



**Loid Tax & Accounting, LLC**  
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To prepare your return we will also need:

- All tax forms received such as W-2, 1099, 1098, 1095
- Driver's license for persons filing a return
- Last year's returns (if we did not prepare)

The purpose of this tax organizer is to capture items where you did not receive a tax document from a payer of yours e.g. W-2 or 1099's. Answer to the best of your ability and mark anything that you wish to discuss with your preparer.

## Required For All Clients (Section A) — New clients, please complete all sections

### A1 Personal Information

Your first name	M.I.	Last name	Date of Birth	SSN (or ITIN)	US Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N
Phone	Email	Occupation	Last year were you . . . Disabled? <input type="checkbox"/> Y <input type="checkbox"/> N	A student? <input type="checkbox"/> Y <input type="checkbox"/> N	Legally blind? <input type="checkbox"/> Y <input type="checkbox"/> N
Spouse first name	M.I.	Last name	Date of Birth	SSN (or ITIN)	US Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N
Phone	Email	Occupation	Last year were you . . . Disabled? <input type="checkbox"/> Y <input type="checkbox"/> N	A student? <input type="checkbox"/> Y <input type="checkbox"/> N	Legally blind? <input type="checkbox"/> Y <input type="checkbox"/> N
Mailing address	City	State	Zip	County	School District
Residence address if different	Can anyone claim you or your spouse on their tax return? <input type="checkbox"/> Y <input type="checkbox"/> N	Have you or your spouse been a victim of identity theft? <input type="checkbox"/> Y <input type="checkbox"/> N	Do either you or your spouse have an IRSIPPIN (Identity Protection PIN)? <input type="checkbox"/> Y <input type="checkbox"/> N		

### A2 Household

As of last December 31, were you:		<input type="checkbox"/> Married: Did you get married last year? <input type="checkbox"/> Y <input type="checkbox"/> N		★ If divorced or separated:					
<input type="checkbox"/> Unmarried		<input type="checkbox"/> Legally Separated ★		Last date you & spouse resided in the same household: _____ Date of final agreement:					
<input type="checkbox"/> Divorced ★		<input type="checkbox"/> Widowed: Year of spouse's death							
List everyone in addition to you and your spouse who (a) lived in your home last year or (b) you supported but did not live with you:									
First (& last name if different)	Social Security Number	Date of birth	Relationship to you	# months lived with you last year	US Citizen?	Single/ Married as of Dec 31	Full time student last year?	Totally/ permanently disabled?	Resident of US, Canada, Mexico last year?
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

I/We believe that the information disclosed in this organizer to be complete & accurate. I /We understand that incorrect or incomplete information may result in an erroneous return.

Signature(s) & Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

### A3 Income — Last Year, Did You (Or Your Spouse) Receive Any Of The Following

Wages or salary (form W-2)? (If yes: how many jobs did you have last year? _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tip income in cash, gift cards, gifts, or any other form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payments from pensions, annuities, Traditional or Roth IRAs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social security or railroad retirement benefits? (If started last year: what month? _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interest or dividends (checking, savings, stocks, bonds, CDs, brokerage accounts, private loans)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A refund of state or local income taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony or separate maintenance income? (If yes: ensure agreement date provided in section A2 _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-employment or hobby income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from renting real estate or tangible items to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash, check, or electronic payments not reported on a tax form for any work you did?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income (or loss) from any sales of stocks, bonds, mutual funds, real estate, or other assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability income, workers compensation, paid family leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scholarships, fellowships, educational grants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
An inheritance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other income, gambling, lottery, prizes, awards, jury duty, K-1s, royalties, foreign income?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### A4 Expenses — Last Year, Did You (Or Your Spouse) Pay Any Of The Following?

Alimony or separate maintenance payments? (If yes: recipient's SSN: _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contributions to a retirement account? <input type="checkbox"/> 401k/403b <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No
College or post-secondary educational expenses for you or anyone you listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee expenses not reimbursed by your employer or union dues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Classroom supplies if you are a teacher, principal, counselor or aide in a K-12 school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical expenses, including health insurance? (If yes: Any insurance through an exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interest on a home mortgage, home equity, RV, or boat loan? Must have full living facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real estate taxes for any home, vacant land, timeshares?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal property taxes on a vehicle? Imposed annually based on value of the vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charitable contributions, donations of clothing goods, or contributions through your paycheck?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child or dependent care, daycare, pre-K school, or summer day camp expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student loan interest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anyone for domestic services, such as a nanny, driver, health aide, private nurse, caretaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foreign income or property taxes not reported on a US tax form (1099)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### A5 Life Events — Last Year, Did Any Of These Apply To You Or Your Spouse?

Own any employee stock or stock options? If yes: Did you exercise any options last year? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have a health savings account (HSA)? (Not a "use it or lose it" account)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any debt cancelled by a mortgage holder, credit card company, or any lender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buy, sell, or have a foreclosure on a home or other real estate? If yes: provide closing statement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase and install a new boiler, central A/C, heating system, windows/doors, insulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suffer any loss due to a natural disaster, theft, Ponzi scheme, or other disaster or casualty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Make any estimated tax payments to IRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive a PPP or EIDL loan or advance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did you buy, sell, or send any virtual currency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Own all or part of a business, partnership, LLC or other business venture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Give any individual cash or property totaling more than \$15,000 for the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Own any foreign bank or investment accounts, real estate, or other foreign assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive any IRS or state tax return correspondence that we are not already aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Create any type of trust, or are contemplating establishing any kind of trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Declare bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Open or add money to a 529, Coverdale or ABLE account? <i>If yes: provide December statements</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pay for long-term care insurance? (Covers nursing home care; not AFLAC or similar)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase or lease a new or used motor vehicle? ( <i>If yes: provide bill of sale</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
Move or change your mailing address last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Get a new phone number (home, work, or cell) or email address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed your name with the Social Security Administration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you owe the IRS or any state any income taxes from a prior year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect to receive an inheritance in the near future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate any major changes in the next year, such as retirement, job change, medical expenses college expenses, new home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## A6 Tax Law Changes

Did you receive any prepaid child tax credit? (If yes, how much? \$ _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If self-employed: Did you receive a PPP loan, EIDL loan or EIDL grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did you receive Covid Economic Impact Payment (EIP3) (If yes, how much? \$ _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No

## A7 Bank Information — If Yes, Provide A Voided Check

If you are receiving a refund, would you like to use direct deposit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## New Client Questions [Returning Clients Please Skip To Next Section]

If either you or your spouse are not a US citizen, which person is the non-citizen, and what is the non-citizen's status? _____	
Are either of you a citizen of a foreign country or did you reside abroad last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any family member listed in Section A2 (a) totally & permanently disabled or (b) legally blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or your children own US savings bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a home purchased in 2008, 2009 or 2010 where you received a homebuyer credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever claimed a home office deduction for any home you still own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever rented out all or part of any home you still own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone in your household a member of the National Guard or Reserves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone in your household a volunteer firefighter or ambulance worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a foreign corporate or government retirement plan, pension, or anything similar?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive a gifts or bequests from any foreign source?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## College & Education Expenses

	Student's Name	School Name & Address	1098-T provided?	Bursar statement provided?	Book/Supply rcpts provided?
A			<input type="checkbox"/> Yes (required)	<input type="checkbox"/> Yes (required)	<input type="checkbox"/> Yes (required)
B			<input type="checkbox"/> Yes (required)	<input type="checkbox"/> Yes (required)	<input type="checkbox"/> Yes (required)
C			<input type="checkbox"/> Yes (required)	<input type="checkbox"/> Yes (required)	<input type="checkbox"/> Yes (required)

	Type of Program (BA, MS, Cert etc)	Length of Program (Yrs)	Student's Rank at end of last yr *	Yrs of post-high school educ completed by 12/31	Scholarships/fellowships rcvd	529 stmts provided?
A			<input type="checkbox"/> Fr <input type="checkbox"/> So <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> Grad		\$	<input type="checkbox"/> Yes (required)
B			<input type="checkbox"/> Fr <input type="checkbox"/> So <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> Grad		\$	<input type="checkbox"/> Yes (required)
C			<input type="checkbox"/> Fr <input type="checkbox"/> So <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> Grad		\$	<input type="checkbox"/> Yes (required)

\* As determined by the school: Freshman, Sophomore, Junior, Senior, Graduated or Graduate Student

### Sources Of College Funding (Check All That Apply):

<input type="checkbox"/> Parents' savings	<input type="checkbox"/> Home equity loan	<input type="checkbox"/> US Savings Bonds	<input type="checkbox"/> College Work Study
<input type="checkbox"/> Student's savings	<input type="checkbox"/> Other parent loan	<input type="checkbox"/> Traditional/Roth IRA	<input type="checkbox"/> Grants/Scholarships
<input type="checkbox"/> Student loans	<input type="checkbox"/> Credit card	<input type="checkbox"/> 401k or other retirement	<input type="checkbox"/> Fellowships
<input type="checkbox"/> Parent education loans	<input type="checkbox"/> Gifts received	<input type="checkbox"/> Retirement plan loan	

## D. Medical Expenses If None To Claim, Please Skip To Next Section

If you receive Medicare, were any premiums reimbursed by former employers? If yes, \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any employer offer a "use it or lose it" medical Flexible Spending Account (FSA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a medical Health Savings Account (HSA, unspent funds can accumulate)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Doctors	Hospitals/Clinics
Dentists	Ambulance/Emergency Room
Eyeglasses/Contacts	Medical/Dental/Vision Insurance*
Lab Tests	Home health aides
Hearing Aids & Batteries	Nursing Home
Medical equipment	Medical-related home mods
Prescriptions	Lifeline, MedAlert, or similar service
Long Term Care insurance (taxpayer)	Long Term Care insurance (spouse)
Other:	

\* Health insurance paid through a paycheck is usually paid with pre-tax funds and cannot be deducted.

### Medical Transportation

Miles you drove	Parking
Public transportation	Tolls

## E. Estimated Tax Payments [If None Paid, Please Skip To Next Section]

Qtr	Due Date	Date You Paid	IRS	State: _	State: _
1	4/15/2021				
2	6/15/2021				
3	9/15/2021				
4	1/18/2022				
Optional additional payment					

## F. Home & Property Owner Expenses If None, Please Skip To Next Section

Taxes paid last year for ...	Primary residence	Second Home	Land/Other Home
Property tax (county)			
Property tax (other taxing district)			
School tax (if separate)			

### If you own more than one home:

	Primary residence	Second Home	Other Home
Approximate Dates Used:			

Did you install any new boiler central heating/cooling, windows/doors, insulation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you purchase or lease a solar, geothermal, or fuel cell electric or water heating system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you take out a new or refinance an existing mortgage or home equity? <i>If yes: closing statement</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you take new funds from an existing home equity loan for any purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## G. Charitable Contributions

If none, please skip to next section

Contributions for which you received something in return, such as a meal or book, including charitable auctions MAY be partly deductible. Raffle tickets and fundraiser purchases are NOT deductible. Political, lobbying, PAC and similar contributions are NOT deductible.

### Contributions by cash, check, credit card, text, etc.

You MUST have a cancelled check or bank record to substantiate your donation, regardless of amount. For donations to any single charity totaling \$250 or more, you MUST also have a property dated and worded receipt or letter to take donation.

Do you have receipts or proof of payment for all donations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you make any donations directly from an IRA (Qualified Charitable Distribution)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you donate stocks, mutual funds, or other assets to a charity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were any donations deducted from your paycheck? If yes, provide last paystub	<input type="checkbox"/> Yes <input type="checkbox"/> No

List each charity you gave \$250 or more in total for the year (additional sheet if needed):

Charity – if more room is needed add an extra sheet.	Amount
	\$
	\$
Total contributions to all other charities that you gave LESS than \$250 each for the year:	\$

## Volunteer Work

A written log of mileage and expenses is **REQUIRED**. A statement from the charity acknowledging your volunteer activities is recommended. No deduction is allowed for your time or services.

Charity name & address	Miles Driven	Parking & Tolls	Other expenses (describe)

## Contributions of Clothing, Household Good, and Other Property

Donated property must be in “good used condition or better.” No donation can be claimed for used underwear, socks, or similar items. Total of \$5,000 or more may require a written appraisal. Attach additional sheets if needed.

	Charity name & address	Description of Donated Property	Fair Market Value
A			

	Date Donated	Date Acquired	How Acquired	Original Cost
A				

## H. Children & Dependent Expenses

Did any child in your home have total income (wages, interest, investments) of \$1,100 or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any high school or college student in your family a New York volunteer firefighter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have children under 14: Does any employer offer a dependent care flex spending account?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you paid for daycare, pre-K, afterschool care, or summer day camp: (including payments via a flex account)

Provider's Name and Address	Tax ID or SSN	Which Child(ren)?	Amount paid last year