2020 Individual Organizer Personal organizer available upon request									
			RSONAL DATA	quest					
Taxpayer Name #1:			Taxpayer Name #2	<u>2</u> :					
Address:			, ,						
Social Security #:			Social Security #:						
Date of Birth:			Date of Birth:						
Daytime Phone:			Daytime Phone:						
Evening Phone:			Evening Phone:						
Email:			Email:						
Please circle the best tim	e of day to contact: (N	Morning, Afternoon, E	vening)		M A E	3			
		PENDENT INFORMATION		n proof required					
Name of Dependent	Date of Birth	Social Security #	Relationship	Months lived in your home	Did you provide over 1/2 support?	Wage & Investment Income			
	**	*PLEASE PROVIDE DR	RIVER'S LICENSE IN	FORMATION***					
Taxpayer #1	State:	No:	Issue Date:		Expiration Date:				
Taxpayer #2	State:	No:	Issue Date:		Expiration Date:				
			mpact Questions						
How much Economic I	mpact (stimulus) mo	oney did you receive 1	st round (2020)?			\$			
How much Economic I						\$			
How much did you dona	te to a non-profit orga	anization. In 2020 you	can deduct up to \$	300 without itemizi	ng.	\$			
Did you receive interest	by the IRS or any stat	e because they were sl	ow getting you you	r refund? If so, plea	se provide the	\$			
Did you have insurance	thru Marketplace? P	lease circle. If yes, sul	bmit form 8962 wit	th your tax documen	ts.	Yes No			
At any time during 2020 Were you self employed was sick with COVID-19	, including a farmer th	nat was unable to work							
	***PLEA	ASE PROVIDE ALL INC	OME FORMS - SEE	ATTACHED SHEET**	**				
	INCO	OME (for which you did	NOT receive a Form	n W2, 1099, or K-1)					
		COME (could include virte	•		etc.)				
	Inter	est, Dividends, Sale of R	Real Estate, Alimony,	Tips, Commissions					
<u>Pay</u>	<u>ver</u>	Amount \$		<u>P</u>	'ayer	Amount ¢			
			\$						
		\$				Ψ			
CANCELLATION C	DF DEBT	Did you have any loar 2020?If so, please pro		_	in				
Taxpayer signature									

Collins Consulting Inc 2020 Organizer										
MEDICAL EXPENS	Income)	CHARITABLE CASH CONTRIBUTIONS								
Prescription Medicines		\$	Church	\$		\$				
Doctors/Dentist/Eye Exams		\$		\$		\$				
Hospital & Nursing Home		\$		\$		\$				
Medical Insurance Premiums	(not pretax)	\$	CHARITABLE NON-CASH CONTRIBUTIONS							
Medicare Payments		\$	Date of Contrib.		Current Value	Your Cost				
Long-term Care Ins. Premium's		\$	Goodwill		\$	\$				
Medical Reimbursements		\$	Salvation Army		\$	\$				
Medicare Travel (# of Miles)		\$	Other		\$	\$				
Parking/Lodging		\$	Volunteer Expenses							
Hearing Aids/Batteries		\$	Supplies, etc \$ # Miles Driven							
Glasses/Contact Lenses		\$	•							
Other Medical -		\$	Education Expenses							
	TAXES PAID	•	College	Student Name:	1					
Real Estate Tax - Home		\$	# years completed	d by 12/31/20						
Real Estate Tax - Investment		\$	Tuition 1098T		\$	\$				
Personal Property Taxes		\$	Course Related Materials & Fees		\$	\$				
(auto/boat/RV)		\$	K-12 tuition/textbook/school exp (IA only)		\$	\$				
Sales Tax pd on Vehicle		\$	College Savings Plan Contrib.'s		\$	\$				
Interest Expenses						<u>'</u>				
Home Mortgage (1st Home)		\$	Miscellaneous Deductions & Adjustments							
2nd Home or 2nd Mortgage or RV		\$	Taxpayer/Spouse Traditional IRA Contributions \$							
Points Pd - New Mortgage or Refinance		\$	Taxpayer/Spouse Roth IRA Contributions \$							
Investment Interest Paid		\$	Alimony			\$				
Student Loan		\$	Health Savings Contributions \$		\$					
CHILD CARE EXPENSES										
Child's Name	Amount Paid	Name 8	& Address of Provider		SS # or Employer ID #					
	\$					•				
	\$									
	\$									
Financial interest for an accou	int, asset, or propert	y in a foreign country			\$					
Other Information	\$, <u> </u>								
	\$									
Were there any significant	changes not on this	Sorganizer that may im	mact your tax retur	n for 2020? Do you	have any questions t	for your				
tax preparer? Please list/de					- nave any questions					