



TAYLOR'S ACCOUNTING & TAX SERVICES

1780 Kipling Street, Lakewood, CO 80215 * 303-237-6695 * www.taylorsincometax.com

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PLEASE READ – As we have adjusted our policies with the ongoing concern of COVID-19, we will not be doing in person appointments this year.

To All Tax Clients of
Taylor's Accounting & Tax Service

Attached are income tax information sheets to be completed by you, covering your business and personal income and deductions. Please fill out at least the top section of Page 1. This checklist should be completed, signed and either mailed or dropped off at our office, or uploaded through our secure portal on our website.

For those of you who usually write off employee business expenses, please note these expenses are no longer deductible. This is why that section of this tax letter is no longer there.

All returns will be e-filed again this year. We must have a signed Form 8879 in our office before we can transmit any return. If filing a joint return we will need a signature from both spouses.

Jason's clients should drop off paperwork at 2145 Kipling. Call 303-237-2221 with any questions.

You will be provided a copy of your tax return after completion. Please retain this copy for your records. **A \$15 fee will be charged if additional copies are needed at a future date.**

Please visit our website at www.taylorsincometax.com for updates and make sure to sign up for our newsletters to stay informed.

Taylor's Accounting

Taxpayer _____ Spouse _____ Phone # _____
Phone # _____

Address _____ City _____ County _____ Zip _____

Taxpayers
Social Security # _____ Birthdate _____ Occupation _____

Spouse's
Social Security # _____ Birthdate _____ Occupation _____

Taxpayer Email _____ Spouse Email _____

Would you like to be included in our monthly newsletter? _____

Bank Information - (for direct deposit of refund checks)

Routing Number _____ Savings _____

Account Number _____ Checking _____

Taxpayer's Driver's License Number _____ Spouse's Driver's License _____
Expiration Date _____ Expiration Date _____

How has COVID-19 affected you financially?

<u>Dependents</u>				Social Security #	# of Months in your home in 2020
Name	Relationship	Birthdate			
_____	_____	_____		_____	_____
_____	_____	_____		_____	_____
_____	_____	_____		_____	_____

Employer	<u>W-2 Wages</u>					
	Box 1	Box 2	Box 4	Box 6	Box 17	Box 19
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Interest and Dividend Income Amount – Please bring in your Dividend 1099's

Interest Income Payer	Amount	Dividend Income Payer	Total	Qualified
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have a foreign bank account? Yes _____ No _____ **Please bring in last statement**

Have you been a victim of Identity Theft? If yes – what is your PIN Number? _____

Did you receive a stimulus check? How much \$ _____ **Bring in Form 1444**

Mutual Fund Dividends – Please bring in your 1099's

Payer	Dividends	Qualified Dividends	Capital Gain
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Income

2019 State Refund Received in 2020 _____
Unemployment Income _____
Partnership Income-Attach K-1 _____
1. Hours spent on this K-1 _____
2. What type of business is this? _____
Prizes, Awards, Lottery _____
Social Security Income _____
Royalties _____

	Payer	Amount	Fed W/H	State W/H
Pension Income	_____	_____	_____	_____
	_____	_____	_____	_____

Health Insurance

Do you have Health Insurance _____
Yes No

If no, were you issued an exemption from paying Health Insurance _____

If yes, did you purchase from: _____
Exchange Employer Other

If purchased through the exchange, bring Form 1095-A _____

Medical Expenses

These expenses must exceed 7 ½ % of your Gross Income.

- Hospitalization Insurance Premiums _____
- Prescription _____
- Transportation, Miles for Medical _____
- Medical Equipment, Eye Glasses, etc. _____
- Doctors, Dentists, and Hospital payments _____
- Long Term Care Insurance _____ # of Policies _____
- HSA Contributions-Please bring Form 1099-SA _____

Taxes

- Real Estate Taxes on Home _____
- State Income Tax Withheld _____
- Ownership Tax on Cars _____
- Sales Tax paid on Auto Purchase _____

Interest- Bring Form 1098

1. Home Mortgage Interest	1 st Mortgage	Bank Name _____	Amount _____
Additional Home Loan Information : Purchase Price of House		_____	_____
Original Loan Amount		_____	_____
Current Loan Amount		_____	_____
2. 2 nd Mortgage Interest		_____	_____
What were these funds used for?		_____	
3. Did you refinance this year? Length of new loan?		_____	
4. If yes, please bring a copy of the settlement sheet!			

Other Deductions

1. Alimony/Maintenance _____
 List recipients SS# _____ Date of Divorce _____

2. Solar Energy Expenses - New windows, insulation etc. _____

3. Child Care Expense _____

Paid To	Federal ID # or SS #	Address	Amount	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sales of Stock or Property

Description	Date Acquired	Date Sold	Selling Price	Cost
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Do you have a Crypto Currency Account? If yes please bring in Form 8949.

Retirement Plans

	Taxpayer		Spouse	
	Yes	No	Yes	No
Did your employer offer a retirement plan?	_____	_____	_____	_____
Payment to IRA	_____	_____	_____	_____
Payments to SEP	_____	_____	_____	_____
Payments to Roth IRA	_____	_____	_____	_____

College Education Expenses-Please Bring Form 1098-T

Student Name	Year in College	School Name	Tuition Expense
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education Related Interest _____
 Payments to 529 Plans _____

Estimated Tax Payments in 2020

	Federal	State
7/15/20	_____	_____
7/15/20	_____	_____
9/15/20	_____	_____
1/15/21	_____	_____

Contributions

***New for 2020 – The first \$300 can be deducted on Page 1 of tax return..**

1. Cash Contributions, for which you have receipts, cancelled checks. Please list each organization separately. A receipt from the organization is needed for all donations.

Organization	Amount	Do you have a Receipt?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Non-Cash Contributions – If over \$500 – Itemized list needed – (www.itsdeductible.com)

Amount	Date	To Whom	Description of items	How was value determined?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. How many miles did you travel during the year in connection with church and other charitable work as a volunteer fireman, scout master, PTA, etc. _____

***The answers to all questions are complete and accurate. If I become aware of any oversight or missing information before the return is prepared I will notify you immediately.**

Signature **Date**

*****If you have a rental property or small business see reverse side*****

Rental Income & Expenses- (List each property separately)

Property Address _____ Date Purchased _____
Total Rents Received-2020 _____ Purchase Price _____
of Days Rented _____ Date Rented _____
Hours spent on Rental activity _____

Expenses

Advertising _____	Legal _____
Auto & Travel _____	Repairs _____
HOA _____	Supplies _____
Commissions _____	Taxes _____
Insurance _____	Utilities _____
Interest _____	Misc. _____

Appliances, Major Improvements, Etc.

Description	Amount	Date Purchased
_____	_____	_____
_____	_____	_____

Small Business Income & Expenses

Did you receive any PPP Loans or Local Grants due to COVID-19? _____

If you use a portion of your home for business use, please provide:

Square footage of office _____ Square footage of home _____

Home Insurance _____ Home Utilities _____ Home Repairs _____

Business Income _____

Expenses

Advertising _____	Office Supplies _____
Bank Charges _____	Professional Fees _____
Car Expenses/Miles _____	Rent _____
Commissions _____	Repairs _____
Dues _____	Supplies _____
Freight _____	Taxes _____
Insurance _____	Utilities _____
Interest _____	Misc. _____
Cell Phone _____	Travel & Entertainment _____

Major Purchases (Description) _____

	Car 1	Car 2
1. Auto expenses; Gas, Ins., Repairs, Lease	_____	_____
2. Total Miles Driven – 2020	_____	_____
3. Business Miles	_____	_____
4. Do you have written evidence to support car mileage?	Yes No	Yes No

