

2020	1040	US	Miscellaneous Questions
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PERSONAL INFORMATION

Yes	No
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- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2020? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you and your spouse want to, or need to file separate returns? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you in a domestic partnership, civil union, or other state-defined relationship? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been the victim of identity theft. If yes, please provide the IRS letter? |

DEPENDENTS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in the number or status of dependents this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Could your dependent be claimed as a dependent on another person's return? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you entitled to a dependency exemption due to a divorce decree? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2020? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did any of your dependents have earned (W-2) income of \$12,400 or more (\$400 if self-employed) or unearned (interest, dividends or capital gains) of \$1,100? If so, they will likely need to file a return. |
| <input type="checkbox"/> | <input type="checkbox"/> | Are any dependent children married and filing a joint return with their spouse? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did any dependent, age 19-23 attend school full-time for less than five months during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any individuals living with you that you are not claiming as a dependent? (If yes, please explain) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you provide over half the support for any other person other than your dependent? (If yes, please explain) |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any dependents that are disabled? (If yes, please provide names.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you adopt a child or pay any expenses related to the adoption of a child during this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have dependents who must file a tax return? |

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Yes	No	
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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse (if applicable), or any dependents have a taxpayer identification number (ITIN) or ATIN? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay for child care or dependent care expenses, so that you and/or your spouse could work, look for work or continue your education? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay into and/or receive pre-tax dependent care benefits through your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a stillborn child this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you provide a home for a parent, ancestral parent(s) that required assistance with activities of daily living? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay more than \$800 in residential care, assisted living, or other medical costs for any Arizona resident aged 65 years old or older? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you adopt a child this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any student loan interest on behalf of a dependent, your spouse or yourself? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you not claim a dependent on your federal return, in order to allow your dependent to claim the federal education credit? |

HEALTH CARE COVERAGE

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you enroll for lower cost Marketplace Coverage through Healthcare.gov under the Affordable Care Act? If yes, please provide the Form 1095-A (Health Insurance Marketplace Statement), if so, please attach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you enroll for lower cost Marketplace Coverage through Healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, please provide the Form(s) 5498-QA. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any distributions from an ABLE (Achieving a Better Life Experience) account? If yes, please provide the Form(s) 5498-QA. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are a business owner, did you pay health insurance premiums for your employees, this year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, please provide the Form(s) 1099-H |

INCOME

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income? |

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Did you receive income from any legal proceedings or cancellation of student loan debt?

☐☐

Did you receive any social security, unemployment, disability, gambling, award, hobby income, jury duty, prizes or unreported tip income during this year? (Circle all that apply)

☐☐

Was your primary residence rented out or used for business or employment?

☐☐

Did you receive income from gravel, timber, mineral, oil, gas, copyrights, or patent royalties?

☐☐

Did you engage in any barter transactions?

☐☐

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?

☐☐

Did you receive income from the rental of a property? If so, we will need the income and expenses for each property broken down by property. Also on a property by property basis we will need to know the type of property (SFR, MFR, Vacation/ST rental, commercial, land, royalties or self-rental). For each property, we will need to know the number of days rented at FMV and the number of days used personally.

☐☐

Did you receive unemployment compensation? If yes, please provide the 1099-G.

☐☐

Did any of your life insurance policies mature, or did you surrender any policies? If yes, please provide the 1099-R.

☐☐

Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services?

☐☐

Did you receive or pay any alimony*? (Which, pay or receive _____
In what amount \$ _____ *Please understand that child support is not taxable income nor is it deductible.

☐☐

Did you receive any income from a property sold prior to this year under an installment contract? Please provide details.

☐☐

Did you have any Lottery winnings in 2020?

☐☐

Did you receive tax-exempt interest or dividends not reported on Forms 1099-INT or 1099-DIV?

☐☐

Did you receive compensation as a result of Active US Armed Services, National Guard or Reservist Service?

☐☐

Did you receive any income or buy or sell property in any state other than your state of residence? Which state(s)?

☐☐

Did anyone in your family receive a scholarship of any kind this year? (If YES, please provide the details.)

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PURCHASES, SALES, AND DEBT

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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, Trust, LLC, Estate/trust or REMIC? Please provide documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, exchange, or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If yes, please provide all details. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2021? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you granted any restricted stock/stock options or did you exercise any stock options or dispose of any stock acquired under a qualified stock purchase plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, surrender, or sell any bonds for which you paid more or less than the face value? This would include those used to pay for higher education expenses. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage in any put or call transactions or other securities sales not reported on a Form 1099-B? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you close any open short sales, in 2020? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds, or other investment property in 2020? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, at any time during 2020, receive, sell, send, exchange, or otherwise acquire a financial interest in any virtual currency? |

If assets have been sold, please provide information, so that we may determine the cost basis and date of purchase of the assets.

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, have foreclosed or refinance your principal home or second home, or did you take out a home equity loan? If so, please provide a copy of the settlement statement (HUD) and Form 1099-S. If refinanced, please provide information as to the use of the funds. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases such as solar energy, wind energy, geothermal, or fuel cell energy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a home in 2020 and you were overseas on official extended duty? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay sales tax on the purchase of one or more new mobile homes, motor vehicles, or recreational vehicles? If so, please provide a copy of the bill(s) of sale. If the vehicle qualifies for a tax credit, please advise. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven? If so, please include related documents and any Forms 1099-C or 1099-A. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did anyone owe you money which had become uncollectible? |
| <input type="checkbox"/> | <input type="checkbox"/> | During this year, do you have any securities that became worthless? |

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☐☐

If you own any rental properties (commercial or residential), have you filed the required sales tax reports and required 1099s?

☐☐

If you own any rental properties (commercial or residential), have you done or would you consider having a cost segregation study done for potential significant tax savings?

☐☐

Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure or condemnation?

☐☐

Did you sell any Qualified Small Business Stock?

RETIREMENT PLANS

☐☐

Did you receive a distribution from a profit-sharing, retirement plan, or individual retirement arrangement (including Traditional, 401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If yes, please provide Form(s) 1099-R.

☐☐

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, ROTH etc.)? In what amount(s)? _____
Date(s): _____ Type(s): _____ (401(k),
IRA, SEP, SIMPLE, Qualified Plan, ROTH etc.)

☐☐

Did you receive a distribution from a profit-sharing, retirement plan or individual retirement arrangement that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?

☐☐

Did you receive a pension distribution due to the death of a Public Safety Officer?

☐☐

Did you contribute to a Achieving a Better Life Experience Account (ABLE). These contributions are not tax deductible, however the distributions are not taxable if used for qualified disability expenses?

☐☐

If it will benefit you, would you want to contribute to an IRA, SEP or SIMPLE IRA or to a ROTH IRA?

☐☐

If you typically do not qualify to contribute to a ROTH IRA due to income restrictions, would you want to contribute to a Non-deductible Traditional IRA for the purpose of converting to ROTH at a future time?

☐☐

Did you transfer or roll over any amount from one retirement plan to another retirement plan?

☐☐

Did you receive a retirement distribution from a U.S. Government, State, or Local Government Pension?

☐☐

Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2020?

☐☐

Did you take qualified reservist distributions due to the financial demands caused by being called to Active Military Service?

☐☐

Did you take retirement distributions to pay medical expenses or to pay health insurance, as a result of being unemployed, or due to disability?

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Yes

No

☐☐

Did you receive retirement distributions from an estate?

☐☐

Did you receive retirement distributions due to total and permanent disability?

☐☐

Did you receive retirement distributions after separation from your employer, after reaching age 55 or from a qualified government defined benefit plan after reaching age 50?

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Did you receive retirement distributions as part of a qualified domestic relations order or distributions of dividends from an employee stock ownership plan?

☐☐

Did you receive retirement distributions as part of a series of substantially equal payments?

☐☐

Did you receive retirement distributions as a result of an IRS levy?

☐☐

Did you receive retirement distributions to purchase your first home?

☐☐

Did you take retirement distributions to pay for qualified higher education expenses for you, your spouse, a child or a grandchild?

☐☐

Will you or have you attained age 70 ½ in 2021? If so, please provide the value of all of your IRA accounts as of 12/31/2017. \$ _____

☐☐

Will your spouse or has your spouse attained age 70 ½ in 2021? If so, please provide the value of all of your spouses IRA accounts as of 12/31/2017. \$ _____

☐☐

If you are self-employed, do you maintain a Money Purchase or Profit Sharing Plan? If so, please provide a copy of the 12/31/2017 investment account statement for your plan.

EDUCATION☐☐

Did you receive a distribution from a Education Savings Account, Section 529 plan, or a Qualified Tuition Program? If yes, please provide Form 1099-Q

☐☐

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? If yes, please provide all tax related forms. Which year of studies (freshman, sophomore, junior, or senior) was the student considered in 2020? Was the person(s) attending Full-Time or Part-Time _____?

☐☐Did you incur any unreimbursed expenses working as a teacher, counselor, or principal for kindergarten through grade 12? If so, in what amount?
_____**ITEMIZED DEDUCTIONS**☐☐

Did you incur a loss because of damaged or stolen property?

☐☐

Did you work out of town for part of the year?

☐☐

Did you use your car on the job (other than to and from work)?

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Yes

No

☐☐

Did you pay any deductible investment interest in 2020? This would be interest on a loan where you used the proceeds to purchase an investment; or interest on a loan that is secured by investment property, such as a margin loan from a securities brokerage firm

☐☐

Did you pay any property taxes on any real property? If yes, please provide information, if not listed on the Form 1098 or equivalent mortgage interest statement.

☐☐

Is your primary mortgage balance in excess of \$750,000?

☐☐

Are you paying interest on a loan for a boat or recreational vehicle that has basic living accommodations, such as sleeping, restroom, and cooking facilities?

☐☐

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?

☐☐

Did you donate a vehicle or boat during the year? If yes, please provide the Form 1098-C

☐☐

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?

☐☐

Did you or your mortgagee receive any mortgage assistance payments? If yes, please provide Form 1098-MA.

☐☐

Did you incur interest expense associated with any investment accounts you held?

☐☐

Do you have evidence to substantiate your charitable contributions? If NO, then a deduction is NOT allowed. For your non-cash charitable donation, an itemized list is required. Please use the Non-cash charitable contribution worksheet provided for any non-cash contributions over \$500.

☐☐

Did you have any unreimbursed, out-of-pocket employment expenses? Please note, these are not deductible for years 2018- 2025. It would be best if you can get your employer to reimburse you for these expenses, if they are substantial.

☐☐

Did you have an expense account or allowance with your employer?. If YES, and you are claiming your expenses, list the totals of each category and any reimbursements treated as taxable income on the organizer. The same applies as above. You should get your employer to reimburse you instead.

☐☐

If YES, and you are NOT claiming your expenses, were your reimbursements received greater than your expenses?

☐☐

Did you pay out-of-pocket medical, dental, or prescription drug expenses not covered by health insurance or a flexible spending account? (Including copays etc...)

☐☐

Were either you or your spouse the beneficiary of COBRA premium assistance for any month in 2020?

☐☐

Did you incur any transportation (including mileage) or lodging expense to obtain medical care? (If YES, please indicate on the organizer under section 125, medical and dental expenses, lodging and transportation).

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Yes No

☐☐

Did you incur expenses for any other medical supplies (hearing aids/batteries, eyeglasses, contacts/supplies, medical devices/supplies/equipment, etc)? (If YES, please indicate on the organizer under section 25, medical and dental expenses, other medical expenses).

☐☐

Did you incur any personal property taxes (i.e. vehicle registration based on value, etc)? (If YES, please indicate on the organizer under section 25, other taxes paid, personal property taxes).

☐☐

Did you have any expenses related to seeking a new job, in the same field of work?

ESTIMATED TAXES☐☐

Did you apply an overpayment of 2019 taxes to your 2020 estimated tax (instead of being refunded)?

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If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)?

☐☐

Do you expect your 2021 taxable income and withholdings to be different from 2020? If so, please describe any anticipated changes:

Corona Virus Aid (COVID), Relief and Economic Security Act (CARES ACT)☐☐

Did you receive the first economic impact payment (Stimulus)? If yes, how much did you receive from IRS under Notice 1444 for the first Economic Impact Payment (EIP) 1: \$_____?

☐☐

Did you receive the second economic impact payment (Stimulus)? If yes, how much did you receive from IRS under Notice 1444 for the second Economic Impact Payment (EIP) 2: \$_____?

☐☐

Did you receive a Paycheck Protection (PPP) Loan? If yes, how much of the loan has been forgiven \$_____?

☐☐

If none of the Paycheck Protection (PPP) Loan has been forgiven, did you apply for the Paycheck Protection (PPP) Loan forgiveness?

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Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols, while working a a state that was not your home state?

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Did you receive emergency leave sick pay?

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Did you receive emergency family leave wages?

☐☐

Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?

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If you are self-employed, were your unable to perform your self-employed activities due to cononavirus related care you needed, during the year?

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Yes

No

☐☐

If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter, under the age of 18, during the year?

☐☐

If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?

☐☐

Did you receive a distribution from a retirement plan because of COVID? If yes, how much did you receive \$ _____?

☐☐

Did you make a contribution to a **State Qualified Charitable Organization** that provides **Assistance to the Working Poor of \$400 (single) or \$800 (married filing joint)**? If yes, how much did you contribute? \$ _____? Please provide a copy of the receipt.

☐☐

Did you make a contribution to a **State Foster Care Qualified Charitable Organization** that provides **Assistance with foster care of \$500 (single) or \$1,000 (married filing joint)**? If yes, how much did you contribute? \$ _____? Please provide a copy of the receipt.

☐☐

Did you make a contribution to a **Public or Charter School** for the support of **Extracurricular Activities for Arizona tax credit of \$200 (single) or \$400 (married filing joint)**? If yes, how much did you contribute? \$ _____? Please provide a copy of the receipt.

☐☐

Did you make a contribution to the **Military Family Relief Fund for Arizona tax credit of \$200 (single) or \$400 (married filing joint)**? ****Please note: this credit has an annual cap of one million dollars, once that amount is reached donations are no longer eligible for the credit, rather are charitable donations. Your receipt from ADVS will indicate if your contribution is credit or donation.** If yes, how much did you contribute? \$ _____ Please provide a copy of the receipt.

☐☐

Did you make a contribution to a **Private School Tuition Organization** that provides **Scholarships and/or Grants to Qualified Schools for the Arizona Tax Credit of up to \$593 (Single or HOH) or \$1,186 (married filing jointly)**? If yes, how much did you contribute? _____. Please provide a copy of your receipt.

☐☐

Did you make a contribution to a **Certified School Tuition Organization** that provides **Scholarships and/or Grants to Qualified Schools for the Arizona Tax Credit of up to \$590 (Single or HOH) or \$1,179 (married filing jointly)**? If yes, how much did you contribute? _____. Please provide a copy of your receipt.

☐☐

Did you invest in a Limited/General Partnership that provides Tax Credits or substantial first year tax deductions?

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Did you receive tax credit bonds in which the holder receives a tax credit in lieu of some or all of the interest on the bond?

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Did you receive a low-income Mortgage Interest Credit?

☐☐

Did your mutual fund or REIT pay taxes on your behalf for undistributed capital gains?

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|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Through either a partnership, S Corp, Trust or individually, are you entitled to the credit for the production of Indian Coal? |
| <input type="checkbox"/> | <input type="checkbox"/> | Through either a partnership, S Corp, Trust or individually, are you entitled to the Indian Employment Credit? |
| <input type="checkbox"/> | <input type="checkbox"/> | Through either a partnership, S Corp, Trust or individually, are you entitled to the credit for Employing Qualified Mine Rescue Team Employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Through either a partnership, S Corp, Trust or individually, are you entitled to Employment Zone Tax Incentives? |
| <input type="checkbox"/> | <input type="checkbox"/> | Through either a partnership, S Corp, Trust or individually are you entitled to Second Generation Biofuel Produce Credit? |
| <input type="checkbox"/> | <input type="checkbox"/> | Through either a partnership, S Corp, Trust or individually are you entitled to credit for the sale or use of biodiesel and from renewable resources other than wind? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a contractor who is entitled to the credit for the construction of new energy efficient homes? |

BUSINESS OWNERS (Schedule C, E)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you included in your gross receipts/sales on the organizer, all income reported to you on Forms 1099-Misc or 1099-K? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any business related payments of \$600 or more, during the year, for services, rents, or interest for which you were required to file Form 1099? (If Yes, were they filed _____)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you included in expenses on the organizer, all expenses you have reported to others on your Forms 1099 (for services, rents, and interest)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you refinance any business loans? (If YES, please provide the closing statement- HUD). |
| <input type="checkbox"/> | <input type="checkbox"/> | If you collect sales taxes, is it included in your gross receipts/sales/rents on the organizer? (If YES, please indicate in that area that sales taxes are included) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you added, disposed of, or converted to personal use, any fixed assets used in your trade or business, rental or farm activity? (If YES, please provide the details or the additions or disposals). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you lease a vehicle which you used in your trade or business? (If YES, please provide the details) |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there any change in the determining quantities, costs, or valuation between the opening and closing inventory? (If yes, please provide explanation). |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any personal consumption of your business products, supplies, or inventory? (If YES, please provide the total value of all items consumed to be claimed as additional income or a reduction of expenses on the organizer). |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you reduced any business expenses by the personal use portion (i.e. utilities, phone, auto, real estate taxes, etc)? (If YES, please explain). |

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Yes No

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Do you have written documentation (mileage log) to support your vehicle mileage deduction? (If NO, a deduction is NOT allowed).

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Did you acquire, lease, or dispose of a vehicle used for business during this year? If yes, provide purchase/ sales contract, or lease agreement.

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Did you do any bartering during the year? (If YES, please explain).

☐☐

Did you pay health insurance premiums for your employees this year?

☐☐

Did you qualify to take the Work Opportunity Tax Credit? If yes, provide copies of certificates for employees of targeted groups and associated wages.

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Did you operate your business in more than one state? If yes, please provide a list of the states in which you conducted business and provide a breakdown of the income and expenses by state.

☐☐

Would you be interested in a potential expense reduction review in an effort to reduce expenses for Credit card Merchant Fees, Parcel Shipping Fee, Waste and Recycling Cost, Property Tax Mitigation & Reduction, and Worker's Compensation Premiums.

☐☐

Did you use an area of your home regularly and exclusively for business purposes?

☐☐

Did you materially participate in the operations of the business during the year?

☐☐

Was all of your investment in this activity at risk?

☐☐

Was this business still in operation at the end of the year?

☐☐

Did you have any business rents, interest or management fees paid to a related party (parent, grandparent, child, grandchild, brother, sister, corporation or partnership)? (If YES, provide the amount and type of expenses for each person, including their SSN or EIN and the relationship to you.)

☐☐

Do you have records to support travel, entertainment or gift expenses? The law requires that adequate records be maintained for travel, entertainment and gift expenses. The documentation should include amount, time and place, date, business purpose, description of gift(s) (if any), and business relationship of the recipient(s).

MISCELLANEOUS

☐☐

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

☐☐

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

☐☐

Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include areas include victims of hurricanes, tropical storms, floods and wildfires.

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If you have an Arizona State refund, do you wish to make a voluntary gift to any of the state voluntary gift programs? If so, how much \$_____ and to which program _____? **Understand this will reduce your refund and you will not be able to reduce the gift on a later amended return.**

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Did you pay any premiums for Long-Term Care Insurance?

☐☐

Did you contribute to a Long-Term Care Savings Account established under Arizona Law?

☐☐

Did you make or were you the recipient of any "below-market" or "interest-free" loans this year?

☐☐

Did you make any out-of-state purchases (by telephone, internet, mail, in person) that you did NOT pay state sales or use taxes on? (If YES, provide details on the organizer).

☐☐

Were you the victim of a Ponzi-type investment scheme?

☐☐

Are you in the business of farming or processing agricultural crops and did you provide qualified crop gifts to one or more charitable organizations located in Arizona?

☐☐

Did you purchase gasoline, oil, or special fuels for non-highway use vehicles? If yes, please provide the gallons of gasoline or special fuels used for off-highway business purposes. _____ gallons _____ type.

☐☐

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, foreign annuity or other financial account?

☐☐

Did you work outside of the US or pay any foreign taxes?

☐☐

Did you purchase a new alternative technology, electric, or other new vehicle?

☐☐

Did you make any large purchases or home improvements?

☐☐

Do you own shares of stock in a foreign corporation, or own property in a foreign country?

☐☐

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

☐☐

Are you considered totally or partially blind?

☐☐

Did you receive payments under a Medicare waiver program for caring for someone who lives in your home?

☐☐

Did you have a medical savings account (MSA), a Medicare + Choice MSA or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of an account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

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Miscellaneous Questions

Yes

No

☐☐

Are you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

☐☐

Did you make any Arizona Long-term Care Insurance Premium payments, which are deductible on the Arizona return?

☐☐

Did you make any Arizona Long-term Health Care Savings Account contributions, which are deductible on the Arizona return?

☐☐

Are you registered as an Arizona sole proprietorship with the Arizona Department of Health Services to operate a nonprofit medical marijuana dispensary?

☐☐

Did you incur moving expenses due to a change of employment?

☐☐

Did you pay Primary Mortgage Insurance Premiums (PMI) on a mortgage taken out after 12/31/2006?

☐☐

Did you engage the services of any household employees to whom you paid more than \$2,200 in 2020 for domestic services performed in or around your home to individuals who could be considered household employees?

☐☐

Did you make contributions to a Health Savings Account (HSA) this year or will you before April 15th?

☐☐

Did you have distributions from a Health Savings Account (HSA) this year?

☐☐

Have you sold an asset/assets for which Bonus Depreciation or the IRS Section 179 deduction was not allowed on the state return?

☐☐

Did you withdraw from your Arizona County, City or School Retirement System contributions early?

☐☐

In past years did you make a special election to defer DOI income under IRC section 108(i) over a period of 5 years? Some states did not adopt this provision, therefore these amortized payment would excluded from that state's income

☐☐

Did you receive a federal or state pension? If so, please provide the Form 1099-R.

☐☐

Did you pay medical expenses for someone you could not claim as a dependent?

☐☐

Did you incur a casualty loss (sudden, unexpected, and unusual in nature)?

☐☐

Did you incur a theft loss (including larceny, robbery and embezzlement)?

☐☐

Did you incur any investor expenses to produce, collect, conserve, manage, or maintain income-producing property or investments?

☐☐

Did you refinance a home loan, for which the points from the prior loan, have not been completely amortized?

☐☐

Were you notified or audited by either the Internal Revenue Service or the State taxing agency? If so, please provide a copy of the notice or report

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Miscellaneous Questions

Yes

No

☐☐

Did you or your spouse make any gifts to any one individual that totaled more than \$15,000, or any gifts to a trust?

☐☐

Did you inherit or purchase any property in 2020? If yes, please provide details.

☐☐

Did you go through bankruptcy proceedings?

☐☐

Are you entitled to the special depreciation allowance for Second Generation Biofuel Plan Property?

☐☐

Are you entitled to an energy efficient commercial building deduction under Code Section 179D?

☐☐

Are you entitled to a deduction under a special rule for the sales or disposition to implement Federal Energy Regulatory Commission (FERC) or State Electric Restructuring Policy?

☐☐

Are you entitled to the incentives for Alternative Fuel and Alternative Fuel Mixtures?

☐☐

Are you entitled to the three-year depreciation for race horses, 2 years old or younger?

☐☐

Are you entitled to the seven-year recovery period for Motorsports Entertainment Complexes?

☐☐

Are you entitled to the accelerated depreciation for business property on an Indian reservation?

☐☐

Are you entitled to the expensing of certain qualified film and television and live theatrical productions?

☐☐

Are you entitled to the credit for certain expenditure for maintaining railroad tracks?

☐☐

Are you entitled to the credit for the American Samoa Economic Development Credit?

☐☐

Are you entitled to the credit for Alternative Fuel-Refueling Property?

☐☐

Are you entitled to the credit for a Two or Three-Wheeled Plug -In Electric Vehicle?

☐☐

Are you entitled to the credit for electricity produced from specific renewable resources?

☐☐

Have either you or your spouse been a victim of identity theft and given an identity theft protection PIN by the IRS? If yes, please provide the six digit PIN number. _____ Taxpayer _____ Spouse

☐☐

Do you have a trust as part of your overall estate and transfer planning?

☐☐

Has your trust been reviewed in the last three years?

☐☐

Do you or your spouse have a life insurance trust?

☐☐

May the IRS discuss your tax return with your preparer?

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Miscellaneous Questions

Yes No

☐☐

Did your direct deposit banking information change in the last 12 months? If so please provide the new institution name, routing and account number.

☐☐

Do you have any previous years of tax returns that are either unfiled or filed with unpaid balances due?

☐☐

Do either you or your spouse have any delinquent child or spousal support payments, student loans, or federal debt?

☐☐

If you owe federal or state taxes upon the completion of your returns, are you able to pay the balance due?

☐☐

Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?

☐☐

Were you notified or audited by either the Internal Revenue Service or the state taxing agency?

☐☐

Are you aware of any changes to your income, deductions and credits reported on **any prior year's returns**?

☐☐

Could you provide the documentation required to substantiate eligibility for any credit and deductions claimed on the return, if you were selected for audit?

☐☐

Do you think you qualify for any other Federal or State Tax expense deduction or credit, that is not listed here or discussed elsewhere in your Tax Organizer? Please provide details.

☐☐

Did you make any advanced payments due to the changes in the tax laws for 2020? If so, please provide the amount(s), what was paid and when.

To the very best of my/our knowledge, the provided information is complete, correct, includes all income, deductions and other information necessary for the preparation of this year's income tax returns for which I/we have adequate records

Taxpayer's Signature _____ Date _____