



**SANKOFA**  
FINANCIAL GROUP

Individual  
Tax  
Organizer

**2020**

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## 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 April 8, 2021. If your tax organizer and/or documents are received after April 8th, you will be required to pay an expedite fee of 75.00 to ensure timely completion or we will request an extension on your behalf for \$35.00

**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, Sankofa Financial Group, LLC 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 Sankofa Financial Group, 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 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
- 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 purchased during the tax year
- Out of pocket medical expenses, health insurance premiums paid, and medical mileage
- 1098 for mortgage 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
- 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 Sankofa Financial Group
- IRS Notice 1444 – confirmation of Economic Impact Payment (Stimulus Payment) received

## 2020 Tax Organizer Personal and Dependent Information

### Personal Information

Name		SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
Occupation		Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

#### Marital Status at end of 2020

- Married  
 Married filing separately  
 Single  
 Widow(er) If spouse died in 2020 enter the date of death \_\_\_\_\_

#### Other information

- Are you blind?  
 Are you disabled?  
 Are you a full-time student?  
 Do you want \$3 to go to the Presidential Election Campaign Fund?

#### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency?

- Yes  No

### Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

### COVID-19 Implications

Yes    No

- Did you receive an Economic Impact Payment (EIP)?  
 If "Yes," provide Notice 1444 from the IRS.  
  Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?  
  Were you unemployed for any portion of the year due to COVID-19?  
  Did you continue to receive wages from your employer even if you were unable to work?  
  Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?

If you own a farm or business:

- Did you continue to pay any employee while they were not working?  
  Did you delay withholding FICA taxes from any employee's pay?  
  Did you receive a Paycheck Protection Program (PPP) loan?  
 If "Yes," was the loan forgiven or have you applied for forgiveness? \_\_\_\_\_  
  Were you unable to work due to COVID-19 and, if employed by someone other than yourself, would have qualified for sick or family leave?

### Appointment Information

Your 2020 appointment is scheduled for \_\_\_\_\_

### Additional Taxpayer Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

#### Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

#### Identification Information

**Taxpayer**

Type of photo ID  Driver's license  State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

**Spouse**

Type of photo ID  Driver's license  State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

Other Information

Name:

SSN:

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

### Income

Name:

SSN:

#### Wages & Salaries

Provide all copies of Form W-2

Employer name	2020 federal wages	2019 federal wages

#### Retirement

Provide all copies of Form 1099-R

Payer name	2020 distribution	2019 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?  Yes  No

#### Form 1099-Misc and Form 1099-NEC Income

Provide all copies of Forms 1099-MISC and 1099-NEC (\* Also reported on Schedule C or E)

Payer name	2020 amount	2019 amount

Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income

Account number Payer name	2020 ordinary dividends	2019 ordinary dividends	2020 qualified dividends	2019 qualified dividends
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
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_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

Account number Payer name	2020 interest	2019 interest
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
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_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address



### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

	2020 Taxpayer	2019 Taxpayer	2020 Spouse	2019 Spouse
Scholarships or grants not reported on Form W-2 .....	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G) .....	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA) .....	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) .....	_____	_____	_____	_____
Alimony received				
Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G) .....	_____	_____	_____	_____
Unemployment compensation repaid in 2020 .....	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G) .....	_____	_____	_____	_____
Alaska Permanent Fund .....	_____	_____	_____	_____
ABLE distributions .....	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Adjustments

	2020 Taxpayer	2019 Taxpayer	2020 Spouse	2019 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) .....	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA) .....	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) .....	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents .....	_____	_____	_____	_____
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA) .....	_____	_____	_____	_____
Contributions made to a Roth IRA .....	_____	_____	_____	_____
Interest paid on a student loan .....	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

#### Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

	2020	2019
Number of miles from old home to old workplace .....	_____	_____
Number of miles from old home to new workplace .....	_____	_____
Expense to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)	_____	_____

Schedule A - Itemized Deductions

Name:

SSN:

**Medical and Dental Expenses**

	2020	2019
Health insurance premiums (paid by you, not through work) . . . .		
Long-term care premiums (you) . . .		
Long-term care premiums (your spouse)		
Long-term care premiums (dependents)		
Mileage driven for medical purposes . .		
Out of pocket medical and dental expenses (list) . . . . .		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

**Taxes Paid**

State and local income taxes . . . .		
Sales tax . . . . .		
Real estate taxes . . . . .		
Personal property taxes . . . . .		
Other taxes (list)		
_____		
_____		

**Interest Paid**

Mortgage interest paid (attach Form 1098)		
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home		
Mortgage interest paid to an individual		
Paid to:		
Name _____		
Address _____		
City, State, ZIP _____		
SSN or EIN _____		
Mortgage insurance premiums . . .		
Investment interest . . . . .		

**Charitable Contributions**

	2020	2019
Donations to charity (cash) . . . .		
Disaster relief contributions . . .		
Miles driven for charitable purposes		
Donations to charity (noncash) . .		
If noncash donations are greater than \$500, list below		
_____		
_____		
_____		
_____		
_____		
_____		
_____		

**Other Miscellaneous Deductions**

Amortizable bond premiums . . .		
Federal estate tax . . . . .		
Gambling losses . . . . .		
Impairment-related work expenses		
Claim repayments . . . . .		
Unrecovered pension investments		
Schedule K-1 . . . . .		
Ordinary loss debt instrument . .		
Excess deduction on termination		

**For state purposes ONLY**

**Job Expenses & Certain Miscellaneous Deductions**

Necessary job expenses you paid that were not reimbursed by your employer (list)		
_____		
_____		
_____		
_____		
Union dues . . . . .		
Tax preparation fees . . . . .		
Other nonpersonal expenses related to taxable income (list)		
_____		
_____		
_____		
Investment expenses not entered elsewhere . . . . .		
Home equity interest . . . . .		

Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

- This business started or was acquired during 2020       Yes  No      Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business
- This business was disposed of during 2020       Yes  No      You filed Forms 1099 for the individuals

**Income**

	2020	2019		2020	2019
Gross receipts or sales .....	_____	_____	Other income .....	_____	_____
Returns & allowances .....	_____	_____		_____	_____

**Expenses**

	2020	2019		2020	2019
Advertising .....	_____	_____	Travel .....	_____	_____
Car & truck expenses .....	_____	_____	Total meals .....	_____	_____
Commissions & fees .....	_____	_____	Utilities .....	_____	_____
Contract labor .....	_____	_____	Wages .....	_____	_____
Depletion .....	_____	_____	Other expenses (list) .....	_____	_____
Employee benefit programs .....	_____	_____		_____	_____
Insurance (other than health) .....	_____	_____		_____	_____
Interest - mortgage .....	_____	_____		_____	_____
Interest - other .....	_____	_____		_____	_____
Legal & professional services .....	_____	_____		_____	_____
Office expenses .....	_____	_____		_____	_____
Pension & profit sharing plans .....	_____	_____		_____	_____
Rent or lease (vehicles, machinery, & equipment) .....	_____	_____		_____	_____
Rent (other business property) .....	_____	_____		_____	_____
Repairs & maintenance .....	_____	_____		_____	_____
Supplies .....	_____	_____		_____	_____
Taxes & licenses .....	_____	_____		_____	_____

**Cost of Goods Sold**

	2020	2019		2020	2019
Inventory at beginning of year .....	_____	_____	Materials & supplies .....	_____	_____
Purchases .....	_____	_____	Other costs .....	_____	_____
Cost of personal use items .....	_____	_____	Inventory at end of year .....	_____	_____
Cost of labor .....	_____	_____	<input type="checkbox"/> There was a change in inventory method		

### Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- Yes No
- This vehicle is available for use during off-duty hours
- Another vehicle is available for personal use

- Yes No
- There is evidence to support your deduction
- The evidence is written

Number of miles the vehicle was driven during 2020		Number of miles driven in prior years	
	2020	2019	
Business .....	_____	_____	Business .....
Commuting .....	_____	_____	Total .....
Other .....	_____	_____	_____

	2020	2019		2020	2019
Garage rent .....	_____	_____	Repairs .....	_____	_____
Gas .....	_____	_____	Tires .....	_____	_____
Insurance .....	_____	_____	Tolls .....	_____	_____
Licenses .....	_____	_____	Lease addback .....	_____	_____
Oil .....	_____	_____	Other expenses		_____
Parking fees .....	_____	_____	_____	_____	_____
Rental fees .....	_____	_____	_____	_____	_____
Interest .....	_____	_____	_____	_____	_____
Property tax .....	_____	_____	_____	_____	_____

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business \_\_\_\_\_

What is the total square footage of your home \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used \_\_\_\_\_

How many hours per day was the area used \_\_\_\_\_

The daycare facility was in operation for the entire year

Expenses	Office expenses		Home expenses	
	2020	2019	2020	2019
Mortgage interest .....	_____	_____	_____	_____
Real estate taxes .....	_____	_____	_____	_____
Excess mortgage interest .....	_____	_____	_____	_____
Excess real estate taxes .....	_____	_____	_____	_____
Insurance .....	_____	_____	_____	_____
Rent .....	_____	_____	_____	_____
Repairs & maintenance .....	_____	_____	_____	_____
Utilities .....	_____	_____	_____	_____
Other expenses .....	_____	_____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

## Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Property Information

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

Select the property type

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> This property is your main home or second home       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2020            | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals   |
| <input type="checkbox"/> This property was owned as a qualified joint venture |  |  |

### Income

	2020	2019		2020	2019
Rent Income .....			Royalties from oil, gas, mineral, copyright or patent ....		

### Expenses

	Rental unit expenses		Rental <u>and</u> homeowner expenses		
Advertising .....					If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.  If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Auto & travel .....					
Cleaning & maintenance .....					
Commissions .....					
Insurance .....					
Legal & professional fees .....					
Management fees .....					
Mortgage interest .....					
Other interest .....					
Repairs .....					
Supplies .....					
Taxes .....					
Utilities .....					
Depletion .....					
Other expenses (list) _____					
_____					
_____					
_____					
_____					
_____					
_____					
_____					
_____					

### Household Employment

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any one household employee cash wages of \$2,200 or more in 2020?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you withhold federal income tax during 2020 for any household employee?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay unemployment contributions to only one state?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay all state unemployment contributions for 2020 by April 15, 2021?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?                        |

	2020	2019
Total cash wages subject to Social Security tax .....		
Total cash wages subject to Medicare tax .....		
Total cash wages subject to Additional Medicare tax withholding .....		
Federal income tax withheld .....		

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any one household employee cash wages of \$2,200 or more in 2020?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you withhold federal income tax during 2020 for any household employee?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay unemployment contributions to only one state?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay all state unemployment contributions for 2020 by April 15, 2021?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?                        |

	2020	2019
Total cash wages subject to Social Security tax .....		
Total cash wages subject to Medicare tax .....		
Total cash wages subject to Additional Medicare tax withholding .....		
Federal income tax withheld .....		