



Tax Organizer

Return your organizer to: **Ministry Consulting Group**; PO Box 81; Chesterville OH 43317-0081

Phone: 614.707.7500 Fax: 614.340.7909 Email: jerry@ministryconsulting.net

We frequently update this Tax Organizer. Please download & use the latest version from our web site.

To satisfy the due diligence requirements imposed on professional tax preparers I cannot prepare your return if you do not complete this entire Tax Organizer and sign this certification. Joint returns require both signatures.

Certification

I acknowledge each of the following:

- 'I', 'me', 'my' herein refers to me and also includes my spouse if I am married, regardless if we file a joint return or separate returns.
- It is my responsibility to provide all necessary information related to income and deductions for tax year 2020, and to respond to MCG's inquiries in a timely manner so that MCG can accurately complete my returns prior to their due dates.
- I must send to MCG legible copies of all pertinent tax documents. I will retain the original documents for my files; I acknowledge that MCG will not return any documents other than my completed tax returns unless MCG has agreed in advance to do so.
- I must use MCG's secure web portal or other secure means to transmit documents containing sensitive, user-identifiable information; I will contact MCG if I need log on credentials for the web portal.
- I am responsible for maintaining appropriate records, such as official tax documents, receipts and substantiation for deductions, and purchase and sales information for assets. I understand that I must retain these materials for a minimum of four years.
- Any person you name as a dependent resided in your home for the number of months indicated and that you provided more than 50% of his/her living expenses and that to the best of your knowledge and believe you are eligible to claim him/her as a dependent).
- It is my responsibility to review my returns before they are filed to ensure that all income has been correctly reported and that I have appropriate substantiation for all deductions and credits claimed. Filing my returns by the due dates is my responsibility.
- If it becomes necessary due to an error or omission on my part to revise my return(s) after they are delivered to me a revised invoice will be issued to include a revision fee of not less than \$25 plus the cost of any additional schedules and forms.
- If my returns are later selected for review or audit by a taxing authority, MCG will assist or represent me at an additional fee if I so desire.

I certify that I have read and understand the following:

- Completing this form using anything other than Microsoft Word (including OpenOffice, Libre, Word for Mac, Pages, etc.) usually results in the data and formatting becoming mangled beyond use. If you do not have Microsoft Word, please either complete it using your software but then print it to a pdf and send the pdf version or print this blank form & complete it by hand.
- Please send your Organizer and materials at your earliest opportunity. The sooner the better!
- Please send everything all at once. Things tends to get confusing when materials arrive piece meal.
- Please do NOT send anything that is not requested in this Tax Organizer ... but please send EVERYTHING that is requested.
- Though we can handle jpeg and other image files, we strongly prefer pdf files. If you send a jpeg be sure it is legible and complete. We frequently get image files that are not legible or that show only part of the image.
- If you mail your materials to us we suggest you request a delivery receipt, but please do NOT require a delivery signature. Our local post office has very limited hours making it difficult to meet the signature requirement.

I certify that, to the best of my knowledge and belief, the information provided in this *Tax Info Organizer* is accurate and complete and may be relied upon to prepare my income tax return(s) for tax year indicated herein and that no material data or information has been omitted.

I further certify and agree that if my name is typed below such typed signature shall serve as my attesting signature and shall be as valid as my handwritten signature.

Please note: if you are preparing this *Tax Info Organizer* on your computer, you are permitted to type your 'signature(s)'.

Signature

Date

Signature

Date

STOP!! Please ensure that you have signed the certifications on page 1.

We CANNOT prepare your return if it is not signed.

To use this Tax Info Organizer just respond to the statement or question in the left column.

- If it is a *statement* that begins 'Tell us...' complete all the parts of that section that apply to you (and your spouse, if filing a joint return).
- If it is a *question* that begins 'Did you...' and your response is 'no', click on the 'no' box and skip to next section. If your response is 'yes', click the 'yes' box and complete the parts of that section that apply to you. It's that easy! Be sure to save frequently.

Items you need to send to us are highlighted in this orange color. Please do NOT send anything we do not specifically request.

Tell us which tax year this data is for	Tax year (usually last year): _____ If your tax year ended other than on Dec 31 please tell us the ending date _____																																																										
Tell us how you will send your additional tax forms (W2s, 1099s, etc) Due to the risk of identity theft, please do NOT send sensitive info via e-mail.	<input type="checkbox"/> (MCG's strong preference) By uploading to MCG's secure web portal. https://mcgtax.securefilepro.com/portal/login.aspx You user name is your email address; if you forgot the password you set up, click the 'lost password' link. If you do not already have an account on our portal use the Guest File Transfer option. <input type="checkbox"/> By mail to MCG; PO Box 81; Chesterville OH 43317-0081 <input type="checkbox"/> By fax to 614-340-7909—please use high resolution setting Keep a copy of all forms and other documents you send to us; we do <u>not</u> return any documents other than your completed tax returns.																																																										
Tell us about your 2019 tax return?	<input type="checkbox"/> It was prepared by MCG <input type="checkbox"/> It was not prepared by MCG—send a copy of pages 1 and 2 of Form 1040 and (if applicable) these Schedules/Forms: 1-5, C, E, F, 4562, 4835, and 6251. If you experienced a Net Operating Loss or had other carry over amounts, please send pertinent details. <input type="checkbox"/> I did not prepare a tax return last year and need MCG's help to prepare one. (Just complete a separate <i>Tax Organizer</i> for that year and send the necessary documents separately from those for this year.																																																										
Tell us about your personal information Complete all fields in this section	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Address (Street City State Zip)</td> <td colspan="2"></td> </tr> <tr> <td>Residence info</td> <td>County _____</td> <td>School district (name or number) _____</td> </tr> <tr> <td>Did you move after 1/1/2020?</td> <td colspan="2"> <input type="checkbox"/> Date of move _____ Old address _____ If yes, please provide details about how much income was received at each address </td> </tr> <tr> <td></td> <td style="text-align:center;">Taxpayer (T)</td> <td style="text-align:center;">Spouse (S)</td> </tr> <tr> <td>Name (First MI Last)</td> <td colspan="2"></td> </tr> <tr> <td>Social Security Number</td> <td colspan="2"></td> </tr> <tr> <td>IRS issued IP PIN (most taxpayers have <i>not</i> been issued an IP PIN)</td> <td colspan="2"></td> </tr> <tr> <td>Driver's License/State ID Number</td> <td style="text-align:center;">State Number</td> <td style="text-align:center;">State Number</td> </tr> <tr> <td>Issue Date/Expiration Date</td> <td style="text-align:center;">Issue Expiration</td> <td style="text-align:center;">Issue Expiration</td> </tr> <tr> <td></td> <td style="text-align:center;">NY only: DL document number</td> <td style="text-align:center;">NY only: DL document number</td> </tr> <tr> <td>Date of birth/age as of 12/31/2020</td> <td style="text-align:center;">DOB: Age:</td> <td style="text-align:center;">DOB: Age:</td> </tr> <tr> <td>Occupation</td> <td colspan="2"></td> </tr> <tr> <td>Best phone</td> <td colspan="2"></td> </tr> <tr> <td>E-mail address</td> <td colspan="2"></td> </tr> <tr> <td>Can be claimed as a dependent on some-one else's tax return?</td> <td style="text-align:center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align:center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Legally blind?</td> <td style="text-align:center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align:center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Donate to fed/state campaign fund?</td> <td style="text-align:center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align:center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Citizenship</td> <td style="text-align:center;"><input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien</td> <td style="text-align:center;"><input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien</td> </tr> <tr> <td>As of 12/31/2020 Taxpayer was:</td> <td style="text-align:center;"><input type="checkbox"/> Single/divorced <input type="checkbox"/> Married</td> <td style="text-align:center;"><input type="checkbox"/> Widowed</td> </tr> </table>		Address (Street City State Zip)			Residence info	County _____	School district (name or number) _____	Did you move after 1/1/2020?	<input type="checkbox"/> Date of move _____ Old address _____ If yes, please provide details about how much income was received at each address			Taxpayer (T)	Spouse (S)	Name (First MI Last)			Social Security Number			IRS issued IP PIN (most taxpayers have <i>not</i> been issued an IP PIN)			Driver's License/State ID Number	State Number	State Number	Issue Date/Expiration Date	Issue Expiration	Issue Expiration		NY only: DL document number	NY only: DL document number	Date of birth/age as of 12/31/2020	DOB: Age:	DOB: Age:	Occupation			Best phone			E-mail address			Can be claimed as a dependent on some-one else's tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Legally blind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Donate to fed/state campaign fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship	<input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien	<input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien	As of 12/31/2020 Taxpayer was:	<input type="checkbox"/> Single/divorced <input type="checkbox"/> Married	<input type="checkbox"/> Widowed
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<p>Did you have any dependents during 2020? Note—your spouse is <i>not</i> a dependent.</p> <p>Dependents are typically your children.</p> <p>Others (e.g., parents, grandchildren, other relatives) <i>might</i> also be a dependent if you provided more than 50% of their support. Call us if in doubt.</p> <p><input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →</p> <p>All fields in this section must be completed for each dependent.</p>	Dependent's name	Dep #1	Dep #2	Dep #3	Dep #4	Dep #5	
	First name						
	Last name						
	SSN						
	Relationship to you						
	# months resided in your home						
	Date of birth						
	Age as of 12/31/2020						
	Claimed on another return?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	Was EIC or Child Credit previously disallowed/reduced?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	Qualifying childcare expenses						
	Is permanently disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	If 19 or older: was a full-time student at least 5 full months during 2020?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	If 19 or older: gross income						
	<p>Due to new IRS rules for those who qualify to receive the Earned Income Credit or the Child Tax Credit or the American Opportunity Credit, you are now <u>required</u> to send documentation proving the child(ren)'s residency. The document must show the child's name and address. One or more of those documents MUST be received by MCG before we can transmit your e-file to the IRS. Using the codes below indicate which document(s) you are sending.</p>						
<p>Proof of residency document</p> <p>A. School records/statement B. Landlord statement C. Healthcare provider statement D. Medical records E. Childcare provider statement F. Social services statement G. Church statement H.</p>							
<p>Tell us more about your tax situation.</p>	<p>1. Married taxpayers only—which filing status do you wish to file:</p>		<p><input type="checkbox"/> We want to file either jointly or separate, whichever is better <input type="checkbox"/> We want to file a joint return even if filing separately would be better. <input type="checkbox"/> We want to file a separate return even if filing a joint return would be better (MCG still needs your spouse's name and social security number above)</p>				
	<p>2. Which returns do you want MCG to prepare?</p>			<p><input type="checkbox"/> Federal <input type="checkbox"/> State of <input type="checkbox"/> School District <input type="checkbox"/> City</p>			
	<p>3. Are you aware of any change for any of the <i>last three tax years</i> that might require filing an amended return?</p>			<p><input type="checkbox"/> Yes, for year(s) <input type="checkbox"/> No</p>			
	<p><i>If you answer 'yes' provide complete details. All questions refer to you <u>and</u> your spouse (if married).</i></p>						Yes
	<p>4. Have you been audited or assessed, or have you been under investigation by any tax authority in the last five years?</p>						<input type="checkbox"/>
	<p>5. Did you buy or sell or refinance a house during 2020? Send copies we can keep (i.e., they will not be returned) of pages 1 - 3 (only) of the Closing Disclosure (or other closing cost summary papers) from both the original purchase and sale of your old home and from the purchase or refi of your new home. We will call for additional details.</p>						<input type="checkbox"/>
	<p>6. Did you have a bank account or have signature authority in a bank account outside the US that had an account balance of \$10,000 or more at any time during 2020? If yes, do you want us to complete your mandatory FBAR report? <input type="checkbox"/> Yes</p>						<input type="checkbox"/>
	<p>7. At any time during 2020 did you receive, sell, send, exchange, or otherwise acquire an interest in any virtual currency?</p>						<input type="checkbox"/>
	<p>8. Other than a private residence, did you have foreign assets with a total value of \$200,000 or more during 2020?</p>						<input type="checkbox"/>
	<p>9. Did you sell a home for which you took a first-time home buyer's credit or long-time homeowner's credit in 2008 or later?</p>						<input type="checkbox"/>
	<p>10. Since filing your last tax return have you received from any tax authority correspondence we don't already know about?</p>						<input type="checkbox"/>
	<p>11. Did your marital status and/or social security number change since your last tax return was filed? (provide old <u>and</u> new info)</p>						<input type="checkbox"/>
	<p>12. Did you <u>cancel</u> any debts owed to you or were any debts you owed <u>cancelled</u> during 2020? (This does <u>not</u> include debts you paid off or debts discharged due to bankruptcy or insolvency)</p>						<input type="checkbox"/>
	<p>13. Did you give any person or married couple one or more gifts totaling more than \$15,000 during 2020? If 'yes' and you have ever filed Form 709 (Gift Tax) please send a copy of the most recently filed Form 709.</p>						<input type="checkbox"/>
	<p>14. Did you receive income from an installment sale during 2020? (If yes, provide complete details)</p>						<input type="checkbox"/>
	<p>15. Did you surrender any US savings bonds during 2020? If yes, how much of it was used to pay tuition:</p>						<input type="checkbox"/>
	<p>16. Were you reimbursed for business expenses during 2020 for which you did <u>not</u> account to your employer?</p>						<input type="checkbox"/>
	<p>17. Did you have personal use of your employer's property (e.g., a vehicle, computer, etc.) that was <u>not</u> reported on your W2?</p>						<input type="checkbox"/>
	<p>18. Did any of your dependents under age 14 have <u>unearned</u> income (e.g., interest, dividends) greater than \$2,200?</p>						<input type="checkbox"/>
<p>19. Did you suffer casualty, theft or condemnation losses exceeding \$100 in a federally declared disaster during 2020?</p>						<input type="checkbox"/>	

Beware of Bogus 'IRS' E-mails and phone calls — The IRS *NEVER* sends unsolicited e-mails about your taxes and never begins a correspondence with a taxpayer via e-mail or by phone—they will *always* correspond by regular mail first. If you get an unexpected e-mail or phone call that appears to be from the IRS, it is probably an attempt to steal your private information. Do not click on any links in the message and NEVER provide personal information or agree to make a payment, even if you are threatened with arrest. Rather, forward the e-mail to phishing@irs.gov. If in doubt, contact us.

Tell us about your health insurance coverage based on these terms.

Health Care Questions Terminology

Health insurance refers to minimum essential coverage that qualifies as health insurance under the Health Care Reform Act of 2010, and includes employer-sponsored coverage, insurance purchased in the individual marketplace, grandfathered health plans, and government plans such as Medicare and Medicaid. It does NOT include medical cost sharing ministry plans.

The Marketplace refers to the Health Insurance Exchange set up by your state (or federal government for states that did not set up their own exchange) where you can go online to shop for individual health insurance policies.

Tax family refers to you (the taxpayer), your spouse if filing a joint return, and everyone you can claim as a dependent on your tax return. It does not include an individual that somebody else can claim as a dependent (such as a former spouse), even if you are the one who purchased the health insurance for that individual. A member of your tax family does not necessarily have to live with you in your household (such as when you are the noncustodial parent of a child whom you claim as a dependent or child is away at school).

Did any member of your tax family have health insurance through a group plan at work, Medicare/Medicaid, private health insurance not purchased through the Marketplace or participate in a health cost sharing ministry?

No ↓ Yes →

Only complete this section if you had one of these kinds of health care coverage ↓

For each member of your tax family, enter below the code (at right) that describes the type of insurance that person had for each month (if it was the same for the entire year you can just put the code in the 'Entire Year' column).

Name	Entire Year or ↔	Jan	Feb	Mar	Apr	Ma y	Jun	Jul	Aug	Sep	Oct	Nov	Dec	a. Employer sponsored coverage			
														b. Medicare/Medicaid or similar government sponsored plan	c. Individual policy <i>not</i> purchased through the Marketplace	d. Member of a health care sharing ministry	
Taxpayer																	
Spouse																	

Did any member of your tax family have health insurance through the Marketplace?

If yes, we MUST have a copy of Form 1095-A

No ↓ Yes →

Only complete this section if you had health care coverage through the Marketplace

	Yes	No
1. Did you or any member of your tax family receive a premium subsidy for health insurance purchased through the Marketplace?	<input type="checkbox"/>	<input type="checkbox"/>
2. During any month in which you received a premium subsidy, did you or any member of your tax family qualify for health insurance through an employer or through a government sponsored plan such as Medicaid, TRICARE, or the Children's Health Insurance Program (CHIP)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is another taxpayer able to claim as a dependent someone who is covered on your insurance policy? (If yes, provide complete details).	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you get married during 2020? (If yes, provide complete details).	<input type="checkbox"/>	<input type="checkbox"/>
5. Did any of the following occur during 2020 that you have not already informed the Marketplace about: your address changed; a new family member was added to your tax family; the number of exemptions you can claim changed from what you informed the Marketplace when you enrolled. (If yes, provide complete details).	<input type="checkbox"/>	<input type="checkbox"/>

Did any member of your tax family have no health insurance coverage at any time during 2020?

If you did not have health insurance, we are no longer required to calculate the penalty mandated by the original Affordable Care Act.

No ↓ Yes →

Only complete this section if you had no health care coverage

Enter below one of these codes describing why that person did not have insurance:

- Cost of premium was too expensive (you must provide us the cost of the least expensive plan ('LEP' in the chart below) you could find in the Marketplace for each affected person)
- Person was outside the US for at least 330 full days during 2020 OR was a bona fide resident of a foreign country or US territory during 2020 OR was not a US citizen or US national and was lawfully present in the US during 2020
- Your income was below the filing requirement for 2020
- Person was a member of an Indian tribe, incarcerated, or a member of a qualifying religious sect opposed to insurance benefits.
- Person experienced a qualifying hardship such as eviction, foreclosure, death of a close family member, fire, flood, bankruptcy, high medical expenses, etc.
- Other allowable circumstances—please describe in detail. You *might* be required to provide a copy of the Exemption Certificate Number (ECN) you received from the Marketplace. If so, you must obtain one before your tax return can be filed.

Person does not have a qualifying reason for not having health insurance.

Name	Entire Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	LEP
Taxpayer														
Spouse														

Tell us if you received economic stimulus payments	Enter the amount of economic stimulus payments you received	First payment—Summer of 2020	\$
		Second payment—since December 2020	\$
	If you have NOT received one or both economic stimulus payments, do you believe you are eligible to receive the payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you have NOT received one or both of the economic stimulus payments AND you believe you are eligible to receive the payment, do you want to claim a credit on your tax return for the stimulus amount(s) you have not received? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you receive any of these types of income? Please indicate the number of each type of form you are sending. Also indicate the sum of the amounts in the box number indicated so we can be sure we have everything. Send one copy of each tax document associated with the income type. <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →			Taxpayer (or Joint)				Spouse			
	Type of Income	What to Send	Yes	# Forms	Sum of amounts in this box →	Box	Yes	# Forms	Box	Sum
	Salaries or wages (see notes 1 and 2 below)	Form W-2 (Copy B)	<input type="checkbox"/>			1	<input type="checkbox"/>			1
	Retirement income (see notes 1 and 3 below)	Form 1099-R	<input type="checkbox"/>			1	<input type="checkbox"/>			1
	Social Security income	Form SSA-1099	<input type="checkbox"/>			5	<input type="checkbox"/>			5
	Interest income	Form 1099-INT	<input type="checkbox"/>			1	<input type="checkbox"/>			1
	Dividend income	Form 1099DIV	<input type="checkbox"/>			1a	<input type="checkbox"/>			1a
	State/school district refund	Form 1099-G	<input type="checkbox"/>			2	<input type="checkbox"/>			2
	City tax refund	Form 10990G	<input type="checkbox"/>			2	<input type="checkbox"/>			2
	Unemployment income	Form 10990G	<input type="checkbox"/>			1	<input type="checkbox"/>			1
	Self-employment income	Download/ complete the <i>Biz Info Organizer</i>			<input type="checkbox"/>				<input type="checkbox"/>	
	Rental income	Download & complete the <i>Biz Info Organizer</i>			<input type="checkbox"/>				<input type="checkbox"/>	
	Farm income	Send details			<input type="checkbox"/>				<input type="checkbox"/>	
	Farm rental income	Send details			<input type="checkbox"/>				<input type="checkbox"/>	
	Securities sales	Form 1099-B	<input type="checkbox"/>			1d	<input type="checkbox"/>			1d
	Sold anything else at a profit	Details (description, original purchase date and cost, sale date and amount)	<input type="checkbox"/>	na		na	<input type="checkbox"/>	na		na
		Amount of jury duty pay you gave your employer				na				na
	Lottery and/or gambling winnings	Form W-2G	<input type="checkbox"/>			1	<input type="checkbox"/>			1
		Lottery and/or gambling losses				na				na
	Lawsuit settlement other than personal injury	Details	<input type="checkbox"/>	na	na	na	<input type="checkbox"/>	na	na	na
	Alimony received	Nothing—no longer taxable	<input type="checkbox"/>	na	na	na	<input type="checkbox"/>	na	na	na
	S-Corp or LLC or Partnership income	Schedule K-1	<input type="checkbox"/>			1	<input type="checkbox"/>			1
	Trust or estate income	Schedule K-1	<input type="checkbox"/>			1	<input type="checkbox"/>			1
	Health insurance rebate	Amount	<input type="checkbox"/>	na		na	<input type="checkbox"/>	na		na
	Debt forgiven	Form 1099-C	<input type="checkbox"/>				<input type="checkbox"/>			
			<input type="checkbox"/>				<input type="checkbox"/>			
Other income—including any types indicated above that were not reported on the proper form	Note 1: If you received a Form W-2 or 1099-R last year we expect to see one from that employer/retirement plan again this year. List here the name of any Form W-2 or 1099-R issuer(s) from whom you received distributions in 2019 but <i>not</i> in 2020. W-2 _____ 1099-R _____									
	Note 2: You will probably get multiple copies of each Form W-2. We need only <u>one</u> copy—preferably Copy B. However, some Forms W-2 have multiple copies of Copy B to enable reporting tax withholding from multiple cities or school districts in box 19. If you receive a <i>multi-page</i> Form W-2, please send one copy of each page (i.e., we need copies showing all city and school district withholding).									
	Note 3: Some Forms 1099-R report distributions require special treatment. Please indicate below the name of the issuer of any of your Forms 1099-R that meet the requirement indicated:									
	Qualified Charitable Deduction (direct transfer from plan to charity)					T				S
	Disability Income					T				S
	Clergy Housing Allowance (only if so designated by the plan sponsor)					T				S

Did you receive income as a clergy person during 2020? <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	Are you ordained, licensed, or commissioned by a church, denomination or tax-exempt religious organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Do you have an approved Form 4361 exempting you from self-employment social security tax on clergy earnings?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Ministry honoraria income (do not include income reported on Form W-2 or clergy housing allowance). If you had expenses related to this honoraria income, check here <input type="checkbox"/> and download/complete the <i>Biz Info Organizer</i> .				
Did you receive clergy housing or parsonage allowance during 2020? In this section, 'housing allowance' refers to clergy housing allowance, parsonage allowance, manse allowance and other similar types of clergy compensation. <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes → If your housing allowance covered only a portion of the year—include expenses only for that portion of the year.	Your housing during 2020	<input type="checkbox"/> During 2020 I owned my home approximate value on 12/31/2020			
		<input type="checkbox"/> During 2020 I rented my home			
		<input type="checkbox"/> During 2020 I lived in a parsonage provided by my church. Add the annual rental value of the house plus all housing-related costs paid directly by the church.			
	Check here if your housing allowance was included in your Form W-2 Box 1 or on Form 1099-MISC Box 7. (Note—it is <i>not</i> supposed to be included but some churches/ministries are not aware of that and incorrectly include it).				<input type="checkbox"/>
	Amount of housing allowance actually paid to you (or to others on your behalf). Do NOT include amounts received from pension or 403b distributions. Check here if the amount you received was greater than the amount officially designated by your employing church or ministry <input type="checkbox"/>				
	Retirement income officially designated as clergy housing allowance—issuer name				
	Total housing-related expenses you paid out-of-pocket or your employer paid on your behalf (see below) during 2020. Remember, you received more housing allowance than your out-of-pocket expenses, the difference must be added to taxable income.				
The following are allowable housing expenses. Include expenses you paid out-of-pocket and expenses your employer paid on your behalf. <i>Mortgage payments, repairs, maintenance & improvements, home equity loan payments (allowable only to the extent the proceeds were used for housing-related expenses), rent payments, cable/satellite TV, real estate taxes (if not included in your mortgage payment), utilities, furniture, homeowner's insurance (if not included in your mortgage payment, large appliances, renter's insurance premiums, trash service, security service, homeowner's association fees and assessments, internet service, telephone (base rate only), household cleaning supplies (floor wax, window cleaner), lawn service, window, wall and floor coverings, anything else directly related to providing a home.</i>					
Did you have any of these adjustments to income? <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	Qualifying educator expenses (elementary and secondary teachers only)		T	S	
	Reservist, performing artist or gov't official allowable biz expense		T	S	
	Qualifying moving expenses—only members of Armed Forces who move under military orders. Include unreimbursed costs of transporting/storing household goods and one-time travel costs (including lodging/meals). Do not include costs of buying/selling home, home improvements, house-hunting, security deposits.		Out-of-pocket costs Distance from <i>old</i> address to <i>old</i> workplace miles. Distance from <i>old</i> address to <i>new</i> workplace miles		
	Donations to a church or other charitable organization		T	S	
	Amount contributed to a traditional (<u>not</u> Roth) IRA for 2020		T	S	
	Amount contributed to a: <input type="checkbox"/> Keogh <input type="checkbox"/> SEP-IRA <input type="checkbox"/> SIMPLE plan		T	S	
	Self-employed persons only: health insurance premiums		T	S	
	Penalty on early withdrawal of savings		T	S	
	Alimony paid—no longer deductible				
	Student loan interest		T	S	
Did you have child care expense to enable you (both, if married) to work? <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	Child Care Provider #1		Child Care Provider #2		
	Amount paid	Provider's tax ID number	Amount paid	Provider's tax ID number	
	Provider's name		Provider's name		
	Provider's address		Provider's address		
	Name of child(ren) cared for		Name of child(ren) cared for		
	* Include tuition, fees, books, supplies & equipment required to be paid directly to the institution; do not include lodging or food or costs paid by others or costs by scholarships.				
Did you receive Form 1099-Q? <input type="checkbox"/> No <input type="checkbox"/> Yes; send a copy of each Form 1099-Q → Did you either use 100% of the proceeds for allowable education expenses or re-deposit the entire amount in another qualifying Section 529 or 530 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Did you purchase any qualifying residential energy efficiency improvements? <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	Description		Date	Amount	
	Description		Date	Amount	
	Residential energy efficiency credit(s) previously claimed:	Year	Amount	Type of credit	
		Year	Amount	Type of credit	

<p>Did you have at least \$12,200 (\$24,400 if married and filing a joint return) of these itemized deductions?</p> <p>Unless your itemized deductions total at least \$12,200 (\$24,400 for a married couple filing jointly) you will benefit from taking the standard deduction instead of taking itemized deductions.</p> <p><input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →</p>	Amount <u>you</u> paid out-of-pocket for health/dental/vision insurance premiums (do <u>not</u> include a) amounts paid by your employer, b) amounts reported on Forms SSA1099 or 1099R, c) amounts claimed as premiums paid while self-employed).				
	Miles driven for medically necessary treatment:				
	Parking fees, tolls necessary to receive medical care				
	Amount paid out-of-pocket for medical care: doctors, hospitals, dentists, hospitals, nursing homes, physical therapists, clinics, prescriptions and medical aids (hearing aids, crutches, glasses, etc.) Do not include amounts paid by insurance companies or reimbursed from a qualified health benefit plan such as an HSA, HRA or FSA. Keep copies of these bills in your tax records but please do NOT send them to us. For some reason each year we get dozens of these unnecessary documents!				
	Amounts paid for <u>long term health care insurance</u> premiums		T	S	
	Amount of health care cost reimbursements received during 2020 for expenses that were deducted on a prior year tax return				
	Payment of state, school district or city (<u>not</u> federal) income tax balances due (for 2019 or prior years)				
	Real estate taxes paid in 2020 (personal residence(s) <u>only</u> ; do not include business, rental or investment properties)				
	Personal property taxes paid in 2020 (do <u>not</u> include real estate taxes)				
	Other taxes paid in 2020: describe:				
	Home mortgage interest reported to you on Form 1098 (please send a copy of the Form(s) 1098)				
	Home mortgage interest not reported on Form 1098: Payee's name: Payee's tax ID # Address				
	Points paid for purchase or refinancing of home not reported on Form 1098				
	Investment interest expense—investment income related to this interest expense \$				
	Donations to charitable organizations by cash or check: Do you have receipts or statements that meet IRS standards? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Amount transferred directly from an IRA to a charitable organization				
	Donations to a charity-sponsored donor advised funds by cash or check (please send a copy of donor statements received from charitable organizations so we can ensure they meet IRS requirements)				
	Miles driven related to charitable work (you must have—but do not send—a log of these miles)				
	Non-cash donations. <i>If the non-cash donations listed below total more than \$500 you <u>must</u> list on a separate sheet for <u>each</u> item (or group of similar items) the donee's name and address, a description of item(s), date of donation, your cost or other basis in the items donated, the fair market value as of the donation date, the method used to determine the value, and how and when you acquired the item(s). We cannot record a deduction if all of this information is not provided to us.</i>				
	Lesser of basis or FMV of airplanes, boats, vehicles donated to charities (send a copy of Form 1098-C from the charity)				
	Lesser of basis or FMV of other non-cash donations (all items must be in good condition or better)				
	The following deductions have been eliminated for most taxpayers: <ul style="list-style-type: none"> • Union dues, job hunting costs, job related education, unreimbursed employee business expenses (your employer can reimburse you for these costs, but they are no longer tax-deductible) • Safe deposit box fee, tax preparation fee, appraisal fees, investment fees, other miscellaneous costs 				
	<i>Armed forces reservists, qualifying performing artist, fee-based state or local gov't official and individuals with disabilities who claim impairment related work expenses only:</i>				
	Unreimbursed work-related mileage of a personal vehicle: Vehicle type Biz miles Total miles				
	Other unreimbursed work-related expenses (do not include business travel other than lodging or business gifts)				
Expenses paid to adopt a minor child or qualifying adult (<input type="checkbox"/> check here if the adoptee is a qualifying special-needs person)					
Other:					
<p>Did you receive benefits from a long-term care policy?</p> <p><input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →</p> <p>Send a copy of each Form 1099-LTC received.</p>			Taxpayer	Spouse	
	Was the LTC policy a 'tax-qualified' policy?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Was the insured a terminally ill individual?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Was the insured a chronically ill individual?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Number of days long-term care was received				
Actual cost for long term care					
<p>Did you contribute to or receive benefits from a Health Savings Account (HSA)?</p> <p>Do NOT include FSA or HRA amounts.</p> <p><input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →</p>	Did you or your employer contribute to an HRA or FSA during the time you or your employer also contributed to your HSA?		<input type="checkbox"/> No <input type="checkbox"/> Yes		
	Did your HSA eligibility begin or end during the tax year? <input type="checkbox"/> No <input type="checkbox"/> Yes, began on		<input type="checkbox"/> Yes, ended on		
	Amount <u>you</u> (not your employer) deposited directly into your HSA account (not via payroll deduction) during 2020 (send a copy of Form 1099-SA)		T	S	
	Amount that was withheld from your payroll & deposited into your HSA account in 2020		T	S	
Amount <u>your employer</u> contributed to your HSA account in 2020		T	S		

Did you receive benefits from a Health Savings Account (HSA)? <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	HSA distributions reported on Form 1099-SA (send a copy of Form 1099-SA) <i>If you record an amount on this line be sure to complete the next line also.</i>	T	S								
	Qualifying health care expenses paid out-of-pocket during 2020	T	S								
Tell us about your internet purchases	Many states—including Ohio— require payment of ‘use tax’ on these purchases. Use tax is typically the same rate as sales tax.	Internet purchases on which no sales tax was paid (or ↺) \$									
		I certify that I made no internet purchases on which use tax is due <input type="checkbox"/>									
Did you have other income/ deductions/ credits not already recorded? <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	Description	T	S								
Did you make estimated tax payments for 2020 or apply a 2019 tax refund to your 2020 tax liability? Don't include payments for balances due on previous tax returns. <input type="checkbox"/> No ↓ <input type="checkbox"/> Yes →	Period	Due	Federal Date paid	Amount	State Date paid	Amount	School District Date paid	Amount	City Date paid	Amount	
	2019 Refund applied to 2020			\$		\$		\$			
	2019 4 th Qtr	Jan '18				\$		\$			
	2020 1 st Qtr	Apr '18		\$		\$		\$			
	2020 2 nd Qtr	Jun '18		\$		\$		\$			
	2020 3 rd Qtr	Sep '18		\$		\$		\$			
	2020 4 th Qtr	Jan '19		\$		\$		\$			
Tell us how to handle your final results.	We generally deliver your tax return(s) via our secure web portal (please be sure to provide a valid e-mail address on page 2 so we can send portal log in info). Check here if you also want a paper copy mailed to you for a \$15 S&H charge.									<input type="checkbox"/>	
Please instruct us how to handle both if you have a refund and if you have a balance due.	Federal	State	Ski Distr	City							
If I am due a refund	Direct deposit it into my bank account (complete #1 & 3-6 below)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Have a paper check sent to me				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Apply it to my 2021 tax liability				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If I have a balance due	Send a voucher (payment coupon) so I/we can mail a paper check				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Have it withdrawn it from my bank account (complete #2-6 below)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If you have a balance due of less than \$50,000 on your federal return you are probably eligible to set up an arrangement with the IRS to pay the balance over a period of up to 72 months. Please note—the IRS charges a setup fee and will also continue to charge interest until the balance is paid in full. Set up payment agreements at https://www.irs.gov/payments/online-payment-agreement-application											
Direct deposit/debit information:				Bank Account #1				Bank Account #2 (optional)			
1. % of refund be deposited to this account				<input type="checkbox"/> 100% or % of refund and →				The remainder of the refund			
2. Withdrawal date for balance due				<input type="checkbox"/> April 15, 2021 <input type="checkbox"/> other date: /2021				<input type="checkbox"/> April 15, 2021 <input type="checkbox"/> other date: /2021			
3. Bank name											
4. Nine-digit bank routing number											
5. Bank account number											
6. Type of account				<input type="checkbox"/> checking <input type="checkbox"/> savings				<input type="checkbox"/> checking <input type="checkbox"/> savings			
Ohio residents: I wish to make the following donations on my Ohio income tax return:											
Military injury relief fund \$				Preservation of nature, rivers, endangered species \$				Wildlife conservation \$			

Tell us how to plan for your 2021 taxes	If your 2021 withholding is not adequate to cover at least 80% of your entire tax liability you might be required to make quarterly estimated tax payments. It is our policy to prepare quarterly payments if they appear to be required unless you instruct us otherwise. Check here if you do NOT want quarterly estimated tax schedules prepared even if they appear to be needed.			Do not prep: <input type="checkbox"/> Fed <input type="checkbox"/> State <input type="checkbox"/> City
	Check here if your marital status and/or the number of dependents you will be able to claim will change in 2021 and describe the change(s) here:			<input type="checkbox"/>
	Changes I expect in 2021:			
		About the same	More (amount)	Less (amount)
	Wage/interest/dividend/retirement income	<input type="checkbox"/>	\$	\$
Self-employment &/or rental income	<input type="checkbox"/>	\$	\$	
Itemized deductions	<input type="checkbox"/>	\$	\$	
Changes in your income tax withholding you initiated independent of any increase/decrease in income	<input type="checkbox"/>	\$	\$	

Tell us any additional information we need to know.	<i>If you are responding to a particular question/request, please state it first and then provide your response.</i>			

Carefully review your responses then send the Organizer and related documents to MCG.

Please exercise diligence. IRS inquiries are most frequently prompted by omitted Forms W-2 or 1099 and by name/SSN mismatches. Double check to make sure you have included everything.

Tax documents you are sending (check all that apply). Remember, we do not return any documents (other than your completed tax returns) so be sure to keep a copy of all forms and documents you send to us.

Unless a document is specifically requested in this organizer, please do *not* send it. Please note: we do NOT need copies of Form 5498 nor do we need bank/retirement account statements). Superfluous documents (including envelopes whether opened or unopened) require us to take more time preparing your return resulting in higher fees:

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> Form(s) W2 | <input type="checkbox"/> Form(s) 1099-INT | <input type="checkbox"/> Form(s) 1099-DIV | <input type="checkbox"/> Form(s) 1099-D | <input type="checkbox"/> Form(s) 1099-R |
| <input type="checkbox"/> Form(s) 1099-C | <input type="checkbox"/> Form(s) 1099-MISC | <input type="checkbox"/> Form(s) SSA-1099 | <input type="checkbox"/> Form(s) 1098 | <input type="checkbox"/> Form(s) 1095-A |
| <input type="checkbox"/> Form(s) 1099-G | <input type="checkbox"/> Form(s) 1099-LTC | <input type="checkbox"/> Form(s) 1099-Q | <input type="checkbox"/> Securities sales stmt | <input type="checkbox"/> Form(s) 1095-B |
| <input type="checkbox"/> Form(s) 1098-T | <input type="checkbox"/> Form(s) 1098-C | <input type="checkbox"/> Closing Disclosure (pg 1-3) | <input type="checkbox"/> Donor statements | <input type="checkbox"/> Form(s) 1095-C |
| <input type="checkbox"/> Schedule K-1 | <input type="checkbox"/> Form(s) 1099-SA | <input type="checkbox"/> Biz Info Organizer | <input type="checkbox"/> | <input type="checkbox"/> |

Many events that occur during the year can affect your tax situation. In most situations, how a transaction is treated for tax purposes is established at the time the transaction occurs. Negative tax effects can often be avoided by proper planning. Please contact us **PRIOR TO THE TRANSACTION OCCURRING** if you have questions about the tax effects of a transaction or event. Examples of events with significant tax implications include:

- | | | | | |
|-----------------------------|---------------------------------|--------------|----------------------|-----------------------|
| ▪ Pension/IRA distributions | ▪ Significant changes in income | ▪ Job change | ▪ Marriage | ▪ IRS correspondence |
| ▪ Birth/adoption | ▪ Attaining age 59 ½ or 70 ½ | ▪ Retirement | ▪ Divorce/separation | ▪ Starting a business |