JEFFREY R WANGSGARD

AND ASSOCIATES LLC

INDIVIDUAL TAX ORGANIZER (1040)

We have attached an income tax organizer that will assist you in gathering the information necessary to prepare your tax return for the current tax year.

The Internal Revenue Service matches information reported on the reports/forms listed below with amounts reported on tax returns. A negligence penalty may be assessed when income is underreported or when deductions are overstated. Accordingly, all information reflecting amounts reported to the Internal Revenue Service are also mailed/delivered to the taxpayers in an envelope clearly marked "IMPORTANT TAX DOCUMENTS ENCLOSED" and should be submitted with this organizer. Forms such as:

W-2 (Wages)	1095-A, B,and C (Health Coverage)
1099-R (Retirement)	Schedules K-1 (Forms 1065, 1120S, 1041)
1099-INT (Interest)	
1099-DIV (Dividends)	Annual Brokerage Statements
1099-B (Brokerage Sales)	8886, Reportable transactions
1099-MISC (Rents, etc)	Other tax information statements
1099 (any other)	
1098-T (Tuition Paid)	Closing documents for Real Estate
1098 – Mortgage Interest	Sales/Purchases
Notice 1444 "Stimulus" Payment Received	

To continue providing quality services on a timely basis, we urge you to collect your information as soon as possible. If K-1 information from "pass-through" entities such as partnerships, trusts and S-corporations are the only data you are missing, please send the data you have assembled and forward the missing information as soon as it is available.

The filing deadline for your income tax return (Form 1040) is April 15, 2021. In order to meet this deadline your completed tax organizer and supporting documentation need to be received no later than April 10, 2021. Any information received after this date may result in an extension being filed.

If a 6-month extension of time is required, any estimated tax that may be due must be paid with the extension. Any taxes not paid by the filing deadline may be subject to late payment penalties and interest.

We look forward to meeting with you and providing these services for you. Should you have questions, please do not hesitate to contact us.

Sincerely,

Jeffrey R Wangsgard & Associates LLC

INDIVIDUAL TAX ORGANIZER (1040)

If we did not prepare your prior year tax returns, provide a copy of the federal and state returns for the previous year. Complete all applicable sections. Repeat clients may elect to only include updates to personal information on page 1.

Taxpayer's Name ___________________________ SSN ______________________ Occupation ___________________

Spouse's Name _____________________________ SSN ______________________ Occupation ___________________

Mailing Address____

____________________________________ _____________________ ______ ____________ ____________________
City County State Zip Code School District

Taxpayer

Date of Birth __________________
Blind? Yes ____ No ____

Contact Information
Cell _________________________
Home _________________________
Office _________________________
Fax _________________________
Email _________________________

Spouse

Date of Birth __________________
Blind? Yes ____ No ____

Contact Information
Cell _________________________
Home _________________________
Office _________________________
Fax _________________________
Email _________________________

Dependent Children Who Lived With You:

Full Name	Social Security Number	Relationship	Birth Date

Other Dependents:

Full Name	Social Security Number	Relationship	Birth Date	Number of Months Resided in Your Home	% of Support Furnished By You

ESTIMATED TAX PAYMENTS MADE

	FEDERAL		STATE (NAME):	
	Date Paid	Amount Paid	Date Paid	Amount Paid
Prior year overpayment applied				
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				

WAGES, SALARIES, AND OTHER EMPLOYEE COMPENSATION

Attach/Enclose all W-2 Forms.

PENSION, IRA, AND ANNUITY INCOME

Attach/Enclose all 1099-R Forms.

		YES	NO
1.	Did you receive a Lump Sum distribution from your employer?	______	______
2.	Did you "rollover" a Lump Sum distribution into another plan or IRA account?	______	______
3.	Did you transfer IRA funds to a Roth IRA this year?	______	______
4.	Have you elected a Lump Sum treatment for any retirement distributions after 1986?	______	______

HEALTH INSURANCE COVERAGE

Attach/Enclose all 1095 forms received. You may receive Form 1095-A from the federal marketplace. Form 1095-B is issued by your insurance carrier. Form 1095-C is issued to you if your employer was an Applicable Large Employer, and you were a full-time employee for any month during the year.

SOCIAL SECURITY BENEFITS RECEIVED

Enclose all 1099 SSA Forms.

INTEREST INCOME - Enclose all 1099-INT Forms and statements of tax-exempt interest earned. **If not available, complete the following**:

TSJ*	Name of Payor	Banks, S&L, Etc.	U.S. Bonds, T-Bills	Tax-Exempt In-State	Tax-Exempt Out-of-State	Early Withdrawal Penalties

*T = Taxpayer   S = Spouse   J = Joint

SELLER FINANCED INTEREST INCOME (Mortgage – If maintained by Title Company please provide loan summary)

Name of Payor	Social Security Number	Address	Interest Recorded

DIVIDEND INCOME - Enclose all 1099-DIV Forms and statements of tax-exempt dividends earned. **If not available, complete the following**:

TSJ*	Name of Payor	Ordinary Dividends	Qualified Dividend	Capital Gain Distributions	Non-Taxable Dividend(s)	Federal Tax Withheld	Foreign Tax Withheld

*T = Taxpayer S = Spouse J = Joint

MISCELLANEOUS INCOME - List and enclose related 1099 Forms or other forms.

Description	Amount
1099-G - State and local income tax refund(s)	
Alimony received (Post 12/31/2018 decrees not taxable)	
Jury fees	
Finder's fees	
Director's fees	
Prizes	
W-2G Gambling winnings	
1099-Misc Other miscellaneous income	

INCOME FROM BUSINESS OR PROFESSION – SEE SCHEDULE C TAX ORGANIZER

CAPITAL GAINS AND LOSSES - Enclose all 1099-B Forms (with supplemental year-end brokerage statements) and 1099-S Forms (with HUD-1 closing statements). Complete the following schedule if no statements are available and provide all transaction slips for sales and purchases. Enter any sales **NOT** reported on 1099-B or 1099-S Forms:

Description	Date Acquired	Date Sold	Sales Proceeds	Cost or Basis	Gain (Loss)

SALE/PURCHASE OF PERSONAL RESIDENCE

Provide closing statements (HUD-1) on purchase and sale of old residence and purchase of new residence.

STATE RESIDENCE CHANGE

If you changed resident state(s) during the year, provide period of residence in each state.

Residence #1 ________________________ From ____/____/____ To ____/____/____
Own_____ Rent____

Residence #2 ________________________ From ____/____/____ To ____/____/____
Own_____ Rent____

RENTAL AND ROYALTY INCOME – Complete a separate schedule for each property.

1. Description and location of property: ____

2. Residential rental property? Yes _____ No _____ Personal use? Yes _____ No _____

3. Did you actively participate in the operation of the rental property during the year? Yes _____ No _____

Income:	Amount	**Expenses: (cont.)**	Amount
Rents received		Taxes	
Royalties received		Legal and other professional fees	
Expenses:		Cleaning and maintenance	
Mortgage interest		Commissions	
Other interest		Utilities	
Insurance		Management fees	
Repairs		Supplies	
Auto and travel		Other (itemize)	
Advertising			

If this is the first year we are preparing your return, provide prior depreciation records.
If this is a new property, provide the closing statement. (HUD-1)

List below any improvements or assets purchased during the year.

Description	Date placed in service	Cost

If the property was sold during the year, provide the closing statement. (HUD-1)

INCOME FROM PARTNERSHIPS, ESTATES, LLCS, TRUSTS, AND S-CORPORATIONS

Enclose all Schedules K-1 received to date. Also list below all Schedules K-1 not yet received:

Name	Source Code*	Federal ID #

*Source Code: P = Partnership E = Estate/Trust S = S-Corporation

ALIMONY PAID (Decrees/Orders after 12/31/2018 are not tax deductible)

If a divorce occurred this year, enclose a copy of the divorce decree and property settlement.

Name of Recipient(s) ______________________________

Social Security Number(s) of Recipient(s) ______________________________

Amount(s) Paid $______________________________

MEDICAL AND DENTAL EXPENSES - (Attach/Enclose 1099-SA Forms)

Please Note That Medical Expenses Must Exceed 10.00% Of Adjusted Gross Income To Be Deductible. Health Insurance Premiums And Medical Expenses Paid With Pre-Tax Dollars (Cafeteria Plans, Health Savings Accounts, Etc.) Are NOT Deductible.

Description	Amount
Premiums for health and accident insurance including Medicare **(NOT EMPLOYER PAID)**	
Long-term care premiums: Taxpayer $ Spouse $	
Medicine and drugs (prescription only)	
Doctors, dentists, nurses	
Hospitals, clinics, laboratories	
Eyeglasses / corrective surgery	
Ambulance	
Medical supplies / equipment	
Hearing aids	
Lodging and meals	
Travel	
Mileage (number of miles)	
Long-term care expenses	
Payments for in-home care (Complete home care expenses section on pages 8 and 9.)	
Other	
Insurance reimbursements received	( )

Were any of the above expenses related to cosmetic surgery? Yes_____ No _____

DEDUCTIBLE TAXES

Description	Amount
State and local income tax payments made this year for prior year(s).	
Real estate taxes: Primary residence	
Secondary residence	
Other	
Sales tax on major items (auto, boat, home improvements, etc.)	
Other sales taxes paid (if applicable)	
Intangible tax	
Other taxes (itemize)	
Foreign tax withheld (may be used as a credit)	

INTEREST EXPENSE

Mortgage interest (Attach/Enclose 1098 Forms.)

Payee*	Property**	Amount

*Include address and social security number if payee is an individual.
**Describe the property securing the related obligation, i.e., principal residence, motor home, boat, etc.

Student loan interest (Attach/Enclose 1098-E Forms)

Payee	Amount

Investment interest not reported on Schedules A, C, or E

Payee	Investment Purpose (stocks, land, etc)	Amount

Business interest not reported on Schedules C, or E

Payee	Business Purpose	Amount

CHARITABLE CONTRIBUTIONS

Cash contributions, for which you have receipts, canceled checks, etc. NOTE: You need to have written acknowledgment from any charity to which you made individual donations of $250 or more during the year.

Donee	Amount	Donee	Amount

Other than cash contributions (enclose receipt(s)):

Organization name and address			
Description of property			
Date acquired			
How acquired			
Cost or basis			
Date contributed			
Fair market value (FMV)			
How FMV determined			

For contributions over $5,000, include copy of appraisal and confirmation.

CHILD CARE EXPENSES/HOME CARE EXPENSES

Did you pay an individual or an organization to perform services for the care of a dependent under 13 years old in order to enable you to work or attend school on a full-time basis? Yes _____ No _____

Did you pay an individual to perform in-home health care services for yourself, your spouse, or dependents? Yes _____ No _____

If the response to either of the questions above is yes, complete the following information:

Names(s) of dependent(s) for whom services were rendered.

____

List individuals or organizations to whom expenses were paid during the year. (Services of a relative may be deductible only if that relative is not a dependent and if the relative's services are considered employment for social security purposes.)

Name and Address	ID#	Amount	If Under 18

If payments of $2,100 or more during the tax year were made to an individual, were the services performed in your home? Yes _____ No _____

EDUCATIONAL EXPENSES

Did you or any other member of your family pay any educational expenses this year? Yes _____ No _____

If yes, was any tuition paid for any of the first four years of post-secondary education? Yes _____ No _____
If yes complete the following and provide the 1098-T Form from the school(s):

Student Name	Institution	Grade/Level	Amount Paid	Date Paid

Was any of the preceding tuition paid with funds withdrawn from an educational IRA or 529 Plan?
If yes, how much? $____________________ Yes _____ No _____

FOREIGN ASSETS

Determine if Form TD F 90-22.1 is needed to report foreign bank and financial accounts. Note that this is separate and distinct from any potential filing requirement indicated below.

Determine if Form 8938 is needed to report specified foreign financial assets. New for 2011 and forward. § 6038D, enacted as part of the HIRE Act. Notice 2011-55 defers the deadline to report until issuance of Form 8938. Note that this is separate and distinct from any potential filing requirement indicated above.

CRYPTO-CURRENCY ASSETS

Description	Date Acquired	Date Sold	Sales Proceeds	Cost or Basis	Gain (Loss)

STIMULUS CHECK

In 2020 most taxpayers received a Federal "Stimulus Check" or "Economic Impact Payment" from the Federal government for the 2020 tax year. As part your tax return we are required to reconcile your payment to determine if you are owed any additional payment, but it is difficult for us to determine any amount you may have received.

You should have received Notice 1444 showing the amount of the check, but many people have misplaced this letter, so we are asking you to provide us with the amount below.

___ I received and have attached a copy of Notice 1444

___ I do not have a copy of Notice 1444, but I did receive a stimulus check in the amount of $_____________

___ I did not receive a stimulus check