professional, Tax Prep Office Expense Rent – Equipment Rent - Building Repairs & Maintenance **Supplies** Taxes & License Travel Meals Utilities & Telephone Wages Payroll Taxes Did you receive a PPP Loan or local COVID $\Box Y \Box N$ $\Box Y \Box N$ related Grant/Assistance? (Please Explain)

□ list attached

□ list attached

Business Assets purchased/sold this year?

RENTALS / ROYALTIES					
Property Description:	1	2	3		
Gross Rents /Royalties	\$	\$	\$		
Advertising					
Auto (# miles)					
Cleaning					
Commissions					
Insurance – Real Estate					
Insurance – Mortgage (PMI)					
Legal, Professional, Tax Prep					
Mortgage Interest □1098 □no 1098					
Mortgage Interest □1098 □no 1098					
Other Interest					
Property Management Fees *					
Repairs / Maintenance					
Supplies					
Taxes – Real Estate					
Taxes – Other (□ Sales Tax)					
Travel					
Utilities & Telephone					
HOA Fees					
Bank / Collection Fees					
* Property Manager Stmt enclosed					
1099s Issued?	□Y □N □NA				
Improvements made this year?	□ list attached	□ list attached	□ list attached		
If new/sold-provide HUD-1 stmt.	□ purch. □sale	□ purch. □sale	□ purch. □sale		
	NOTES				

# GAINS & LOSSES FROM SALES OF REAL ESTATE, PERSONAL PROPERTY & COLLECTIBLES

IRS Requires 
| Form 1099B Broker Statements for all sales of Stocks, Bonds, and Mutual Funds

Description	Buy Date	Sell Date	Sale Price	Cost

Provide □1099S and HUD-1 closing documents (both □ purchase and □sale) for any Real Estate transactions OTHER INFORMATION INCOME AD HISTMENTS or OPENITS

OTHER IN ORMATION, INCOME, ADDOCTMENTO OF	TREDITO	
	Taxpayer	Spouse
Did anyone else other than your spouse or dependents live in your home	□Y □N	□Y □N
Did you have a Foster Child □ Caseworker Placement Letter (required)	□Y □N	□Y □N
Did you have a Foreign Financial Account or interest in a Foreign Trust	□Y □N	□Y □N
Did you own/trade/earn any Crypto-Currency □Exchange Spreadsheet	□Y □N	□Y □N
Did you receive any notices from the □IRS or □AZ DOR □Copy Attached	□Y □N	□Y □N
Did you foreclose or abandon any Real Estate □ Primary Res □ Other	□Y □N	□Y □N
Did you have any debt cancelled or forgiven this year □1099C	□Y □N	□Y □N
Did you gift more than \$15,000 to any one individual	□Y □N	□Y □N
Did you install solar or other energy efficient home improvements	□Y □N	□Y □N
Sharing Economy Income □Airbnb □Lyft □Uber □Other	□Y □N	□Y □N
Tips not Reported to Employer	\$	\$
Taxable Grants, Scholarships or Fellowships	\$	\$
Jury Duty payments received	\$	\$
Alimony Received (Alimony does not include child support)	\$	\$
Alimony Paid to: NameSSN	\$	\$
Date your Alimony Decree was finalized or last modified:		//
IRA Deposit □ done by 12/31 □ will do by 4/15 □ advise me	\$	\$
Roth IRA Deposit □ done by 12/31 □ will do by 4/15 □ advise me	\$	\$
SEP Deposit □ done by 12/31 □ will do by 4/15 □ advise me	\$	\$
529 Education Savings Plan Contributions (Deductible for AZ up to \$4,000)	\$	\$
Health Savings Account: □ <b>5498SA</b> (Contributions) □ <b>1099SA</b> (Distributions)		
College Tuition & Fees Paid □1098T □Proof of Payment (required)	\$	\$
If paid by Student Loan, who's responsible to repay □Parent □Student		
Claimed American Opportunity or Hope Credits before □Y □N # years: 1 2 3 4		
Student Loan Interest Paid □1098E	\$	\$
□Adoption Credit □Special Needs (□Adoption Order □Subsidy Agreement)		
DAVCADE EVDENCES		

### DAYCARE EXPENSES

Provider		Provider	
SSN/EIN	Amount Pd \$	SSN/EIN	Amount Pd \$
Address	Zip	Address	Zip
For Dependent(s)		For Dependent(s)	

### OTHER ITEMS or NEXT YEAR CHANGES YOU'D LIKE TO DISCUSS