ELO PROF., LLC

TAX ORGANIZER - 2020

****Please complete this form and include with your tax information****

Taxpayer & Spouse Information:

Name	Date of Birth	Social Security #	Occupation

Contact Information

Home Address _____

Phone Number Home: _____ Cell: _____

Email address: _____

Dependents:

Name	Date of Birth	Social Security #	Relationship	Months at Home

Banking Information/Direct Deposit:

☐ No change to bank account ☐ New account (Include voided check)

Did you act as a personal representative or trustee for an estate or trust in 2019?

If yes, how much compensation did you receive? $ _____

Checklist - Documents Needed in Addition to Your Completed Organizer

Income/Investments/Retirement

- ☐ All form(s) W-2, 1098, 1099, or Schedule K-1
- ☐ All form(s) 1099-R and SSA-1099, reporting pension and social security benefits
- ☐ Records of any contribution(s) you made to IRAs or other retirement plans
- ☐ Amount of alimony paid and ex-spouse's Social Security number Date of Divorce Decree _____

Education/Child Care Expenses

- ☐ Education scholarships and fellowships
- ☐ Records of tuition and other higher education expenses, and Forms 1098-T (required)
- ☐ Childcare expense records (including the provider's ID number)
- ☐ Student loan interest statement (Form 1098-E)
- ☐ Records of any contributions you made to 529 plans or education savings accounts

Healthcare

- ☐ HSA information (Form(s) 5498, 1099-SA)

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ITEMIZED DEDUCTIONS

*****Please include all applicable supporting documentation*****

Medical and Dental Expenses:

Out of Pocket Costs:

Health Insurance (other than Medicare paid through Social Security Benefits) _____
Other Insurance (Dental/ Prescription, etc…) _____
Long Term Care Insurance - Taxpayer _____
Long Term Care Insurance - Spouse _____
Prescription Drugs _____
Doctors, Dentists, etc… _____
Hospitals, clinics, etc… _____
Vision/Eyeglasses _____
Hearing Aids _____
Other _____

Medical Travel:

Miles Driven for Medical _____
Lodging Expenses _____

Interest:

Home Mortgage Interest (please include Form(s) 1098) _____
Mortgage Insurance Premiums _____

Charitable Contributions:

Gifts by Cash or Check (gifts over $250 must have receipt) _____
Non-Cash Gifts (gifts over $500 require additional information) _____
Volunteer Miles _____

Real Estate Taxes:

Primary Residence _____
Additional Residence _____

Other Taxes:

State Income Taxes _____
General Sales Taxes _____
Personal Property Taxes _____

Federal Estimated Tax Payments:		Date Paid	Amount Paid
1st Quarter Payment	Due 7/15/2020		
2nd Quarter Payment	Due 7/15/2020		
3rd Quarter Payment	Due 9/15/2020		
4th Quarter Payment	Due 1/15/2021		

Additional organizational checklists are available on our website if you are an independent contractor, are self-employed, or own real estate. Please call or e-mail us with questions.

****Please note - neglecting to fully review and complete this form could result in a delay in our processing of your tax return.**