



**Forsythe Tax
& Accounting**

Patricia C. Forsythe E.A.
2021 Client Tax Organizer

Name(s): _____

Occupation: _____ Spouse's Occupation: _____

Change in address: Yes No (if yes, list below)

Address: _____

Phone: _____ Email _____

Change in Marital Status: Yes No

Are there any dependents from last year that you are no longer claiming? _____

New Child:

Name: _____ Date of Birth: _____ SSN: _____

Lives with you: Yes No Day Care Expense: Yes No U.S. Citizen: Yes No

Relationship: _____ Months lived with you: _____

Please read and sign below: This confirms the services we will provide:

- ✓ We will prepare your federal, state, and local returns based on information you provide. We may ask for clarification of certain information, or additional information.
- ✓ It is your responsibility to provide all necessary information related to income and deductions for tax year 2020, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates. You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.
- ✓ It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions.
- ✓ If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review. Our invoices are due and payable upon presentation.
- ✓ We will not release or disclose your tax information to anyone not properly authorized by you or as permitted by regulation or as required by law. If you would like for us to disclose your information to anyone, we must have your written approval on file before releasing your information. Our general policy is to release information only to you, our customer. Thank you for understanding.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign below.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Please enclose the following forms: Please fill in Number of each forms enclosed on the blank line next to it Number Form # Form Description

- ___ W-2 Wage and Tax Statement.
- ___ W-2G Certain Gambling Winnings.
- ___ 1099-INT Interest Income.
- ___ 1099-DIV Dividends and Distributions.
- ___ 1099-B Brokerage Statements (Provide all pages)
- ___ 1099-R Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts
- ___ SSA 1099 Social Security
- ___ 1099-C Cancellation of Debt
- ___ 1099-G State Income Tax Refund and Unemployment Compensation
- ___ 1099-S Proceeds from Real Estate Transactions.
- ___ 1099-K Merchant Card and Third-Party (BUSINESS RETURNS)
- ___ K-1s Partnership, LLC, Estate, Trust, and S Corporation Income
- ___ 1098 Home Mortgage Interest Paid
- ___ 1098-E Student Loan Interest Statement.
- ___ 1098-T Tuition Paid
- ___ 1095A, B, or C Proof of Health Insurance (REQUIRED)
- ___ 1444 and 1444B Economic Impact Payments received, (please provide for reconciliation)

Health Insurance Information:

Did you receive a form 1095-A or obtain health insurance under the affordable care act (thru an exchange)? Yes No

State and Local Taxes You Paid:

Real Estate Taxes (enclose statements or bills) \$ _____
Personal Property/Automobile (enclose statement or bills) n/a to PA \$ _____
Other (list and enclose statements or bills): \$ _____

Interest You Paid:

Mortgage Interest Statement. [ENCLOSE form 1098 for each]

1st Mortgage Name _____ Amount \$ _____
2nd Mortgage Name _____ Amount \$ _____
Mortgage Insurance Pd _____ Amount \$ _____

Did you **purchase/refinance your home** this year? Yes No

If yes, please enclose, **Settlement Sheet**.

Gifts to Charity (CASH or Check): Do Not Submit Receipts, please attach list. Total \$_____

Gifts by OTHER THAN CASH OR CHECK if this total is over \$500, please attach receipt with name and address of organization with value of each. Total \$_____

Teacher's Classroom Expenses: \$_____ Include COVID Classroom Expenses

Education Expenses

**Enclose 1098-T - and a tuition payments statement from College. (IRS now requires one)
Other costs for books, supplies etc. \$_____**

Child and Dependent Care Expenses (Attach Statement):

Provider: (if you had more than one please attach list with breakdown by child)

Name of Care Provider: _____

Address: _____

Social Security Number or Employer I.D. Number _____

Amounts Paid This Provider: \$_____

Student Loan Interest Expense Enclose 1098-E \$_____

Federal Estimated Taxes You Paid:

Please attach copies of cancelled checks if possible.

Federal Income Taxes Date Paid Amount

2020 Estimated Payment - Voucher #1 (due 4/15/20)date paid ___ /___/2020 \$ _____

2020 Estimated Payment - Voucher #1 (due 6/15/20)date paid ___ /___/2020 \$ _____

2020 Estimated Payment - Voucher #3 (due 9/15/20)date paid ___ /___/2020 \$ _____

2020 Estimated Payment - Voucher #4 (due 1/15/21)date paid ___ /___/2021 \$ _____

Federal Refund from 2019 Tax Return Applied to 2020 \$_____

State Estimated Taxes You Paid:

State Estimated Income Taxes Date Paid Amount

2020 Estimated Payment - Voucher #1 (due 4/15/20)date paid ___ /___/2020 \$ _____

2020 Estimated Payment - Voucher #2 (due 6/15/20)date paid ___ /___/2020 \$ _____

2020 Estimated Payment - Voucher #3 (due 9/15/20)date paid ___ /___/2020 \$ _____

2020 Estimated Payment - Voucher #4 (due 1/15/21)date paid ___ /___/2021 \$ _____

State Refund from 2019 Tax Return Applied to 2020 \$_____

Local Estimated Taxes You Paid:

Local Estimated Income Taxes Date Paid Amount

2020 Estimated Payment – Voucher #1 (due 4/15/19) date paid ___ / ___ / 2020 \$

2020 Estimated Payment – Voucher #2 (due 6/15/19) date paid ___ / ___ / 2020 \$

2020 Estimated Payment – Voucher #3 (due 9/15/19) date paid ___ / ___ / 2020 \$

2020 Estimated Payment – Voucher #4 (due 1/15/20) date paid ___ / ___ / 2021 \$

Deductions Medical and Dental Expenses You Paid:

(Please do not submit receipts, just totals) Not necessary if total expenses are less than 10% of your total income.

1. Prescription medications \$ _____

2. Health insurance premiums:

a. Medical, dental and vision insurance: \$ _____

b. Long-term care premiums for whom? H W Amount \$ _____

c. Medicare Premiums: \$ _____

3. Fees for doctors, dentists, hospitals clinics etc \$ _____

4. Eyeglasses and contact lenses \$ _____

5. Medical equipment and supplies \$ _____

9. Miles driven for medical purposes miles _____

IMPORTANT QUESTIONS - PLEASE ANSWER.

Additional information is required if you answer yes to these questions - Please attach Documentation

Yes No Can you or your spouse be claimed as a dependent by another taxpayer?

Yes No Can any of your dependents be claimed by someone else?

Yes No Did you **sell** a **personal residence**, vacation home, land, or other real estate this year?

Yes No Did you **purchase** a **personal residence**, vacation home, land, or other real estate this year?

Yes No Did you receive **unreported tip income** of \$ 20 or more in any month?

Yes No IMPORTANT - Do you have any foreign accounts (bank, securities, trusts, business) ?

Yes No Were there any births, deaths, marriages, divorces, or adoptions in your immediate family?

Yes No Do you wish to have your **refund**, (Federal and State), if any, **direct deposited** to either a checking or savings account? **If yes please provide a copy of VOIDED check:**