

**JOHN D. GALLO, C.P.A., LLC**

**CERTIFIED PUBLIC ACCOUNTANT**

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**Organizer for individual income tax year 2020**

This organizer is designed to help make the preparation of your individual income tax returns as efficient as possible and to assure that you are taking advantage of all allowable deductions. Please fill in all applicable spaces as completely as possible.

Please also attach copies of your individual income tax returns for the past two years if you are a new client. I will also need a copy of your current drivers license or identification.

**About you:**

Name (First, MI, Last):

Taxpayer \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Home phone number: taxpayer \_\_\_\_\_ spouse \_\_\_\_\_

Work phone number: taxpayer \_\_\_\_\_ spouse \_\_\_\_\_

Cell phone number: taxpayer \_\_\_\_\_ spouse \_\_\_\_\_

Fax phone number: taxpayer \_\_\_\_\_ spouse \_\_\_\_\_

Email address: taxpayer \_\_\_\_\_

Spouse \_\_\_\_\_

Date of Birth: taxpayer \_\_\_\_\_ spouse \_\_\_\_\_

Occupation: taxpayer \_\_\_\_\_ spouse \_\_\_\_\_

Are you or spouse a dependent of another taxpayer? Yes No

**Estimated income tax payments**

Date	Check #	Amount	Federal or State?

**About your dependents:**

Please list your dependents on the next page:

First Name, MI, Last Name	Date of Birth	Social Security #
1.		
2.		
3.		
4.		
5.		
6.		

Relationship	Months lived with you	Gross Income	% support you provide
1.			
2.			
3.			
4.			
5.			
6.			

**Did you and all dependents have health care coverage all 12 months of the year? \_\_\_\_\_ Attach any form 1095's.**

**Dependent Care**

Provider 1:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 SS# or EIN \_\_\_\_\_  
 Amount paid this year \_\_\_\_\_

Provider 2:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 SS# or EIN \_\_\_\_\_  
 Amount paid this year \_\_\_\_\_

**Economic Impact Payments;**

Please list amounts of all economic impact payments you have received during the past year:

- 1.
- 2.

**About your income:**

Attach copies of all W-2, 1099, 1099R, SSA-1099 or other forms showing income and sources of income

Sources of W-2 income:

Employer	\$ Amount	Taxpayer or Spouse?

How many exemptions are you claiming on your W-4 forms? \_\_\_\_\_  
 Are you making any additional withholding adjustments? \_\_\_\_\_

Sources of Retirement and Social Security income:

Payer	\$ Amount	Taxpayer or Spouse?

Interest Income:

Include documentation (1099 or end of year statement)

Payer	Amount	Withholding	T Bills	Fed W/Hold	Municipal?

Dividend Income:

Include documentation (1099 or end of year statement)

Payer	Gross Amount	Capital Gains Dist	Nontaxable Dist	Fed w/hold	Foreign Tax Paid

Attach copies of all K-1 forms from partnerships, S corporations, estates or trusts.

**Other Income:**

Capital Gains and Losses: attach copies of all forms 1099B

Investment Description	Gross Proceeds	Date Acquired	Date Sold	Cost/Basis	Net Sales Proceeds

State tax refund (attach 1099-G) \_\_\_\_\_

Unemployment received \_\_\_\_\_

Taxable scholarships and fellowships \_\_\_\_\_

Gambling winnings (attach W-2G) \_\_\_\_\_

**About your Deductions:**

**Medical**

Medical insurance premiums paid by you: \_\_\_\_\_

Medicare B premiums \_\_\_\_\_

Doctors and Dentists \_\_\_\_\_

Hospitals and Nursing homes \_\_\_\_\_

Parking for Medical treatment \_\_\_\_\_

Eyeglasses/contacts \_\_\_\_\_

Medical equipment and supplies \_\_\_\_\_  
 Prescriptions and drugs \_\_\_\_\_  
 Laboratory exams \_\_\_\_\_  
 Miles driven for medical purposes \_\_\_\_\_  
 Insurance reimbursement on above amounts \_\_\_\_\_

**Taxes**

Property taxes paid on your residence \_\_\_\_\_  
 Property taxes paid on other property \_\_\_\_\_  
 State income taxes \_\_\_\_\_  
 Sales tax paid on large purchase \_\_\_\_\_  
 Foreign income taxes \_\_\_\_\_  
 Personal property taxes \_\_\_\_\_  
 (ownership tax on vehicle registration)

**Interest**

Home Mortgage interest

Payee	Prin res (P) Home Equity (HE) 2 <sup>nd</sup> /Vac Home (S) ?	1098 Attached? Yes/No	Amount

Points paid on refinancing-current year \_\_\_ (attach documentation)  
 Points paid previously and being amortized \_\_\_\_\_  
 Amount \_\_\_\_\_ Date paid \_\_\_\_\_ Life of loan \_\_\_\_\_

Investment interest

Payee	Amount	Related Investment

**Charitable Contributions**

Donee	Amount	Fair Market Value of Service or Merchandise received
<b>YOU MUST HAVE PROPER OF VALUE RECEIVED</b>	<b>RECEIPTS SHOWING HOW IN CONNECTION WITH</b>	<b>MUCH OR THAT NOTHING YOUR CONTRIBUTION</b>

Contributions equal to or greater than \$250 must be substantiated in writing by the donee. Please provide copies of documentation.

Did you have any gifts over \$5,000.00?

Mileage for charitable activities \_\_\_\_\_

**Non-Cash Charitable Contributions**

Provide a schedule showing:

Name of Donee; Address of Donee; Description of Gift; Date of Purchase; Date of Contribution; Original cost; Fair Market Value; How You Acquired Property; Method Used to determine Fair Market Value. MUST HAVE DETAILED LISTING INCLUDING VALUES.

Or you may also use the worksheets you can find on my website available as a PDF or an Excel spreadsheet.

<http://johngallocpa.com/charitcontworksheet.xls>

or <http://johngallocpa.com/charitcontworksheet.pdf>

**Rental/Royalty Income**

Type of property: residential commercial royalty

Location \_\_\_\_\_

If vacation home: number of days rented \_\_\_\_\_ Number of days used personally \_\_\_\_\_

INCOME	
EXPENSES	
Advertising	
HOA dues	
Management Fees	
Travel	
Cleaning and Maintenance	
Commissions	
Insurance	
Property Taxes	
Mortgage Interest	
Other Interest	
Legal and Professional Fees	
Licenses and Permits	
Repairs	
Supplies	
Utilities	
Other (describe)	

Auto Miles driven for activity \_\_\_\_\_

Date property acquired \_\_\_\_\_

Cost of property \_\_\_\_\_

**Sole Proprietorship Business Income and Expense**

Business Name \_\_\_\_\_

Business Address (if different) \_\_\_\_\_

Business Employer Identification

Number \_\_\_\_\_

Principal business activity or  
profession \_\_\_\_\_

Whose business? Taxpayer or spouse

Do you have inventories? \_\_\_\_\_

If so \$ amount of beginning inventory \_\_\_\_\_

\$ amount of ending inventory \_\_\_\_\_

Is this the first year of the business? \_\_\_\_\_

Do you produce a product in the United States \_\_\_\_\_

<b>INCOME</b>	
Gross Receipts or Sales	
Returns and Allowances	
Interest Income	
Other Income	
<b>COST OF GOODS SOLD</b>	
Purchases	
Cost of Items Used Personally	
Payroll Costs	
Materials and Supplies	
Other costs of Making Product	
(describe)	
<b>EXPENSES</b>	
Advertising	
Commissions	
Employee Health Insurance	
Owner Health Insurance	
Other Insurance	
Interest	
Legal Fees	
Accounting/bookkeeping Fees	
Professional Fees	
Office expense	
Rent, Equipment	
Rent, Buildings	
Rent, Vehicles	
Repairs & Maint., Equipment	
Repairs & Maint., Buildings	
Repairs & Maint., Vehicles	

Supplies	
Payroll Taxes	
Licenses	
Personal Property Tax	
Other Taxes (describe)	
Permits	
Travel	
Meals and entertainment	
Per Diems	
Staff Meals/Parties	
Utilities	
Wages	
Management Fees	
Consulting Expenses	
Payroll Services	
Employee Mileage Reimbursements	
Education and Seminars	
Payroll Service	
Client Gifts (limit \$25 each)	
Other (describe)	

Do you use any portion of your home regularly and exclusively for business? \_\_\_\_\_

Description of work done in home office \_\_\_\_\_

Description of work done outside of home office \_\_\_\_\_

Total square footage of home \_\_\_\_\_

Total Square footage of office \_\_\_\_\_

Home insurance cost \_\_\_\_\_

Repairs & Maint \_\_\_\_\_

Utilities \_\_\_\_\_

Rent \_\_\_\_\_

Other \_\_\_\_\_

If used as daycare facility: Days used as daycare \_\_\_\_\_

Hours per day used as daycare \_\_\_\_\_

**Farm Business Income and Expense**

Business Name \_\_\_\_\_  
 Business Address (if different) \_\_\_\_\_

Business Employer Identification Number \_\_\_\_\_  
 Principal business activity or profession \_\_\_\_\_  
 Whose business? Taxpayer or spouse \_\_\_\_\_  
 Do you have inventories? \_\_\_\_\_  
     If so \$ amount of beginning inventory \_\_\_\_\_  
     \$ amount of ending inventory \_\_\_\_\_  
 Is this the first year of the business? \_\_\_\_\_

**Income**

Sales of purchased livestock and other items purchased for resale:

Description	Date acquired	Amount received	Cost

Sales of Market livestock and produce raised and held primarily for sale:

KIND	AMOUNT	KIND	AMOUNT
Calves		Corn	
Cattle		Hay	
Poultry		Straw	
Sheep		Alfalfa	
Dairy product			
Eggs			

Other Farm income

Agricultural Program Payments	
CCC Loans Reported	
CCC Loans Forfeited	
Gasoline Tax Refund	
Crop Insurance Proceeds	
Interest Income	
Rental Income	
Other Income (describe)	

Farm Expenses



Advertising	
Breeding Fees	
Owner Health Insurance	
Other Insurance	
Interest	
Legal Fees	
Accounting Fees	
Professional Fees	
Rent, Equipment	
Rent, Buildings	
Rent, Farm/Pasture	
Repairs & Maint, Equipment	
Repairs & Maint, Vehicles	
Repairs & Maint, Buildings	
Conservation expenses	
Feed Purchases	
Fertilizer, Lime, Chemicals	
Freight, Trucking	
Gasoline, Fuel, Oil	
Office Supplies	
Postage	
Seeds, Plants Purchased	
Storage, Warehousing	
Supplies	
Veterinary Fees	
Veterinary Medicines	
Irrigation	
Other (describe)	

List animals, equipment and improvements purchased during the year below:

DATE	DESCRIPTION	AMOUNT

**Vehicle used in business**

Activity vehicle was used for \_\_\_\_\_  
 Was another vehicle available for personal use? \_\_\_\_\_  
 Was personal use during off-duty hours allowed? \_\_\_\_\_  
 Do you have evidence to support deduction? \_\_\_\_\_  
 If yes, is evidence written? \_\_\_\_\_

Is vehicle owned or leased? \_\_\_\_\_  
 Vehicle description \_\_\_\_\_  
 Date placed in service \_\_\_\_\_  
 Original cost \_\_\_\_\_  
 Prior depreciation \_\_\_\_\_

Mileage

For Self Employment	
For Farm Activity	
For Rental Activity	
For Charity	
For commuting to and from work	
For Travel between 1 <sup>st</sup> and 2 <sup>nd</sup> Jobs	
For Travel to Temporary Job sites	
From Job to School	
Other Personal Miles	
Average Daily Commuting Miles	
Vehicle Miles at Begin of Year	
Vehicle Miles at End of Year	

Expenses

Registration	
Insurance	
Interest Paid	
Fuel, Oil	
Tires	
Repairs and Maintenance	
Lease Payments	
Tolls/Parking	
Washing/Waxing	
Other (describe)	

**Questions:**

Do you have a second home or vacation/rental home? \_\_\_\_\_

Has your personal residence been refinanced? \_\_\_\_\_

Do you have a home equity loan or line of credit? \_\_\_\_\_

Did you sell your home during the year? \_\_\_\_\_

Did you sell any property during the year? \_\_\_\_\_

Are you or spouse legally blind? \_\_\_\_\_

If you are a new client, did you provide us with previous years tax returns? \_\_\_\_\_

Did you provide depreciation schedules to support the previous years tax returns? \_\_\_\_\_

Have you made any gifts in excess of \$15,000 per donee? \_\_\_\_\_

When was your will or estate plan last revised? \_\_\_\_\_

What was your marital status as of the end of the year? \_\_\_\_\_

Did anyone in your household have educational expenses during the year? \_\_\_\_\_

Did you move for work purposes during the year? \_\_\_\_\_

Did you make any IRA, Keough, 401K, or SEP contributions during the year? \_\_\_\_\_

Did you make any H.S.A. or MSA contributions during the year? \_\_\_\_\_

Did you have any foreign income or foreign bank accounts? \_\_\_\_\_

Do you have any worthless stocks or uncollectible bad debts? \_\_\_\_\_

If you have an overpayment of this year's taxes do you want the excess refunded? \_\_\_\_\_ Or applied to next year's estimate? \_\_\_\_\_

Do you expect next year's taxable income and deductions to be generally the same as this year? \_\_\_\_\_

If No, please explain any differences.

Have you received any correspondence from tax authorities during the past year? \_\_\_\_\_ If so, please attach copies

Please use this page to ask any questions you may have, describe any tax related information in more detail or explain any information you are providing.

\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge, the enclosed information is correct and includes all income, deductions and other information necessary for the preparation of this year's income tax returns, for which I have adequate contemporaneous records.

\_\_\_\_\_  
Please Sign and Date