

## General Questions

ORG3

PERSONAL INFORMATION			
<b>1</b>	Did you receive an Economic Impact (Stimulus) Payment? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, how much did you receive? .....		
<b>2</b>	Did your marital status change during 2020? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If <b>yes</b> , explain .....		
<b>3</b>	Do you want to allow your tax preparer to discuss this year's return with the IRS? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If <b>no</b> , enter another person (if desired) to be allowed to discuss this return with the IRS. <b>Caution:</b> Review any transferred information for accuracy.		
	Designee's Name .....		
	Phone Number .....		
	Personal Identification Number (5 digit PIN) .....		
<b>4</b>	Do you or your spouse plan to retire in 2021? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>5</b>	Were you or your spouse permanently and totally disabled in 2020? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>6</b>	Enter date of death for taxpayer or spouse (if during 2020 or 2021 ): Taxpayer: _____ Spouse: _____		
<b>7</b>	Were you or your spouse a member of the U.S. Armed Forces during 2020? .....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
DEPENDENT INFORMATION			
		Yes	No
<b>8 a</b>	Do you have dependents who must file? .....	<input type="checkbox"/>	<input type="checkbox"/>
	<b>b</b> If <b>yes</b> , do you want us to prepare the return(s)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9 a</b>	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200? .....	<input type="checkbox"/>	<input type="checkbox"/>
	<b>b</b> If <b>yes</b> , do you want to include your child's income on your return? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b>	Are any of your dependents <b>not</b> U.S. citizens or residents? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b>	Did you provide over half the support for any other person during 2020? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b>	Did you incur adoption expenses during 2020? .....	<input type="checkbox"/>	<input type="checkbox"/>
IRA, PENSION AND EDUCATION SAVINGS PLANS			
		Yes	No
<b>13</b>	Did you take a retirement account distribution related to the corona virus or a natural disaster? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>14</b>	Did you receive payments from a pension or profit-sharing plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>15</b>	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>16 a</b>	Did you convert all or part of a regular IRA into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
	<b>b</b> Did you roll over all or part of a qualified plan into a Roth IRA? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>17</b>	Did you contribute to a Coverdell Education Savings Account? .....	<input type="checkbox"/>	<input type="checkbox"/>
ITEMS RELATED TO INCOME/LOSSES			
		Yes	No
<b>18</b>	Did you receive any disability payments in 2020? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>19</b>	Did you receive tip income <b>not</b> reported to your employer? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>20 a</b>	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2020? (Attach copies of any escrow statements or Forms 1099.) .....	<input type="checkbox"/>	<input type="checkbox"/>
	<b>b</b> If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? .....	<input type="checkbox"/>	<input type="checkbox"/>
	<b>c</b> Are you planning to purchase a home soon? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b>	Did you incur any casualty or theft losses during 2020? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>22</b>	Did you incur any non-business bad debts? .....	<input type="checkbox"/>	<input type="checkbox"/>
PRIOR YEAR TAX RETURNS			
		Yes	No
<b>23</b>	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? .....	<input type="checkbox"/>	<input type="checkbox"/>
	If <b>yes</b> , enclose agent's report or notice of change.		
<b>24</b>	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? .....	<input type="checkbox"/>	<input type="checkbox"/>

**General Questions (continued)**

**ORG3**

**FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 25 Did you have foreign income or pay any foreign taxes in 2020 ? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 a At any time during 2020, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2020? Report all interest income on Org 11 .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 Did you at any time during 2020, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**HEALTH AND LIFE INSURANCE**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 29 Did you receive Form 1095-A (Health Coverage)? If so, please attach .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 a Did you or your spouse have self-employed health insurance? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**MISCELLANEOUS**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 33 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2020? If yes, please attach details ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 Did you start paying mortgage insurance premiums in 2020? If yes, please attach details .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 Did you purchase a motor vehicle or boat during 2020? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, attach documentation showing sales tax paid.   |                          |                          |
| 36 Did you purchase an energy efficient vehicle in 2020? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, enter year, make, model, and date purchased: _____   |                          |                          |
| 37 Did you donate a vehicle in 2020? If yes, attach Form 1098C .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 What was the sales tax rate in your locality in 2020? _____ % State ID _____  |                          |                          |
| 39 Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan? .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 Did you make gifts to a trust? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....    | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach details.   |                          |                          |
| 42 Did you or your spouse participate in a medical savings account in 2020? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)   |                          |                          |
| 43 Did you make a loan at an interest rate below market rate? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you pay any individual for domestic services in 2020? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you, your spouse, or your dependents attend post-secondary school in 2020? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 47 Did a lender cancel any of your debt in 2020? (Attach any Forms 1099-A or 1099-C) .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 Did you receive any income not included in this Tax Organizer? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach information.   |                          |                          |
| 49 At any time during 2020, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ..                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 50 a Did you obtain a Paycheck Protection Program (PPP) loan? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes, has any portion of that loan been forgiven? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 51 If your tax return is eligible for Electronic Filing, would you like to file electronically? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**Caution:** Review transferred information for accuracy.

- 53 If yes, please provide the following information:
- a Name of your financial institution .....
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....
- c Account number .....
- d What type of account is this? .....
- Checking  Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.