

**BROWN, ELLS & COMPANY**

17000 S Golden Rd  
 Golden, CO 80401  
 brownellscountry.com  
 (303) 271 - 1234

**For Tax Year 2020**

*It is a pleasure for us to assist you with your taxes. We have prepared this organizer as a checklist to help gather the information needed to properly prepare your tax returns. Per IRS regulations, it is necessary that you provide us with all tax documents you have received. Please include them when you return this organizer to us.*

**Name and address:** \_\_\_\_\_  
 Taxpayer \_\_\_\_\_  
 Spouse \_\_\_\_\_  
 Address \_\_\_\_\_

Check if being claimed as a dependent on another return

Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Occupation - Taxpayer \_\_\_\_\_  
 Occupation - Spouse \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**Additional Info For You & Dependents:**

Name	Soc. Sec. #	Birth Date	Relationship	U.S. Citizen	Disabled or Blind
				Y/N	D/B
Taxpayer					
Spouse					
Dep. 1					
Dep. 2					
Dep. 3					

**IMPORTANT INFORMATION: (FILL OUT ALL BELOW INFORMATION EVERY YEAR)**

**1. IRS Due Diligence Requirements: (check all of the following that apply, and see instructions)**

- You were single, and had a dependent living with you during the tax year (fill out page 4 HOH)
- You, your spouse, or your dependent attended college during the tax year (fill out page 4 AOTC)
- You're claiming a child (under age 17 at end of the tax year) as a dependent (fill out page 4 CTC)
- You're claiming someone other than a child under age 17 as a dependent (fill out page 4 ODC)

**2. Deductions: (do not include contributions made through employers or your own business)**

- Were contributions made to a Colorado 529 plan? (Enter Total) \$ \_\_\_\_\_
- Was an HSA contribution made? **Taxpayer, Spouse, or Both?** (T, S, or B) \_\_\_\_\_ \$ \_\_\_\_\_
- Was a Traditional IRA contribution made? (Attach Form 5498) (T, S, or B) \_\_\_\_\_ \$ \_\_\_\_\_
- Was a Roth IRA contribution made? (Attach Form 5498) (T, S, or B) \_\_\_\_\_ \$ \_\_\_\_\_
- Was any student loan interest paid? (Attach Form(s) 1098-E) (T, S, or B) \_\_\_\_\_ \$ \_\_\_\_\_

**3. Annual Questions:**

- Did your name or marital status change during the tax year?
- Did you donate to a charity? (if so, fill out page 3 Charitable Contributions)
- Did you have financial interest or signature authority over a foreign financial account, or have any involvement with a foreign trust during the tax year?
- Did you have any involvement with a virtual currency (Bitcoin, Ethereum, Ripple, Bitcoin Cash, EOS, etc.) during the tax year?
- Did you receive both your \$1,200 & \$600 EIP stimulus from the IRS?
- We provide digital tax returns to clients. Do you want a hard copy instead?
- Do you want any refunds directly deposited into your bank account?

Yes No

If yes- Bank Name \_\_\_\_\_ Account Type \_\_\_\_\_  
 Account No \_\_\_\_\_ Routing No \_\_\_\_\_

**INCOME: (you do not need to fill out information for which you've provided tax forms)**

**WAGE, PENSION & UNEMPLOYMENT INCOME** (Attach All Forms W-2, 1099R & 1099G):

<b>Employer's Name</b>	<b>Gross Income</b>	<b>Federal Withholding</b>	<b>State Withholding</b>	<b>City W/H</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**INTEREST INCOME** (Attach Forms 1099-INT): **DIVIDENDS** (Attach Forms 1099-DIV):

<b>Name of Payer</b>	<b>Amount</b>	<b>Name of Payer/Amts</b>	<b>1a</b>	<b>1b</b>	<b>2a</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**SALE OF REAL-ESTATE, STOCKS OR OTHER PROPERTY** (Attach Forms 1099-B)

<b>Description</b>	<b>Date Purchased</b>	<b>Date Sold</b>	<b>Sales Price</b>	<b>Cost</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**OTHER INCOME OR RECEIPTS:**

State Income Tax Refund: (attach 1099-G) State \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Alimony Received: \$ \_\_\_\_\_ Alimony Paid \$ \_\_\_\_\_ Date of Divorce \_\_\_\_\_  
Health Savings Account Distributions: \$ \_\_\_\_\_ All used for medical expenses? \_\_\_\_\_  
Social Security received by: Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
Gambling income: (attach W-2G) \$ \_\_\_\_\_ Gambling Losses \$ \_\_\_\_\_  
Your Own Business (attach Profit or Loss Worksheet) \_\_\_\_\_  
Rental Properties (attach Rental Property Schedules) \_\_\_\_\_  
S-Corps or Partnerships (attach Forms K-1) \_\_\_\_\_  
Other Income: \_\_\_\_\_

**ESTIMATED TAX & EXTENSION PAYMENT** (please list dates & amounts)

Carryforwards of prior year overpayments: Federal \$ \_\_\_\_\_ State \$ \_\_\_\_\_

<b>Date</b>	<b>Federal Amt.</b>	<b>State Amt.</b>	<b>Date</b>	<b>Federal Amt.</b>	<b>State Amt.</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Any payments made with extensions? Federal Amt \$ \_\_\_\_\_ State Amt \$ \_\_\_\_\_

**ITEMIZED DEDUCTIONS: (only applies if more than the standard deduction below)**

- **Married Filing Jointly** - standard deduction of \$24,800
- **Head of Household** - standard deduction of \$18,650
- **Single / Married Filing Separately** - standard deduction of \$12,400

**MEDICAL EXPENSES: (Sum up on amount categories below. Do Not Provide Receipts)**

- deduction limited by 7.5% of Adjusted Gross Income - (For Example: if your AGI is \$100,000, then the first \$7,500 of medical expenses will not be deductible)

	<u>Amount</u>		<u>Amount</u>
Drugs/Prescriptions	_____	Dental	_____
Doctors' Services	_____	Vision	_____
Chiropractic Services	_____	Long-Term Care	_____
Medical Insurance Premiums	_____	Medicare Premiums	_____
Use of auto for medical purposes (Number of miles): _____			

**TAXES PAID: (\$10,000 maximum deduction for this category, \$5,000 if single)**

State Tax Withheld (on W-2's/1099-R's): \_\_\_\_\_

Real Estate Taxes: \_\_\_\_\_

Auto Ownership Tax ("OWN TAX"): \_\_\_\_\_

Sales Tax Paid on Major Purchases: \_\_\_\_\_

**INTEREST PAID ON PERSONAL RESIDENCE (or 2nd HOME or FOR INVESTMENT PURPOSES):**  
(provide form 1098)

<u>Mortgage Interest Paid to:</u>	<u>Amount</u>	<u>Mortgage Insurance Paid</u>	<u>Points Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CHARITABLE CONTRIBUTIONS: (Record even if not itemizing - deductible for state)**

<u>To Whom:</u>	<u>Amount</u>	<u>To Whom:</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL ITEMIZED:** \_\_\_\_\_

**CREDITS:**

**Electric Vehicle Credit** (attach IRS letter certifying vehicle from dealer): VIN # \_\_\_\_\_  
Year, Make & Model of Vehicle \_\_\_\_\_ Purchased New? \_\_\_\_\_

**Residential Energy Credit:** Type of Improvement \_\_\_\_\_ Cost \$ \_\_\_\_\_  
Complete Address of Installation \_\_\_\_\_ Ever received this credit before? \_\_\_\_\_

**Child Care Credit:** If you incurred child care expenses which enabled you to be employed or a full time student, list the following:

<u>Name of childcare center/person</u>	<u>Address</u>	<u>ID Number</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

**DUE DILIGENCE WORKSHEET: Answer all questions applicable to the boxes checked on page 1**

**HOH (HEAD OF HOUSEHOLD) FILING STATUS:**

- What is the name of your qualifying dependent(s)? \_\_\_\_\_
- Did you provide more than half of his/her/their total support for the tax year? \_\_\_\_\_
- Did he/she/they live with you for more than half of the tax year? \_\_\_\_\_
- Did you pay more than half of the expenses to keep up your household during the tax year? \_\_\_\_\_
- Did you receive any non-taxable support during the tax year? (explain): \_\_\_\_\_
- Have you ever been married? \_\_\_\_\_ Are you currently married? \_\_\_\_\_
- If divorced, could you supply a divorce decree or separation agreement showing legal separation, dissolution, or termination of marriage as of the end of the tax year if requested by the IRS? \_\_\_\_\_
- Has your Head Of Household status ever been disallowed? (you would have been contacted by the IRS) \_\_\_\_\_

**AOTC (AMERICAN OPPORTUNITY TAX CREDIT): Attach Form 1098T (can be found in the student portal)**

- Student's name \_\_\_\_\_ U.S. citizen? \_\_\_\_\_ Full time student? \_\_\_\_\_
- Is the student claiming him/herself, or being claimed as a dependent on another tax return? \_\_\_\_\_
- Were all education expenses incurred during the tax year actually paid in the tax year? \_\_\_\_\_
- Were any education expenses paid with tax free scholarship, grant, employer provided education assistance, or VA benefits? \_\_\_\_\_ How much? \_\_\_\_\_
- If the student withdrew from classes, did the taxpayer receive a refund for education expenses? \_\_\_\_\_
- Did the student provide more than half of his/her support for the year? (rent, car payments, school, etc.)? \_\_\_\_\_
- Has the student ever been convicted of a felony for possessing or distributing a controlled substance? \_\_\_\_\_
- In how many prior years has the American Opportunity Tax Credit been claimed for this student? \_\_\_\_\_
- Has your AOTC ever been reduced or disallowed? (you would have been contacted by the IRS) \_\_\_\_\_

**CTC (CHILD TAX CREDIT): Eligible children are U.S. citizens with social security numbers; under the age of 17 (at the end of the tax year); that lived with the taxpayer more than half of the tax year; did not provide more than half of their own support; are not filing their own joint returns; and for whom you could provide birth certificates for.**

1. Child's name \_\_\_\_\_ Blood related to both taxpayer and spouse? \_\_\_\_\_  
If not, explain: \_\_\_\_\_  
Can this child be claimed as dependent by any other person? \_\_\_\_\_
  2. Child's name \_\_\_\_\_ Blood related to both taxpayer and spouse? \_\_\_\_\_  
If not, explain: \_\_\_\_\_  
Can this child be claimed as dependent by any other person? \_\_\_\_\_
- Has your Child Tax Credit ever been reduced or disallowed? (you would have been contacted by the IRS) \_\_\_\_\_

**ODC (Other Dependent Credit): Eligible dependents are U.S. citizens with social security numbers; for which you provided more than half of their support for the tax year; and who could not be dependents of any other person for the tax year. (includes your children, who at the end of the tax year were age 17; or under age 24 and a full time student for 5 or more months during the tax year; or any other person that lived as a member of your household if the relationship didn't violate local law).**

1. Other dependent's name \_\_\_\_\_ Relationship \_\_\_\_\_  
Did he/she have income less than \$4,150 for the tax year (don't count welfare or non-taxable Soc. Sec. benefits)? \_\_\_\_\_  
Is he/she filing a joint return for tax year? \_\_\_\_\_
  2. Other dependent's name \_\_\_\_\_ Relationship \_\_\_\_\_  
Did he/she have income less that \$4,150 for the tax year (don't count welfare or non-taxable Soc. Sec. benefits)? \_\_\_\_\_  
Is he/she filing a joint return for tax year? \_\_\_\_\_
- Has your ODC ever been reduced or disallowed? (you would have been contacted by the IRS) \_\_\_\_\_