



ACCOUNTING SOLUTIONS
(716) 681-2694

Client Organizer

INCOME TAX RETURN INFORMATION - PRELIMINARY DATA -FOR TAX YEAR - 2020

Name: _____ OCCUPATION _____

Spouse: _____ OCCUPATION _____

ADDRESS (IF MOVED): _____

EMAIL ADDRESS: _____

BANK ROUTING _____ BANK ACCOUNT NUMBER _____

DEPENDENTS

NAME	SS#	DOB	RELATIONSHIP

QUARTERLY ESTIMATED TAX PAYMENTS IF YOU PREPAID

FEDERAL	AMOUNT PAID	NEW YORK STATE	AMOUNT PAID
APRIL 2020	\$	APRIL 2020	\$
JUNE 2020	\$	JUNE 2020	\$
SEPTEMBER 2020	\$	SEPTEMBER 2020	\$
JANUARY 2021	\$	JANUARY 2021	\$

IRA CONTRIBUTIONS

TYPE	TAXPAYER 1	TAXPAYER 2
TRADITIONAL IRA	\$	\$
ROTH IRA	\$	\$

STIMULOUS CHECK RECEIVED \$ _____

UNEMPLOYMENT 1099 G (You may need to Print from Website) \$ _____

INCOME**INTEREST INCOME – 1099 INT**

Name of Financial Institution/Payer	Amount	Name of Financial Institution/Payer	Amount
	\$		\$
	\$		\$
	\$		\$

DIVIDEND INCOME – 1099 DIV

Name of Financial Institution/Payer	Amount	Name of Financial Institution/Payer	Amount
	\$		\$
	\$		\$
	\$		\$

OTHER INCOME FORMS

WAGES	(W-2)	
IRA/Annuity Withdrawl	(1099R)	
Social Security	(SSA-1099)	
Gambling winnings	(W-2G)	
Unemployment benefits	(1099G)	Print from the website
Health Savings Account	(1099SA)	
Other Income	(1099 MISC)	
Stock Sales	(1099 B)	

POSSIBLE DEDUCTIONS

SALES TAX ON NEW VEHICLE PURCHASE \$ _____

MEDICAL

UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

Prescriptions \$ _____

Health Insurance Premiums \$ _____
(DO NOT include pretax payments through work)

Long Term Care Insurance
Taxpayer \$ _____
Spouse \$ _____

Doctors/Dentists \$ _____

Hospitals \$ _____

Contacts/Eyeglasses \$ _____

Miles driven for medical purposes _____

REAL ESTATE TAXES

	School	County	Village
Primary Residence			
2nd Property (Non-Rental)			

INTEREST Mortgage Interest/Home Equity Loan Interest

Paid to: _____ \$ _____

Paid To: _____ \$ _____

CHARITABLE CONTRIBUTIONS

Cash and/or Check: _____ \$ _____

Non-cash Donations: _____ \$ _____

ENERGY EFFICIENCY

Windows, Exterior Doors, Insulation, Furnace, Boiler, Metal Roof, Solar Panels \$ _____
(Please provide receipts for purchases)

ALIMONY : Recipient: _____ SS#: _____ \$ _____

CHILD CARE: Provider: _____ EIN/SS#: _____ \$ _____

**RENTAL OR SMALL BUSINESS DATA
FILL IN OR PROVIDE PROFIT/LOSS STATEMENT**

	Property/Business 1	Property/Business 2	Property/Business 3
ADDRESS			
RENTAL/BUSINESS INCOME (circle)	\$	\$	\$
ADVERTISING			
PLOWING			
LANDSCAPING			
INSURANCE			
LEGAL & PROFESSIONAL			
MORTGAGE INTEREST			
REPAIRS			
SUPPLIES			
REAL ESTATE TAXES			
UTILITIES			
MEAL/ENTERTAINMENT			
MATERIALS			
OTHER			

BUSINESS OR RENTAL MILEAGE

Vehicle Make/Model _____
 Beginning Odometer Reading on 01/01/2020 _____
 Ending Odometer Reading on 12/31/2020 _____
 Commuting Mileage _____
 Business Mileage _____

List all major purchases not included in expenses above and indicate on which property renovations or assets were made.

Asset Additions:	AMOUNT:	DATE PURCHASED:
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____