

Dear Valued Client,

We want to wish you a happy and healthy 2021 and thank you for your continued support during these unprecedented times.

It's that time of year again to begin gathering tax documents for the annual ritual of filing tax returns. Your organizer will assist you in gathering the information necessary for us to prepare your 2020 individual income tax returns. A completed organizer will decrease the time that we incur organizing your income tax information, which minimizes the cost of preparing your income tax returns.

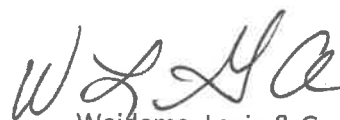
Should you require an additional copy of the organizer, please go to WLGAccounting.com or call us at (603) 766-1968.

Please do not delay in getting us your information. If you provide us the information after **March 15, 2021**, we'll likely need to file an extension for you as turnaround time during tax season is approximately 4 weeks. If you aren't interested in extending your tax return, please plan accordingly.

We take the safety and health of our staff and clients seriously. We have expanded our cleaning protocols at the office to reduce risk. Social distancing is practiced at WLGA, PC and masks are required for entry into our office. We are asking for all tax related information coming into our office be - mailed, emailed, dropped off or put into our portal. If you would like to meet via telephone/video conference, to discuss your tax information, please call us to schedule an appointment. **Please note that we cannot take any appointments after March 31, 2021, as we'll be focusing on the tax deadline.**

We would prefer to receive your information as early as possible. This leaves time not only to request additional information when necessary, but also to evaluate, in greater depth, any alternative reporting possibilities that could lead to minimizing your total tax liability. ***If all that is missing is a brokerage statement, Schedule K-1, Form 1099, etc., please do not delay in providing us with the rest of the information that you have.*** You can provide the remaining information as it becomes available. As always, we manage our workflow by preparing tax returns on a first-in first-out basis.

We are certainly pleased to serve you and look forward to hearing from you soon.



Weidema, Lavin & Grott Accounting, P.C.

Client Tax Organizer

Please complete this Organizer before your appointment. Prior year clients should use the proforma Organizer provided.

1. Personal Information

Name	Soc. Sec. No.	Date of Birth	Occupation	Work Phone
Taxpayer				
Spouse				
Street Address	City	State	ZIP	Home Phone
Email Address				

Taxpayer	Spouse	Marital Status
Blind <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married
Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single
Pres. Campaign Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Widow(er), Date of Spouse's Death _____
		Will file jointly <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Dependents (Children & Others)

Name (First, Last)	Relationship	Date of Birth	Social Security Number	Months Lived With You	Disabled	Full Time Student	Dependent's Gross Income	ID Protection PIN

Please provide for your appointment

- Last year's tax return (new clients only)
- All statements (W-2s, 1098s, 1099s, etc)
- Name and address label (from government booklet or card)

Please answer the following questions to determine maximum deductions

- | | |
|---|--|
| <p>1. Are you self-employed or do you receive hobby income? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>2. Did you receive income from raising animals or crops? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>3. Did you receive rent from real estate or other property? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>4. Did you receive income from gravel, timber, minerals, oil, gas, copyrights, patents? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>5. Did you withdraw or write checks from a mutual fund? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Do you have a foreign bank account, trust, or business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Do you provide a home for or help support anyone not listed in Section 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Did you receive any correspondence from the IRS or State Department of Taxation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>9. Were there any births, deaths, marriages, divorces or adoptions in your immediate family? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Did you give a gift of more than \$15,000 to one or more people? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Did you have any debts cancelled, forgiven, or refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Did you go through bankruptcy proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. (a) If you paid rent, how much did you pay? _____</p> <p style="padding-left: 20px;">(b) Was heat included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Did you pay interest on a student loan for yourself, your spouse, or your dependent during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|--|

10. Investments Sold

Stocks, Bonds, Mutual Funds, Gold, Silver, Partnership interest - Attach 1099-B & confirmation slips

Investment	Date Acquired/Sold	Cost	Sale Price
	/		
	/		
	/		
	/		

11. Other Income

List All Other Income (including non-taxable)

Alimony Received _____
 Child Support _____
 Scholarship (Grants) _____
 Unemployment Compensation (repaid) _____
 Prizes, Bonuses, Awards _____
 Gambling, Lottery (expenses _____) _____
 Unreported Tips _____
 Director / Executor's Fee _____
 Commissions _____
 Jury Duty _____
 Worker's Compensation _____
 Disability Income _____
 Veteran's Pension _____
 Payments from Prior Installment Sale _____
 State Income Tax Refund _____
 Other _____
 Other _____

12. Medical/Dental Expenses

Medical Insurance Premiums
 (paid by you) _____
 Prescription Drugs _____
 Insulin _____
 Glasses, Contacts _____
 Hearing Aids, Batteries _____
 Braces _____
 Medical Equipment, Supplies _____
 Nursing Care _____
 Medical Therapy _____
 Hospital _____
 Doctor/Dental/Orthodontist _____
 Mileage (no. of miles) _____

13. Taxes Paid

Real Property Tax (attach bills) _____
 Personal Property Tax _____
 Other _____

14. Interest Expense

Mortgage interest paid (attach 1098) _____
 Interest paid to individual for your
 home (include amortization schedule) _____
 Paid to:
 Name _____
 Address _____
 Social Security No. _____
 Investment Interest _____
 Premiums paid or accrued for qualified
 mortgage insurance _____

15. Casualty/Theft Loss

For property damaged by storm, water, fire, accident, or stolen.
 Location of Property _____

 Description of Property _____

	Other	Federally Declared Disaster Losses
Amount of Damage	_____	_____
Insurance Reimbursement	_____	_____
Repair Costs	_____	_____
Federal Grants Received	_____	_____

16. Charitable Contributions

	Other	
Church	_____	
United Way	_____	
Scouts	_____	
Telethons	_____	
University, Public TV/Radio	_____	
Heart, Lung, Cancer, etc.	_____	
Wildlife Fund	_____	
Salvation Army, Goodwill	_____	
Other	_____	
Non-Cash	_____	
Volunteer (no. of miles)	_____	@ .14 _____ \$0.00

17. Child & Other Dependent Care Expenses

Name of Care Provider	Address	Soc. Sec. No. or Employer ID	Amount Paid

Also complete this section if you receive dependent care benefits from your employer.

18. Job-Related Moving Expenses

if you are a member of the Armed Forces on active duty and moving due to a permanent change of station due to a military order. _____

Date of move _____

Move Household Goods _____

Lodging During Move _____

Travel to New Home (no. of miles) _____

19. Employment Related Expenses That You Paid (Not self-employed)

if Armed Forces reservist, a qualified performing artist, a fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses. _____

Dues - Union, Professional _____

Books, Subscriptions, Supplies _____

Licenses _____

Tools, Equipment, Safety Equipment _____

Uniforms (include cleaning) _____

Sales Expense, Gifts _____

Tuition, Books (work related) _____

Entertainment _____

Office in home:

In Square a) Total home _____

Feet b) Office _____

c) Storage _____

Rent _____

Insurance _____

Utilities _____

Maintenance _____

20. Investment-Related Expenses State use only

Tax Preparation Fee _____

Safe Deposit Box Rental _____

Mutual Fund Fee _____

Investment Counselor _____

Other _____

21. Business Mileage

Do you have written records? Yes No

Did you sell or trade in a car used for business? Yes No

If yes, attach a copy of purchase agreement

Make/Year Vehicle _____

Date purchased _____

Total miles (personal & business) _____

Business miles (not to and from work) _____

From first to second job _____

Education (one way, work to school) _____

Job Seeking _____

Other Business _____

Round Trip commuting distance _____

Gas, Oil, Lubrication _____

Batteries, Tires, etc. _____

Repairs _____

Wash _____

Insurance _____

Interest _____

Lease payments _____

Garage Rent _____

22. Business Travel

If you are not reimbursed for exact amount, give total expenses.

Airfare, Train, etc. _____

Lodging _____

Meals (no. of days _____) _____

Taxi, Car Rental _____

Other _____

Reimbursement Received _____

23. Estimated Tax Paid

Due Date	Date Paid	Federal	State

25. Education Expenses

Student's Name	Type of Expense	Amount

24. Other Deductions

Alimony Paid to _____
 Social Security No. _____ \$ _____
 Student Interest Paid _____ \$ _____
 Health Savings Account Contributions _____ \$ _____
 Archer Medical Savings Acct. Contributions _____ \$ _____

26. Questions, Comments, & Other Information

Residence:
 Town _____ County _____
 Village _____ School District _____
 City _____

27. Direct Deposit of Refund / or Savings Bond Purchases

Would you like to have your refund(s) directly deposited into your account? Yes No
(The IRS will allow you to deposit your federal tax refund into up to three different accounts. If so, please provide the following information.)

ACCOUNT 1

Owner of account Taxpayer Spouse Joint
 Type of account Checking Traditional Savings Traditional IRA Roth IRA
 Treasury Direct Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA

Name of financial institution _____
 Financial Institution Routing Transit Number (if known) _____
 Your account number _____

ACCOUNT 2

Owner of account Taxpayer Spouse Joint
 Type of account Checking Traditional Savings Traditional IRA Roth IRA
 Treasury Direct Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA

Name of financial institution _____
 Financial Institution Routing Transit Number (if known) _____
 Your account number _____

ACCOUNT 3

Owner of account

Taxpayer Spouse Joint

Type of account

Checking Traditional Savings Traditional IRA Roth IRA
 Treasury Direct Archer MSA Savings Coverdell Education Savings HSA Savings SEP IRA

Name of financial institution _____

Financial Institution Routing Transit Number (if known) _____

Your account number _____

Would you like to purchase Series I Savings bonds with a portion of your refund? If so, please answer the following:

Amount used for bond purchases for yourself (and spouse if filing jointly). _____

Amount used to buy bonds for someone else (or yourself only or spouse only if filing jointly). _____

Owner's name	Co-owner or Beneficiary's name if applicable	X if name is for a beneficiary	Bond purchase Amount

To the best of my knowledge the information enclosed in this client tax organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Taxpayer

Date

Spouse

Date

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year? If yes, please explain.		
Did your address change from last year?		
Can you be claimed as a dependent by another taxpayer?		
Did you change any bank accounts or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?		
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?		
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods as well as wildfires.		

	Yes	No
COVID-19 Information		
Did you receive an Economic Impact Payment (EIP) as reported on Notice 1444?		
Did you receive a Paycheck Protection Program (PPP) loan?		
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?		
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?		
Did you receive emergency leave sick pay?		
Did you receive emergency family leave wages?		
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?		
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?		
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18?		
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?		

	Yes	No
Dependent Information		
Were there any changes in dependents from the prior year? If yes, please explain.		
Do you have dependents who must file a tax return?		
Did you pay for child care while you worked, looked for work or while a full-time student?		
Did you pay any expenses related to the adoption of a child during the year?		
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?		
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.		

See reverse side.

Purchases, Sales, and Debt Information

Did you start a new business or purchase rental property during the year?

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Did you sell, exchange, or purchase any assets used in your trade or business?

--	--

Did you acquire a new or additional interest in a partnership or S corporation?

--	--

Did you sell, exchange, or purchase any real estate during the year?

--	--

Did you purchase or sell a principal residence during the year?

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Did you foreclose or abandon a principal residence or real property during the year?

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Did you acquire or dispose of any stock during the year?

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Did you take out a home equity loan this year?

--	--

Did you refinance a principal residence or second home this year?

--	--

Did you sell an existing business, rental, or other property this year?

--	--

Did you lend money with the understanding of repayment and this year it became totally uncollectable?

--	--

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?

--	--

Did you receive any income from property sold prior to this year?

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Did you receive any unemployment benefits during the year?

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Did you receive any disability income during the year?

--	--

Did you receive any Medicaid waiver payments as difficulty of care during the year?

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Did you receive tip income not reported to your employer this year?

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Did any of your life insurance policies mature, or did you surrender any policies?

--	--

Did you receive any awards, prizes, hobby income, gambling or lottery winnings?

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Did you receive any income considered to be nonemployee compensation?

--	--

Do you expect a large fluctuation in income, deductions, or withholding next year?

--	--

Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork), or used virtual currencies to pay for goods or services?

--	--

Notes:

Retirement Information

Are you an active participant in a pension or retirement plan?

--	--

Did you receive any Social Security benefits during the year?

--	--

Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k) or other qualified retirement plan?

--	--

If yes, were any withdrawals due to a Federally declared disaster or COVID-19?

--	--

If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2020?

--	--

Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?

--	--

Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k) or other qualified retirement plan?

--	--

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?

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Did anyone in your family receive a scholarship of any kind during the year?

--	--

If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?

--	--

Did you make any withdrawals from an education savings or 529 Plan account?

--	--

If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?

--	--

Did you make any contributions to an education savings or 529 Plan account?

--	--

Did you cash any Series EE or I U.S. Savings bonds issued after 1989?

--	--

Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

--	--

Health Care Information

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.

--	--

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?

--	--

Did you make any contributions to a Health savings account (HSA) or Archer MSA?

--	--

Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?

--	--

Did you pay long-term care premiums for yourself or your family?

--	--

Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.

--	--

Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.

--	--

If you are a business owner, did you pay health insurance premiums for your employees this year?

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Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.

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Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?

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If yes, did the loss occur in a Federally declared disaster area?

--	--

Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?

--	--

Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.

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Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.

--	--

Did you pay real estate taxes for your primary home and/or second home?

--	--

Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.

--	--

Did you incur interest expenses associated with any investment accounts you held?

--	--

Did you make any major purchases during the year (cars, boats, etc.)?

--	--

Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

--	--

Miscellaneous Information

Did you utilize an area of your home for business purposes?

--	--

Did you engage in any bartering transactions?

--	--

Did you retire or change jobs this year?

--	--

Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?

--	--

Did you pay any individual as a household employee during the year?

--	--

Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?

--	--

Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account located in a foreign country?

--	--

Do you have any previous years of tax returns that are either unfiled or filed with unpaid balances due?

--	--

Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

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Notes:
