GENERIC PERSONAL TAX ORGANIZER

We start work on your return once we have ALL the information. Our goal is a 7 to 10 day turn-around.

GIVEN THE ONGOING PANDEMIC, WE HAVE MADE THE DIFFICULT DECISION TO SOCIAL DISTANCE ONCE AGAIN THIS TAX SEASON.

REVIEWS WILL BE VIA ZOOM OR TELEPHONE CALL.

DOCUMENTS CAN BE SENT TO US AS FOLLOWS:

Once you have completed the Organizer, you can:

- (1) You can mail it to us at Logie CPA PC, 724 Main St, Unit F, Hyannis MA 02601
- (2) You can fax to us PROVIDED LESS THAN 20 PAGES at 508.771.0411, and finally
- (3) You can SCAN and send to us via the SecureLink on our website at www.LogieCPA.com

PLEASE DO NOT COME TO OUR OFFICE!

We will settle your fees upon completion of your return and prior to a scheduled ZOOM review. Accordingly, please complete the following:

As a reminder, payment is required in FULL before we release your returns. Our fees can be settled in one of two ways:

You hereby authorize to bill the following credit/debit card:

Card Number	
Expiration / Billing Zip	
Sign & Date:	
You hereby authorize to draft your	checking account
Bank Name	
Account Name	
Your telephone # on acct w/bank	
Routing Number	
Account Number	
Sign & Date:	

Who are you?				
Filing Status S MFJ	MFS HH Qual W	Don't have a clue		
TAXPAYER				
First	Last	Date of Birth ¹	Social Security Number	er¹ Occupation
SPOUSE				
First	Last, if different	Date of Birth ¹	Social Security Number	er¹ Occupation
				¹ Not necessary if
eMail	Best Telephone	Alt. Telephone		we prepared your
				tax return last year.
Mailing Address	City		State ZIP	

erent to taxpayer	Date of Birth ¹	Social Security ¹	Type ²	DayCare Cost ³	1040?
	turn last year. ² S=So	turn last year. ² S=Son, D=Daughter, P=Paren	turn last year. ² S=Son, D=Daughter, P=Parent.	turn last year. ² S=Son, D=Daughter, P=Parent.	turn last year. ² S=Son, D=Daughter, P=Parent.

³ Be sure to provide us Day Care Information including EIN

Income

Type of Income	Forms to Attach	# Included		Comments
Wages / Salaries	W2		F	
Pension / IRA	1099R		F	
Social Security	SSA1099		F	
Interest Income	1099 INT		F	
Dividend Income	1099 DIV		F	
Trust/Bus Income	K1		F	
Investments	1099B		F	
Real Estate Sales	1099\$		F	
Gambling	W2G		F	CAN YOU PROVE LOSSES UP TO THIS AMOUNT- Y/N?

F - MEANS INCLUDE ALL PAGES OF ALL DOCUMENTS PLEASE

NO F MEANS **PLEASE DO NOT INCLUDE DOCUMENTS TO SUPPORT** _ KEEP FOR YOUR RECORDS

Deductions Do you want to itemize deductions Ν RE Taxes (Primary) Medical Ins Premiums paid with after tax \$ RE Taxes (Other homes) Dental Ins Premiums paid with after tax \$ RE Taxes (land) Medicare Supplement No worries. We got it! Medicare Prems deducted from SSI pymts Personal Property Tax Paid to Dentists We got it! State Sales Taxes Unless you bought a Yacht? Paid to Doctors Mortgage Interest Paid to Emergency Rooms PMI RX payments **Equity Line Interest** Therapy **ONLY IF used to improve **Durable Medical Equipment Hearing Aids** Cash donations Glasses Other Non Cash donations **TOTAL** Medical miles Child Care expenses detail: F \$ paid Name of Provider: EIN: College Detail ATTACH FM 1099T F Student: Name of College: EIN: \$ paid HSA Fm8889 \$ Contributed \$ Used \$ used for medical Alimony paid Divorce Date **ROTH IRA CONTRIBUTION? IRA CONTRIBUTION??**

F - MEANS INCLUDED FORM ALL PAGES OF ALL DOCUMENTS PLEASE

Profit and loss from your business



QB - IGNORE & sent us a PORTABLE file¹ instead!

Mailing Addresss City	State ZIP OTHER IMPORTANT THINGS TO ADDRESS	
·	OTHER IMPORTANT THINGS TO ADDRESS	
Y N Are the amounts listed on a cash basis? Y N Did you start this business this year? Y N Did you MAKE payments that would require a FM 109 Y N If YES, did you issue FM 1099 Y N Did you buy ANY Fixed Assets (car, furniture equipment of the property	If you want to deduct expenses paid to contra MUST issue a FM 1099. This is a HOT button. issue a 1099 to ANYONE that is NOT incorpora often DOES NOT meet this definition) and you \$600 during the year. This INCLUDES rent pay The deadline is Jan 31. We will need the follow tion with which to prepare 1099's: Full Name Mailing Address Social Security Number Amount Paid (SPECIFY IF RENTS) Yes, you can fax it to us. Our fax number is 50	You must ated (LLC very PAID them > ments. wing informa-
Inventory @ beginning of yr P + Purchases Labor	BOUGHT: Description Cost	New?
Other supplies Inventory @ year end COST OF SALES GROSS PROFIT	Joes Bescription	eeds
Overhead Expenses PTO C NET PROFIT A-B	For REAL ESTATE and VEHICLES attached the p You know where by now, right?	aperwork.

Soc	ial	Sec #					\$ YC)U p	aid	S	/F
				_	 _						



This is ONLY a guide of the most COMMON expenses. Your list may be different. Be sure to look at this list to make sure you have not forgotten something on your list:

Accounting		Company contributions to 401K etc		
Bookkeeping		Permits / Fees		
Advertising		State taxes		
Marketing		Postage		
Car Expenses - Gas		Printing		
Car Expenses - Interest		Rent		
Car Expenses - Repairs		Repairs / Maintenance		
Car Expenses - Loan Payments	NOT DEDUCT	Salaries - Owner (W2)		
Bad Debts (ONLY if included in Gross Receipts)		Draw - Owner		
Bank Charges		Salaries - Office		
Credit Card Merchant Fees		Salaries - Other Management		
Cleaning / Janitorial		Salaries - Not included elsewhere	i	
Commissions		Security systems		
Credit and Collection costs		Supplies	1	
Delivery and Freight	İ	LLC or Inc Annual Report		
Discounts		Property Taxes		
Dues and subscriptions	İ	Payroll Taxes		
Employee Medical Insurance (your share)		Other taxes (not federal income taxes)		
Employee Retirement Cont. (your share)		Licences		
Equipment leases		Telephone - landlines		
Equipment Rentals		Telephone - cell phones	1	
Auto leases		Internet		
Gifts		Cable TV (used for business)		
Insurance - General		Tools		
Insurance - Workmans Comp		Travel		
Insurance - Health OWNER		Uniforms		
Insurance - Liability		Utilities		
Insurance - PP&C		Home Office		HINT: PTO
Insurance - Auto		Other - list		
Interest Paid on loans				
Interest Paid on BUSINESS credit cards or used for business				
Laundry				
Meals and Entertainment				
Misc				
Office supplies				
Consultants				
Parking and tolls		Total to C on previous page	\$	

Other business deductions



Mileage may be a better deduction for certain smal	l business. In o	order to ca	culate PLEASE complete	e: ,0
Description:		Descrip	tion:	
Date placed in service:		Date pla	aced in service:	
Another vehicle avail. for use	Y N		r vehicle avail. for use	YN
Business miles		Rusine	ss miles	T N
Pers. Miles		Pers. N		
ou MAY be eligible for a home office deduction	<u> </u>			
		Y N	Mortgage Int - Home	No worries. We got it!
Do you have a DEDICATED room in your house for b			RE taxes - Home	No worries. We got it!
Do you have an outside office in addition to this roo	om:	Y N		No wornes. We got it:
Sq Ft Home Office			Repair - Home	
Sq Ft Home			Utilities - Home	
			Other costs - Home	
			Rent	
	OUNT / BANK ,	/ LOAN NU	MBER AND DATE AND II	F YOU WISH US TO PREPARE
	OUNT / BANK ,	/ LOAN NU	MBER AND DATE AND II	F YOU WISH US TO PREPARE
PAPERWORK FOR FORGIVNESS		/ LOAN NU	MBER AND DATE AND II	F YOU WISH US TO PREPARE
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PAPERWORK FOR FORGIVNESS		/ LOAN NU	MBER AND DATE AND II	F YOU WISH US TO PREPARE
PLEASE ADVISE IF YOU TOOK A PPP LOAN - THE AMI PAPERWORK FOR FORGIVNESS Anything else we should know about your business?		/ LOAN NU	MBER AND DATE AND II	F YOU WISH US TO PREPARE
PAPERWORK FOR FORGIVNESS		/ LOAN NU	MBER AND DATE AND II	F YOU WISH US TO PREPARE

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Real Estate Rentals If you want to deduct these expenses YOU MUST issue a FM 1099. This is a HOT button. You must issue a 1099 to ANYONE that is NOT incorporated (LLC very often DOES NOT meet this definition) Is someone in your household a real estate professional and you PAID them > \$600 during the year. This INCLUDES rent e.g. Builder, Realtor etc payments. N Did you MAKE payments that would require a FM 1099 The deadline to IRS is Feb 28. We will need the following informa-N If YES, did you issue FM 1099 tion with which to prepare 1099's: ¹Full Name, Mailing Address, Social Security Number, Amount Paid N Did you buy a property this year. Attach the HUD Yes, you can fax it to us. Our fax number is 508.771.0411. Property A Property B Property C **Description (Address/Name) Property Zip** Number of days rented Is this residential property [Y/N] Is this a Vacation Home [Y/N] ---- if YES, number of days rented Rental Income Advertising Auto & travel Cleaning Commissions Insurance Legal and professional Management Fees Interest on mortgage Repairs **Supplies Taxes** Utilities Septic pump **Assoc Dues** Other - list Depreciation No worries. We got it! **Total Expenses** \$ \$ \$ List any improvements not include above