



FINANCIAL
ACCOUNTING
SERVICES INC.

2020 Tax Organizer

Name:

Single Married Head of Household Married Filing Separate

SALARIES AND WAGES (enclose all W-2 forms)

W-2	Gross Income	Federal Withheld	FICA	Medicare	State Withheld	SDI
1						
2						
3						
4						

REFUND

Automatic deposit? Yes (attach a VOID check) No

DEPENDENTS

Name _____

Name _____

Name _____

Name _____

ADJUSTMENTS TO INCOME

ALIMONY PAID

Payee _____

Payee's SSN _____

Amount _____

IRA CONTRIBUTIONS, ETC.

SIMPLE Plan Deduction _____

Keogh/SEP Deduction _____

Education IRA Deduction _____

Penalty on Early Withdrawal _____

ESTIMATED TAX PAYMENTS

FEDERAL	Date Paid	Amount
Overpayment-Prior Year		
1 st Quarter		
4 th Quarter		
STATE	Date Paid	Amount
Overpayment-Prior Year		
1 st Quarter		
4 th Quarter		

Additional Notes and Information:

ITEMIZED DEDUCTIONS**MEDICAL & DENTAL EXPENSES***Attach detailed schedule*

Insurance Premiums _____

Doctors, Dentists, etc. (Net) _____

TAXES PAID

State & Local Income Tax _____

Real Estate Taxes – Residence _____

Real Estate Taxes – Other Property _____

Auto License: No. of Cars _____

Auto License: Fees Paid _____

Personal Property Taxes _____

Other Taxes _____

INTEREST PAID – Attach Forms 1098Home Mortgage (1st) _____Home Mortgage (2nd) _____

Home Mortgage (Equity Line) _____

Student Loan Interest _____

CONTRIBUTIONS – Attach Detailed Schedule

Contributions by Cash or Check _____

Contributions Other than Cash _____

MISCELLANEOUS DEDUCTIONS

Union/Professional Dues _____

Investment Expenses _____

Tax Return Preparation Fees _____

Safe Deposit Box Rental _____

Unreimbursed Employee

Business Expenses* _____

Other: _____

*Attach detailed schedule

INCOME FROM BUSINESS OR PROFESSION**GENERAL INFORMATION** Cash Basis Accrual Basis First Year Taxpayer Spouse

Principal Business/Profession _____

Business Name _____

Business Address _____

City, State, Zip _____

INCOME

Gross Receipts or Sales _____

Returns and Allowances _____

Other Income _____

COST OF GOODS SOLD – If Applicable

Inventory at Beginning of the Year _____

Purchases _____

Cost of Labor _____

Materials & Supplies _____

Other Costs _____

Inventory at End of the Year _____

EXPENSES

Advertising _____

Car & Truck Expenses* _____

Commissions _____

Employee Benefit Programs _____

Insurance (other than health) _____

Health Insurance Premiums for Self* _____

Interest _____

Legal & Professional _____

Office Expense _____

Pension & Profit Sharing Plans _____

Rent – Vehicles, Machinery & Equipment _____

Rent – Business Property _____

Repairs & Maintenance _____

Supplies _____

Taxes – Property _____

Taxes – Other _____

Travel _____

Total Meals & Entertainment* _____

Utilities _____

Wages _____

Other* _____

*Attach detailed schedules

HOME OFFICE

Did you have a home office during the year?

 Yes No

If yes, attach detailed schedule of expenses including mortgage interest (or rent), real estate taxes, utilities, property insurance, maintenance & cleaning