

In order to help us prepare your returns, please complete these forms prior to bringing in your 2020 tax information

Lehman, Hershberger & Company P.C.

Client Tax Organizer

(This planner can also be found on our website as a fill-in form. www. LHPC.us)

1. Personal Information

| | | | | | |
|--------------------|--|---------------|------------------|----------------|-------------|
| Name | | Soc. Sec. No. | Date of Birth | Occupation | Work Phone |
| Taxpayer | | | | | |
| Spouse | | | | | |
| Street Address: | | City: | State: | ZIP | Home Phone: |
| Email Address(es): | | | Cell (Taxpayer): | Cell (Spouse): | Fax: |

If you would like direct deposit for your refund, please provide banking information:

| | | | |
|-----------------|--|----------------------|--|
| Bank Name: | | Checking or savings? | |
| Routing Number: | | Account Number: | |

| | | | |
|--|--|--|--|
| Blind..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Disabled..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Wish to donate \$3 to the Pres. Campaign fund? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can anyone else claim you as a dependent? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| School District: _____ | | | |

Marital Status

Single

Married filing jointly

Married but filing separately

Widow(er)

-Date of Spouse's Death: _____

2. Dependents (Children & Others you supported)

| Name (First, Last) | Relationship | Date of Birth | Soc. Security Number | Months Lived with you during year | Can anyone else ever claim this person? | Disabled | Full Time Student | Dependent's Gross Income |
|--------------------|--------------|---------------|----------------------|-----------------------------------|---|----------|-------------------|--------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

3. Estimated Taxes You Paid for 2020

| Federal | | | | | State | | | | |
|---------|----------|-----------|-----------|---------|---------|----------|-----------|-----------|---------|
| Quarter | Due Date | Date Paid | Amount \$ | Check # | Quarter | Due Date | Date Paid | Amount \$ | Check # |
| 1 | 4/15/20 | | | | 1 | 4/15/20 | | | |
| 2 | 6/15/20 | | | | 2 | 6/15/20 | | | |
| 3 | 9/15/20 | | | | 3 | 9/15/20 | | | |
| 4 | 1/15/21 | | | | 4 | 1/15/21 | | | |

To the best of my knowledge, this information is correct and complete.

Signature:

Date:

4. Foreign Bank Accounts & Foreign Income (please mark "do" or "do not" for the following statements)

5. Virtual Currency (please mark "yes" or "no" for the following statement)

I(we) do do not have any foreign bank accounts. I(we) do do not have any foreign income.

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? YES NO

Taxpayers signature(s)

6. Health Insurance (Attach any 1095 forms you have received)

Did you or anyone in your tax household have health insurance through the Marketplace during 2020? If yes, please list who was covered by the Marketplace policy and include form 1095A with your tax documents. YES NO

Members of your tax household who had health insurance through the Marketplace during 2020.

| | | |
|--|--|--|
| | | |
| | | |
| | | |

7. Economic Impact Payment – Stimulus Payment (Attach notice 1444 you received)

Did you or anyone in your tax household receive an economic impact payment otherwise know as a stimulus payment? If yes, please list names and amounts received: YES NO

| | | | | | | | |
|-------|--|---------|--|-------|--|---------|--|
| Name: | | Amount: | | Name: | | Amount: | |
| Name: | | Amount: | | Name: | | Amount: | |

8. Income

If you have any of the following income sources, please mark and include forms.

| Form Name | # of each you have |
|--|--------------------|
| W-2s (wage, salary income) | |
| W-2G's (unemployment) | |
| 1099-INT (interest statements) | |
| Brokerage Statements | |
| 1099-DIV (dividend statements) | |
| 1099-C (cancellation of debt) | |
| K-1 (partnership, S-Corp, Estate, or trust income) | |
| SSA-1099 (social security) | |
| RRB-1099 (railroad retirement) | |
| 1099-R (pension/annuity income) | |
| Others: | |

9. I.R.A. (Individual Retirement Acct.)

Contributions made for this tax year:

| | Amount | Date | Roth? |
|-----------|--------|------|--------------------------|
| Taxpayer: | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| Spouse: | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

Withdrawals (Attach **1099-R** or **5498**):

| | Amount | Reason | Rolled Over? |
|-----------|--------|--------|--------------------------|
| Taxpayer: | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| Spouse: | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

10. Investments Sold (Attach Documentation (1099-B, etc.))

Stocks, Bonds, Mutual Funds, Gold, Silver, and Partnership Interest

| Investment | Date Acquired | Cost | Date Sold | Sale Price |
|------------|---------------|------|-----------|------------|
| | | | | |
| | | | | |
| | | | | |

11. Real Estate Sold (Attach 1099-S and Closing Statements)

| Property | Was this your principal residence? | Date Acquired | Cost | Improvements | Date Sold | Sale Price |
|----------|------------------------------------|---------------|------|--------------|-----------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

12. Other Income

| | |
|-------------------------------------|----------|
| Lawsuit settlements: | |
| Describe: | |
| Scholarships (Grants) | |
| Alimony Received | |
| Prizes, Bonuses, Awards | |
| Gambling, Lottery, Winnings | |
| - Gambling, Lottery Expenses | () |
| Unreported Tips | |
| Director, Executor Fee Received | |
| Commissions | |
| Jury Duty | |
| Payment from Prior Installment Sale | |
| State Income Tax Refund | |
| Other: _____ | |

13. Taxes Paid in 2020 (attach receipts if more than one property)

| | |
|--|--|
| Real Estate on Principle Residence: | |
| Real Estate on 2 nd Home: | |
| Personal Property Tax: | |
| Auto Excise & Wheel Tax: (not reg. fees) | |
| Sales Tax on Purchase of <u>New</u> Vehicle: | |
| Date Purchased: | |
| Sales Tax on other Big Ticket Items: | |

14. Mortgage Interest Paid (attach 1098)

| | | |
|---|---|--|
| Mortgage Interest Paid | (on Principle) | |
| Mortgage Interest Paid | (on 2 nd Home or line of credit) | |
| Interest Paid to an individual for your home (attach amortization schedule) | | |
| Paid to: Name | | |
| Address: | | |
| | | |
| Soc. Sec.# | | |

15. Rent Paid for Personal Residence

| | |
|--------------------------|--|
| Rent Paid in 2020: | |
| Rent Paid To: | |
| Address: | |
| Address where rented: | |
| Number of months rented: | |

16. Medical/Dental Expenses (unreimbursed – Out-of-Pocket)

| | |
|---|------------------------|
| Med. Insurance Premiums (NOT on W-2) | |
| Long-Term Care Ins. Premiums (taxpayer) | |
| Long-Term Care Ins. Premiums (spouse) | |
| Name of Insurance Co.: | |
| Do not include any bills that were paid with HSA or MSA dollars in this section. Thanks! | |
| Prescription Drugs | |
| Eye, Glasses, Contacts | |
| Hearing Aids, Batteries | |
| Medical Equipment, Supplies | |
| Nursing Care, Medical Therapy | |
| Hospital | |
| Doctor, Dental, Orthodontist | |
| Other _____ | |
| Health Savings Account (HSA): Distributions | |
| Withdrawals from HSA that were <u>not</u> used for medical expenses. | |
| Contributions by You | Employer Contributions |
| Medical Savings Account (MSA): Distributions | |
| Withdrawals from MSA that were <u>not</u> used for medical expenses. | |
| Contributions by You | Employer Contributions |

Medical Miles Driven:
January – December 2020 _____ miles

17. Charitable Contributions

You **MUST** keep the receipts, but we do not need to see them. Contributions greater than \$250 must have "no goods or services were received" on the receipt in order to fully qualify.

| | |
|--|-------------|
| Church | |
| United Way | |
| Colleges, Universities | |
| Other Cash Contributions: | |
| | |
| Non-Cash Contributions: (Bring in details) | |
| | |
| Volunteer Miles Driven: Jan.-Dec. 2020 | _____ miles |

18. Investment Related Expenses

| | |
|-------------------------|--|
| Tax Preparation Fee | |
| Safe Deposit Box Rental | |
| Mutual Fund Fees | |
| Investment Counselor | |
| Investment Interest | |
| Other: _____ | |

22. Child & Dependent Care Expenses

| Child or Dependent | Name of Care Provider | Address | Soc. Sec. No. or Fed. ID No. | Amount Paid |
|--------------------|-----------------------|---------|------------------------------|-------------|
| | | | | |
| | | | | |

Did you receive dependent care benefits from your employer?

23. Education Expenses (including home school, private school, & Amish school in Indiana)

| Student Name | Year in School | School | Campus location | Type of Expense | Amount |
|--------------|----------------|--------|-----------------|-----------------|--------|
| | | | | | |
| | | | | | |

Student Loan Interest Paid: (attach statements)

Contribution(s) to Indiana College 529 Plan: (attach statements)

24. Other Information

Did any of the following apply to you in 2019?

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Home Foreclosure | <input type="checkbox"/> Births | <input type="checkbox"/> Income from Animals |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Self-employment | <input type="checkbox"/> Adoption | <input type="checkbox"/> Income from Crops |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Hobby Income | <input type="checkbox"/> Job-Related Move | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> Give a gift of more than \$15,000 to anyone | | <input type="checkbox"/> Provide home or help support to someone not listed as a dependent on Page 1 | |

19. Other Deductions

| | |
|-------------------|--|
| Alimony Paid to: | |
| Soc. Security No: | |
| | |
| Other: | |

20. Casualty, Theft Loss

For property **stolen** or damaged by **storm, water, fire, accident**

| | | | |
|--------------------------|--|-----------------------|--|
| Location of property: | | | |
| Date of Purchase | | | |
| Cost & Improvements: | | | |
| Description of property: | | | |
| Amt. of Damage: | | Ins. Reimburs.: | |
| Repair Cost: | | Fed. Grants Received: | |

21. Energy Credit/Insulation (attach receipts)

Alternative Fuel Vehicle Purchased: _____ Date: _____
 Make: _____ Model: _____ Price: _____
 Install of solar, wind or geothermal items at your home:
 Item: _____ Date: _____ Price: _____