

## 2020 Tax Organizer Personal and Dependent Information

### Personal Information

|                                      |               |               |               |
|--------------------------------------|---------------|---------------|---------------|
|                                      | SSN           | Has<br>IP PIN | Date of birth |
| Name                                 |               |               |               |
| 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?  Yes  No  
 Are you disabled?  Yes  No  
 Are you a full-time student?  Yes  No  
 Do you want \$3 to go to the  
Presidential Election Campaign Fund?  Yes  No

#### 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<br>SSN | Has<br>IP PIN | Relationship | Months<br>in<br>home | Date of birth | Disabled | Full-<br>time<br>student | Childcare<br>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 \_\_\_\_\_

## Questionnaire

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

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

## Questionnaire

Please indicate how you would like to receive your tax return copy (charges are donated to National Multiple Sclerosis Society): Portal (default option) \_\_\_\_\_ Paper (\$ 5.00) \_\_\_\_\_ On a CD or memory stick supplied by you \_\_\_\_\_

If you received an Economic Impact Payment (stimulus check), what was the amount? \$ \_\_\_\_\_

If you are a Delaware resident, are you and/or your spouse an ACTIVE member of a volunteer fire company? Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ Company # \_\_\_\_\_

**Yes No**

Do you give Davis-Smith permission to send invoices & statements via email?

Did you have a foreign bank account or have an interest in a foreign trust? NOTE: Penalties for failure to report foreign source income or ownership of a foreign account start at \$ 10,000 per violation.

**IF YOU OPERATE A BUSINESS:****Yes No**

Did you make any payments for services (\$600.00 or more) during the year that would require you to file form(s) 1099?

\_ If yes, Did you, or will you, file ALL required forms?

Did you have employees?

\_ If yes,

\_ a. Did the business provide health insurance to the employees?

\_ b. Did you offer ANY type of benefits to your employees (health/dental/vision,life)

\_ c. Did you receive a PPP loan? Amount \$ \_\_\_\_\_

\_ If yes, has any portion of the loan been forgiven? Amount \$ \_\_\_\_\_

Did you receive a grant from the SBA? Amount \$ \_\_\_\_\_

Did you receive an EIDL loan from the SBA? Amount \$ \_\_\_\_\_

Did you receive a grant from any state? Amount \$ \_\_\_\_\_

**IF YOU OWN RENTAL PROPERTY:**

On a regular basis (at least bi-weekly) & continuous throughout the year, do you consult with property managers or personally visit the property?

Do you spend several hours regularly, or bi-weekly, dealing with the advisors, managers or personally with tenants, repair or maintenance companies or on-site issues?

Is the activity conducted with a profit motive?

Do you maintain written calendar time records to prove the regular, substantial, continuous activity?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_