

# Jason Anakkala Ltd.

Certified Public Accountant & Consultants

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## 2020 INDIVIDUAL INCOME TAX ORGANIZER

PLEASE DELIVER YOUR INFORMATION TO US BY \_\_\_\_\_

• Additional organizers can be found at our website [www.jasonacpa.com](http://www.jasonacpa.com) •

| TAXPAYER INFORMATION                     | SPOUSE INFORMATION                       |
|--|--|
| First _____ M _____ Last _____           | First _____ M _____ Last _____           |
| SS # _____ DOB _____                     | SS # _____ DOB _____                     |
| Occupation _____                         | Occupation _____                         |
| Address _____                            | Address _____                            |
| City _____ State _____ Zip _____         | City _____ State _____ Zip _____         |
| Home _____ Work _____                    | Home _____ Work _____                    |
| Cell _____ Email _____                   | Cell _____ Email _____                   |
| Are you legally blind or disabled? Y / N | Are you legally blind or disabled? Y / N |

| DEPENDENTS |          |       |          |                |       |               |               |                   |
|------------|----------|-------|----------|----------------|-------|---------------|---------------|-------------------|
| Name       | Birthday | SS #  | Relation | Months in Home | Grade | Daycare Costs | Income Earned | Full Time Student |
| _____      | _____    | _____ | _____    | _____          | _____ | _____         | _____         | Y / N             |
| _____      | _____    | _____ | _____    | _____          | _____ | _____         | _____         | Y / N             |
| _____      | _____    | _____ | _____    | _____          | _____ | _____         | _____         | Y / N             |
| _____      | _____    | _____ | _____    | _____          | _____ | _____         | _____         | Y / N             |

| DEPENDENT AND CHILD CARE EXPENSES  |         |                         |             |                    |
|--|---------|-------------------------|-------------|--------------------|
| For dependents under age 14, or if dependent or spouse is physically or mentally incapable of caring for themselves. |         |                         |             |                    |
| Name of Provider   | Address | SS or Tax ID - Required | Amount Paid | Children Cared For |
| _____  | _____   | _____                   | _____       | _____              |

Are you enrolled in your employer's Flex Plan? Usually, this is the best way to handle child care costs.

| THINGS TO BRING  | OTHER INCOME NOT ON 1099/W-2  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
|--|---|--|----------|------------------------------------|----------|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------------------|--|-----------------------------|----------|--------------------------|----------|-----------------------|----------|------------------|----------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Last Paystub of the Year</li> <li><input type="checkbox"/> W-2 Forms for Wages</li> <li><input type="checkbox"/> 1099-R for Retirement</li> <li><input type="checkbox"/> 1099's for Interest, Dividends, and Other Income</li> <li><input type="checkbox"/> K-1's for Partnerships, Corporations or Estates</li> <li><input type="checkbox"/> 1099-SSA for Social Security Benefits</li> <li><input type="checkbox"/> 1099-SA for Health Savings Accounts</li> <li><input type="checkbox"/> 1095-A, B, C for Health Insurance</li> <li><input type="checkbox"/> Voided Check(s) for Direct Deposit</li> <li><input type="checkbox"/> 1098's: Mortgage Interest, Student Loan Interest, College Tuition</li> <li><input type="checkbox"/> Closing Papers for Real estate purchases &amp; Sales, including Refinances</li> <li><input type="checkbox"/> Property Tax Statements</li> <li><input type="checkbox"/> All Other Statements Showing Income</li> <li><input type="checkbox"/> IRA Year-End Statements</li> <li><input type="checkbox"/> Notice 1444 for your Stimulus Check</li> <li><input type="checkbox"/> NEW CLIENTS ONLY: Last 3 Year's Tax Return</li> <li><input type="checkbox"/> NEW CLIENTS ONLY: Copy of Drivers License(s)</li> </ul> | <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Stimulus Payment 1 (rec'd last summer)</td><td style="width: 20%;">\$ _____</td></tr> <tr><td>Stimulus Payment 2 (rec'd Dec/Jan)</td><td>\$ _____</td></tr> <tr><td>This is not taxable, but we MUST have this info.</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> </table> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: black; color: white;"> <th colspan="2">NONTAXABLE INCOME</th> </tr> </thead> <tbody> <tr><td>Veterans Pension/Disability</td><td>\$ _____</td></tr> <tr><td>Child Support/Assistance</td><td>\$ _____</td></tr> <tr><td>Worker's Compensation</td><td>\$ _____</td></tr> <tr><td>Other (identify)</td><td>\$ _____</td></tr> </tbody> </table> | Stimulus Payment 1 (rec'd last summer) | \$ _____ | Stimulus Payment 2 (rec'd Dec/Jan) | \$ _____ | This is not taxable, but we MUST have this info. | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | _____ | \$ _____ | NONTAXABLE INCOME |  | Veterans Pension/Disability | \$ _____ | Child Support/Assistance | \$ _____ | Worker's Compensation | \$ _____ | Other (identify) | \$ _____ |
| Stimulus Payment 1 (rec'd last summer)   | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| Stimulus Payment 2 (rec'd Dec/Jan)   | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| This is not taxable, but we MUST have this info.   | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| _____  | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| _____  | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| _____  | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| _____  | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| _____  | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| _____  | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| _____  | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| _____  | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| _____  | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| _____  | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| NONTAXABLE INCOME  |   |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| Veterans Pension/Disability  | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| Child Support/Assistance   | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| Worker's Compensation  | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |
| Other (identify)   | \$ _____  |  |          |                                    |          |  |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |                   |  |                             |          |                          |          |                       |          |                  |          |

**Failure to complete this organizer will jeopardize our ability to prepare an accurate tax return. Please complete!**

**ADJUSTMENTS TO INCOME**

**RETIREMENT PLANS**

|   | <u>Taxpayer</u> | <u>Spouse</u> |
|---|-----------------|---------------|
| Covered by a retirement plan at work?   | Y / N           | Y / N         |
| Contributions already made for 2020:  |                 |               |
| Traditional (Regular) IRA   | \$ _____        | \$ _____      |
| Roth IRA  | \$ _____        | \$ _____      |
| SEP/Simple/Keogh  | \$ _____        | \$ _____      |
| Did you convert an IRA to a ROTH IRA?   | Y / N           | Y / N         |
| Calculate possible retirement plan options with this return? (IRA, Roth, SIMPLE, HSA, etc.) | Y / N           | Y / N         |
| <i>2020 IRA Limit: \$6000; over age 50 +\$1000</i>  |                 |               |

**HEALTH SAVINGS ACCOUNTS**

|   |          |          |
|---|----------|----------|
| Contributions to HSA  | \$ _____ | \$ _____ |
| Distributions from HSA  | \$ _____ | \$ _____ |
| <i>2020 HSA Limit: Single \$3550; married \$7100; over age 55 +\$1000</i> |          |          |

**STUDENT LOAN INTEREST/CREDIT**

|   | <u>Taxpayer</u> | <u>Spouse</u> |
|---|-----------------|---------------|
| Student Loan Interest Paid  | \$ _____        | \$ _____      |
| <i>You also need to provide Form 1098-E.</i>                      |                 |               |
| Total amount of loan payments made in 2020 (principal + interest) | \$ _____        | \$ _____      |
| Original amount of student loans                                  | \$ _____        | \$ _____      |

**MISCELLANEOUS**

|                                     |          |          |
|-------------------------------------|----------|----------|
| Educator Expenses (supplies, etc. ) | \$ _____ | \$ _____ |
| <i>For 2020, includes PPE</i>       |          |          |

**ENERGY TAX CREDITS**

**Must be on your primary residence.**

|   |          |
|---|----------|
| Windows, exterior doors, skylights        | \$ _____ |
| Storm doors, windows                      | \$ _____ |
| Furnace and/or air conditioner            | \$ _____ |
| Insulation                                | \$ _____ |
| Water heater                              | \$ _____ |
| Metal or asphalt roof w/ cooling granules | \$ _____ |
| Geothermal heat pumps                     | \$ _____ |
| Wind turbines                             | \$ _____ |
| Solar panels                              | \$ _____ |
| Fuel cell property                        | \$ _____ |

**DEDUCTIONS**

**MEDICAL AND DENTAL EXPENSES**

*\* Do not include amounts withheld pre-tax from your wages.*

|                                      |                        |
|--------------------------------------|------------------------|
| Health Insurance Premiums *          | \$ _____               |
| Medicare Premiums                    | \$ _____               |
| Long Term Care Insurance             | \$ _____               |
| Insur Co _____                       | Policy Number _____    |
| Vision Insurance Premiums *          | \$ _____               |
| Dental Insurance Premiums *          | \$ _____               |
| Prescription Medicine / Drugs        | \$ _____               |
| Doctors, Dentists, Hospitals         | \$ _____               |
| Labs, X-Rays                         | \$ _____               |
| Eye Glasses, Contact Lens            | \$ _____               |
| Hearing Aid, Supplies, Repair        | \$ _____               |
| Special Medical Apparatus            | \$ _____               |
| Ambulance                            | \$ _____               |
| _____                                | \$ _____               |
| _____                                | \$ _____               |
| Travel for Medical                   | _____ Miles            |
| Lodging Away From Home               | \$ _____               |
| _____                                | Number of Nights _____ |
| HSA or Medical Reimbursements        | \$ _____               |
| <i>(If above are gross expenses)</i> |                        |

**REAL ESTATE TAXES (Excluding Special Assessments)**

*Provide actual 2020 property tax statements.*

|                                      |          |
|--------------------------------------|----------|
| Primary Residence                    | \$ _____ |
| Second Residence                     | \$ _____ |
| Land                                 | \$ _____ |
| Property Tax Refund Received in 2020 | \$ _____ |

**VEHICLE LICENSE FEES (Cars & Trucks Only)**

| <u>Year/Make/Model</u> | <u>Amount</u> |
|------------------------|---------------|
| _____                  | \$ _____      |
| _____                  | \$ _____      |
| _____                  | \$ _____      |

**SALES TAX PAID ON LARGER PURCHASES**

| <u>New/Used</u> | <u>Description</u> | <u>Amount</u> |
|-----------------|--------------------|---------------|
| _____           | _____              | \$ _____      |
| _____           | _____              | \$ _____      |

**AFTER HIGH SCHOOL EDUCATIONAL EXPENSES**

Pay for or incur a loan for college or vocational costs last year? We **must** have the 1098-T and an account activity statement from the school.

|                           | <u>Parent(s)</u> | <u>Dependent 1</u> | <u>Dependent 2</u> | <u>Dependent 3</u> |
|---------------------------|------------------|--------------------|--------------------|--------------------|
| Year of school            | _____            | _____              | _____              | _____              |
| Name of school attended   | _____            | _____              | _____              | _____              |
| Tuition/fees              | _____            | _____              | _____              | _____              |
| Books and supplies        | _____            | _____              | _____              | _____              |
| Expenses paid by parents? | Y / N            | Y / N              | Y / N              | Y / N              |

**DEDUCTIONS (Continued)**

**INTEREST PAID - Bring 1098 Forms**

|  |    |
|--|----|
| 1st Mortgage - Primary Residence                           | \$ |
| <i>Ending Balance as of 12/31/20</i>                       | \$ |
| 2nd Mortgage - Second Home / Land                          | \$ |
| <i>Ending Balance as of 12/31/20</i>                       | \$ |
| What was the loan used for?                                |    |
| Home Equity Loan   | \$ |
| <i>Ending Balance as of 12/31/20</i>                       | \$ |
| What was the loan used for?                                |    |
| Contract for Deed  | \$ |
| <i>Ending Balance as of 12/31/20</i>                       | \$ |
| <i>Also list recipient's name, address, and SS#: _____</i> |    |

|                     |    |
|---------------------|----|
| Investment Interest | \$ |
| Paid to:            |    |
| Loan Purpose:       |    |

*Note: Bring closing (settlement) statements for any property refinanced, sold or purchased during year.*

**CONTRIBUTIONS: NEW LAW-fill this out even if you do short form**

*Generally, you must have a receipt for charitable donations. Our office does not need copies, you keep.*

**Do you have receipts to support your donations?** Y / N

Cash Contributions

|                      |       |
|----------------------|-------|
| Church               | \$    |
| Others - Please list |       |
| _____                | \$    |
| _____                | \$    |
| _____                | \$    |
| _____                | \$    |
| _____                | \$    |
| _____                | \$    |
| _____                | \$    |
| Charitable Mileage   | Miles |
| Other Than Cash      | \$    |

**MISCELLANEOUS DEDUCTIONS**

Several items that were previously deductible have been eliminated by the Tax Cuts & Jobs Act, particularly Employee work related expenses and Investment expenses.

Use this space to ask if your expense item is still an allowable deduction or not.

|                                       |    |
|---------------------------------------|----|
| _____                                 | \$ |
| _____                                 | \$ |
| Gambling Losses (Limited to Winnings) | \$ |

**MINNESOTA ITEMS**

**529 PLAN DEDUCTION - MINNESOTA RETURNS**

If you contribute to a Section 529 College Savings Plan, you may be eligible for a credit or deduction. Please provide the following information for each 529 Plan account.

|                                     |       |
|-------------------------------------|-------|
| Trustee:                            | _____ |
| Account Number:                     | _____ |
| Amount Contributed (added in 2020): | \$    |
| Distributions in 2020:              | \$    |

|                                     |       |
|-------------------------------------|-------|
| Trustee:                            | _____ |
| Account Number:                     | _____ |
| Amount Contributed (added in 2020): | \$    |
| Distributions in 2020:              | \$    |

**EMPLOYEE WORK EXPENSES**

(These are deductible for Minnesota only.)

|                                       | Taxpayer | Spouse |
|---------------------------------------|----------|--------|
| Union and Professional Dues           | \$       | \$     |
| Uniforms and Laundry                  | \$       | \$     |
| Work Tools, Supplies and Equipment    | \$       | \$     |
| Continuing Education and Seminars     | \$       | \$     |
| Business Publications, Books and Mags | \$       | \$     |
| Travel (Lodging, Airfare, Car Rental) | \$       | \$     |

|           | Make/Model | Work miles | Total miles |
|-----------|------------|------------|-------------|
| Vehicle 1 | _____      |            |             |
| Vehicle 2 | _____      |            |             |

Commuting to/from work is generally not deductible.

**ITEMS TO DISCUSS WITH PREPARER**

**ESTIMATED TAX PAYMENTS**

*Be careful. Incorrect data will result in notices and penalties from tax authorities.*

| FEDERAL                          | Date Paid | Amount |
|----------------------------------|-----------|--------|
| Applied from Prior Year's Return |           | \$     |
| 1st Qtr - Due 4/15/20            |           | \$     |
| 2nd Qtr - Due 6/15/20            |           | \$     |
| 3rd Qtr - Due 9/15/20            |           | \$     |
| 4th Qtr - Due 1/15/21            |           | \$     |
| STATE                            | Date Paid | Amount |
| Applied from Prior Year's Return |           | \$     |
| 1st Qtr - Due 4/15/20            |           | \$     |
| 2nd Qtr - Due 6/15/20            |           | \$     |
| 3rd Qtr - Due 9/15/20            |           | \$     |
| 4th Qtr - Due 1/15/21            |           | \$     |

## MISCELLANEOUS QUESTIONS

Please review the following questions. Please circle Yes or No. If not circled, we assume you reviewed and it does not apply to your return.

- Y / N Any births, adoptions, miscarriages, marriages, divorces, deaths or name changes in your immediate family in 2020?
- Y / N Did the taxpayer and spouse live apart for the entire last 6 months of the year or longer?
- Y / N Do you have a mentally or physically disabled child?
- Y / N Any changes in dependents in 2020? If so, please explain: \_\_\_\_\_
- Y / N Can anyone claim you as a dependent?
- Y / N Divorced parents claiming non-custodial children are now required to have a special form signed. Is this you?
- Y / N Made gifts of more than \$15,000 to any individual? If yes, provide details.
- Y / N Are you receiving a military pension or other military retirement pay?
- Y / N Wish to donate to the MN Non-Game Wildlife Fund? If yes, please indicate amount \$ \_\_\_\_\_.
- Y / N Receive any notices from any tax authorities? If yes, provide copies.
- Y / N Did either you or your spouse turn age 72 this year? Minimum retirement distributions may be required (but not in 2020). Do you need assistance in calculating the necessary distribution?
- Y / N Want us to prepare a MN Renter or Homeowner Property Tax Refund for 2020? If yes, please provide real estate tax statements or Certificate of Rent Paid.
- Y / N Receive/pay alimony or child support during the year? If yes, provide amount paid, name & address of recipient.  
\_\_\_\_\_
- Y / N Receive any tax-exempt interest during the year? If yes, provide us with a list of accounts and amount received.
- Y / N Did you or a dependent receive any scholarships or grants in 2020?
- Y / N Refinance your home this year? Bring in closing statement and/or contract. \_\_\_\_\_
- Y / N Buy or sell any property or investments this year? Bring in closing statement and/or contract.
- Y / N Add someone (or were you added) to the title or deed of a property, such as a life estate?
- Y / N Do you want us to prepare Quarterly tax estimate vouchers for you for 2021?
- Y / N **Any income from or pay taxes to a foreign country, have a foreign account or own property in a foreign country?**
- Y / N **Receive, sell, send, exchange, or acquire any financial interest in any virtual currency?**
- Y / N Pay a household employee over \$1,900?
- Y / N Go through bankruptcy, foreclosure, or repossession proceedings? Considering?
- Y / N Moved during 2020 or have a change of residence or job location during the year?
- Y / N Reside in more than one state during the year?
- Y / N Earn income from a state other than the state in which you live?
- Y / N Receive any disability income during the year?
- Y / N Receive a Schedule K-1 from a partnership, S Corp or trust?
- Y / N Serve in the military during the year?
- Y / N Expect significant changes in income, expenses or dependents in 2021?
- Y / N Would you like us to review your Social Security statements? If yes, bring in your benefit statement.
- Y / N Electronic copy of your tax return?  Please provide a paper copy of my tax return in addition to the electronic copy.
- Y / N Need a return prepared for your dependents? If so, whom: \_\_\_\_\_

## MINNESOTA K-12 EDUCATION EXPENSES

**Note: Minnesota allows deductions (or credits) for K-12 school expenses. Please list by child.**

|  | Child: _____            | Child: _____            |
|--|-------------------------|-------------------------|
| Type of School (Private, Public, Homeschool) & Grade | _____/Grade_____        | _____/Grade_____        |
| Fees/Tuition for Enrichment outside regular school   | \$_____/Class Type_____ | \$_____/Class Type_____ |
| Fees for individual instruction outside school       | \$_____/Class Type_____ | \$_____/Class Type_____ |
| Required School Supplies                             | \$_____                 | \$_____                 |
| Purchase or Rentals of Music Instruments             | \$_____/Type_____       | \$_____/Type_____       |
| Transportation cost paid to others                   | \$_____/Provider_____   | \$_____/Provider_____   |
| Home Computer Expenses / Private School Tuition      | \$_____/ \$_____        | \$_____/ \$_____        |

We submit this information to Jason Anakkala Ltd. only for use in preparing, at our request, federal and/or state income tax returns for 2020. Each item can be substantiated by receipts, cancelled checks or other documents. The information supplied is true, correct and complete to the best of our knowledge. We have reviewed the organizers provided to us and have provided all relevant material needed to properly complete our tax return.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_