

2020 Individual Taxpayer Organizer

>>>>>For MINISTERS & CLERGY Only<<<<<<

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Taxpayer				SSN	
<i>First</i>	<i>M.I.</i>	<i>Last</i>	Email		IP PIN
Occupation		Date of birth		Are you new to our firm? Yes No	
Address		City		State	Zip
County		Home phone		Work or cell	
Driver's License	No.	State	Issue Date	Exp. Date	

Spouse				SSN	
<i>First</i>	<i>M.I.</i>	<i>Last</i>	Email		IP PIN
Occupation		Date of birth		Are you new to our firm? Yes No	
Address <small>(if different from Taxpayer)</small>		City		State	Zip
County		Home phone		Work or cell	
Driver's License	No.	State	Issue Date	Exp. Date	

If you moved during 2020, enter your previous address.				Date of move	
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Marital status at 12/31/20: Single Married Separated Widow(er) Registered Domestic Partnership (RDP) Unsure
 Were you divorced or separated during the year? Yes No Were there any deaths in the family? Yes No
 Individuals who are in registered domestic partnerships (RDPs) and civil unions are not considered married for federal tax purposes.
 Have you received any notice from the IRS or state revenue department within the past year? Yes No

Names of dependent children	Social Security #	IP PIN	Date of birth	Months lived in home in 2020	Relationship to taxpayer	College student?
<i>Child's full name</i>						

Did any of the children have unearned income above \$1,100 for the year? Yes No Do any of the children have a disability? Yes No
 Is it anticipated that a different taxpayer will seek to claim a child listed above as their dependent for tax year 2020? Yes No

Other dependents or people who lived with you						
Name	Social Security #	IP PIN	Date of birth	Months lived in home in 2020	Relationship	Income

Bank information: Use for Direct deposit of refund Direct debit of balance due Name of bank						
Checking	Savings	Routing transit number			Account number	

Ask your tax preparer for information about depositing a refund into an IRA account or splitting the deposit into more than one account.

Questions — All Taxpayers

(Provide related statements or other documentation.)

"You" refers to both taxpayer and spouse—enter "?" if unsure about a question.

LIFESTYLE & TAXES	Yes	No	Are either you or your spouse legally blind?								
	Yes	No	Did you pay or receive alimony in 2020? <i>Paid Received \$</i>	<i>Recipient's SSN</i>	<i>Date of divorce or separation</i>						
	Yes	No	Did you purchase health insurance through a public exchange?								
	Yes	No	Will there be any significant changes in income or deductions next year, such as retirement?								
	Yes	No	Have you paid alternative minimum tax (AMT) in previous years?								
	Yes	No	Did you pay anyone for domestic services in your home?								
	Yes	No	Did you purchase a new energy-efficient car, truck, or van?								
	Yes	No	Are you involved in bankruptcy, foreclosure, repossession, or had any debt (including credit cards) cancelled?								
	Yes	No	Are you a member of the military?	State of residency							
	Yes	No	Were you a citizen of or lived in a foreign country?	Foreign country							
	Yes	No	Do you own or have financial interest in a foreign bank or financial account? Balance exceeds \$50,000			Yes No					
	Yes	No	Did you receive an economic impact payment? If so, provide the amount.								
	Yes	No	Would you like to allow your tax preparer or another person to discuss your return with the IRS? <i>Designee's name</i>	<i>Phone number</i>	<i>PIN (any five digits)</i>						
CHILDREN & EDUCATION	Yes	No	Were any children born or adopted in 2020? (Provide statement for other expenses.)								
	Yes	No	Were any children attending college?	<i>Year in college</i>	<table border="1"> <tr> <td>Paid by you: Tuition \$</td> <td><i>Student loan interest \$</i></td> <td><i>Books \$</i></td> </tr> <tr> <td>Paid by student: Tuition \$</td> <td><i>Student loan interest \$</i></td> <td><i>Books \$</i></td> </tr> </table>	Paid by you: Tuition \$	<i>Student loan interest \$</i>	<i>Books \$</i>	Paid by student: Tuition \$	<i>Student loan interest \$</i>	<i>Books \$</i>
	Paid by you: Tuition \$	<i>Student loan interest \$</i>	<i>Books \$</i>								
	Paid by student: Tuition \$	<i>Student loan interest \$</i>	<i>Books \$</i>								
	Yes	No	Did you pay any tuition for a private school for a dependent or take classes yourself?								
			<i>Student</i>	<i>Amount paid \$</i>							
			<i>Name and address of school</i>								
Yes	No	Did you pay for child or dependent care so you could work or go to school? (add statement if needed)									
		<i>Name of provider</i>	<i>EIN or SSN</i>								
		<i>Address</i>	<i>Amount paid \$</i>								
Yes	No	Do you have any children who have unearned income of \$1,100 or more?									
Yes	No	Did you make any contributions to a 529 plan in 2020?									
INVESTMENTS	Yes	No	Did you, or will you, contribute any money to an IRA for 2020?	Traditional IRA	Roth IRA						
	Yes	No	Did you roll over any amounts from a retirement account in 2020?								
	Yes	No	Did you sell or transfer any stock or sell rental or investment property?								
	Yes	No	Did you receive any income from an installment sale?								
	Yes	No	Did you have any investments become worthless or were you a victim of investment theft in 2020?								
	Yes	No	Were you granted, or did you exercise, any employee stock options during 2020?								
	Yes	No	Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?								
DEDUCTIONS	Yes	No	Did you, or do you plan to, contribute money before April 15, 2021 to a HSA for 2020? If yes, provide details.								
	Yes	No	Did you pay any interest on a loan for a boat or RV that has living quarters? If yes, provide details.								
	Yes	No	Did you pay sales taxes on a major purchase in 2020, such as a vehicle, boat, or home?								
	Yes	No	Did you make any charitable contributions in 2020? If yes, provide details.								
BUSINESS	Yes	No	Did you work from a home office or use your car for business?								
	Yes	No	Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)								
	Yes	No	Do you own a business or an interest in a partnership, corporation, LLC, farming activities, or other venture?								
HOME	Yes	No	Did you purchase or sell a main home during the year? If yes, provide closing statement.								
	Yes	No	If you sold a home, did you claim the First-Time Homebuyer Credit when it was purchased? If yes, provide details.								
	Yes	No	Did you refinance a mortgage or take a home equity loan? If yes, provide closing statement.								
	Yes	No	Did you use any mortgage loan proceeds for purposes other than to buy, build, or substantially improve your home?								
	Yes	No	Did you make any new energy-efficient improvements to your home? If yes, provide details.								

State information	Full-year resident	Part-year resident	Nonresident	School district
States of residence during 2020 and dates	Do you rent or own your home?			Rent Own

Income Worksheet

Provide to your preparer all Forms W-2, 1099-INT, 1099-DIV, 1099-R, 1099-MISC, and other income reporting statements. Do not list dollar amounts for the following forms. Your preparer will report the appropriate amounts.

Indicate "T" for taxpayer, "S" for spouse, "J" for joint

Provide additional statements if more room is needed

Forms W-2 — Wage and Tax Statement

T/S	Employer name	T/S	Employer name
	1)		4)
	2)		5)
	3)		6)

Forms 1099-INT — Interest Income

T/S/J	Name of issuer	T/S/J	Name of issuer
	1)		4)
	2)		5)
	3)		6)

Forms 1099-DIV — Dividends and Distributions

T/S/J	Name of issuer	T/S/J	Name of issuer
	1)		4)
	2)		5)
	3)		6)

Forms 1099-R — Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.

T/S	Name of issuer	T/S	Name of issuer
	1)		4)
	2)		5)
	3)		6)

If the distribution is before age 59½, give a reason to determine if an exception to penalty applies.

Tax-Exempt Interest (such as municipal bonds — include statement)

Payer	\$	Payer	\$

Other Income

	\$	Other	\$
State tax refund			
Unemployment compensation			
Social Security (taxpayer) — provide SSA-1099 or RRB-1099			
Social Security (spouse) — provide SSA-1099 or RRB-1099			
Unreported tips			
Business income (see <i>Sole Proprietorship Tax Organizer</i>)		Stock sales	See "Sales and Exchanges Worksheet" below.
Rental income (see <i>Rental Property Tax Organizer</i>)		Sale of other property	

Sales and Exchanges Worksheet

Provide information about sales of stock, real estate, or other property, along with Forms 1099-B, 1099-S, or other supporting statements.

Description of property	Purchase date	Cost/basis	Sale date	Sale price
		\$		\$
		\$		\$
		\$		\$

Notes:

- When stock is sold, you will usually receive Form 1099-B, *Proceeds From Broker and Barter Exchange Transactions*, reporting the proceeds from the sale. However, your statement will not always provide the cost/basis information necessary to compute gain or loss. If the statement does not contain the cost/basis information, you must provide it. You may need to contact your broker for questions about cost/basis and purchase dates of your stock accounts.
- Often, "transfers" of stock or mutual funds within a brokerage account are actually sales of one type of stock and purchase of another. Even if you did not receive any cash from the transaction, you may have taxable gain or loss.
- If your stock dividends are automatically reinvested, the dividends will be taxable even though you did not receive any cash. The transaction is treated as if you had received cash and purchased additional stock. When the stock is sold, the amount reinvested over the years is taken into account. You may need to contact your broker for questions about the amount of reinvested dividends.
- If you sold property other than stock, your taxable gain or loss will be determined by your cost/basis. The cost/basis is usually the original purchase price plus improvements (the cost of repairs and maintenance are not taken into account for cost/basis).

Itemized Deductions Worksheet

Deductions must exceed \$12,400 Single, \$24,800 MFJ, \$18,650 HOH, or \$12,400 MFS to be a tax benefit.

Medical Expenses. Must exceed 7.5% of income to be a benefit—include cost for dependents—do not include any expenses that were reimbursed by insurance.

Dentists	\$	Hospitals	\$
Doctors	\$	Insurance	\$
Equipment	\$	Prescriptions	\$
Eyeglasses	\$	Other	\$
Medical miles:	_____ @ 17¢		

Taxes Paid. Do not include taxes paid for full or partial business or rental-use property, including business use of the home.

State withholding	Reported on W-2
State estimated taxes—paid in 2020	\$
Real estate tax—residence	\$
Real estate tax—other	\$
Personal property taxes	\$
Property tax refund—received in 2020	\$ ()
Foreign tax paid	\$
Other	\$
Other	\$
Other	\$
Balance paid in 2020 from prior year state returns (do not include interest or penalties)	\$
Did you keep receipts for sales tax paid during 2020?	Yes No
Did you purchase a car, plane, boat, or home in 2020?	Yes No
Sales tax paid \$	Purchase paid \$ Date

Interest Paid. Do not include interest paid for full or partial business or rental-use property, including business use of the home. Provide all Forms 1098 or lender information and ID numbers.

Main home	\$	Equity loan	\$
Second home	\$	Equity loan	\$
Points	\$	Investment interest	\$

Did you pay a mortgage insurance premium when you purchased your home? Amount \$ _____ Date _____

Charitable Contributions. If over \$500 in noncash charitable contributions, provide details of contributions. Rules require that the taxpayer retain documentation for all contributions.

Cash	\$
Noncash contributions (FMV). Clothing or household items must be in good used condition or better.	\$
Did you transfer funds from an IRA directly to a charity? Yes No	\$
Charitable mileage	

Casualty and Theft Losses

If you suffered any sudden, unexpected damage or loss of property, or a theft in a federally-declared disaster area, provide details to your tax preparer. Yes No

Miscellaneous Itemized Deductions. Miscellaneous itemized deductions subject to the 2% AGI limitation are no longer deductible on the federal return. However, these expenses may still be deductible on your state return. For use of home, auto mileage, or other job-related expenses, provide information on a separate sheet. Were any expenses reimbursed by your employer? Yes No

Dues	\$	Subscriptions	\$
Investment expenses	\$	Supplies	\$
Job education	\$	Tax prep fees	\$
Job seeking	\$	Tools	\$
Legal fees	\$	Uniforms	\$
Licenses	\$	Union dues	\$
Safety equipment	\$	Other	\$

Other Deductions. The following deductions are not subject to a 2% of income limit.

Gambling losses	\$	Federal estate tax on IRD	\$
Impairment-related expenses	\$	Loss from box 2, K-1, Form 1065B	\$

Other Deductions or Questions

*** HOUSING ALLOWANCE RECEIVED? _____ Housing allowance spent? _____
 EXEMPT FROM SELF EMPLOYMENT TAX AS A MINISTER yes no

- Notes:**
- Gambling losses are deductible only up to the amount of gambling winnings reported. A log must be kept to verify losses.
 - Work clothing is not deductible if adaptable for every day wear. Exception for safety equipment, such as steel-toe boots.
 - Expenses to enable individuals, who are physically or mentally impaired, to work are generally deductible.

Adjustments Worksheet

Educator expenses. Classroom expenses of teachers, counselors, and principals. Maximum \$250 each.	\$
Health savings account deduction (HSA). Some contributions for 2020 may be made in 2021.	\$
Self-employed SEP, SIMPLE, and qualified plans. Some contributions for 2020 may be made in 2021.	\$
Self-employed health insurance deduction. Sole proprietors, partners, and 2% S corporation shareholders if not eligible for employer coverage.	\$
Penalty on early withdrawal of savings.	\$
IRA deduction. For traditional IRAs. Roth IRAs are not deductible. Some contributions for 2020 may be made in 2021.	\$
Student loan interest deduction. Paid for taxpayers and dependents. Income limits apply.	\$
Tuition and fees deduction. Qualified tuition and fees if not claiming education credits. Income limits apply.	\$
Moving expenses. Available only to members of the Armed Forces (or their spouses or dependents) on active duty that move pursuant to a military order and incident to a permanent change of station.	Ask preparer
Business expenses of reservists, performing artists, and fee-based government officials.	Ask preparer
Charitable contributions. For taxpayers who take the standard deduction. Up to \$300 per return.	\$

Sole Proprietorship Tax Organizer

Use a separate organizer for each business

Sole Proprietor General Information

Name of sole proprietor		
Business name (if different)		EIN (if applicable)
Business address (if different from home address)		
Principal business activity	Date business started	Date business closed
Principal product or service		
Yes	No	Was the primary purpose of the business activity to realize a profit?
Yes	No	Did you materially participate in the operation of this business?
Yes	No	Has the business reported any losses in prior years?
Accounting method: Cash Accrual Other (specify)		
Yes	No	Does the business file under a calendar year? (If no, list the fiscal year.)

Sole Proprietor Specific Questions

Yes	No	Did you pay any family members for services?
Yes	No	Did you make any payments of \$600 or more to subcontractors, attorneys, accountants, directors, etc.?
Yes	No	If Yes, did you issue Form 1099-NEC? List name and social security number (SSN) for each person to whom you paid \$600 or more.
		Name SSN
		Name SSN
Yes	No	Did you make, or do you plan to make, any contributions to a self-employed retirement plan?
		Type of plan Amount contributed \$
Yes	No	Did you pay for your own health/dental insurance? If Yes, provide amount of premiums paid during the year. \$
Yes	No	Did you have any employees?
Yes	No	Did you have any bartering transactions in 2020?

Sole Proprietor Business Income

Gross receipts or sales (if you received Forms 1099-NEC, list name of payer and amount separately from gross receipts or sales)		\$
Form 1099-NEC	\$	Form 1099-K
Total of all Forms 1099-NEC and 1099-K received		\$
Returns and allowances		\$()
Other income (not included in gross receipts above)		\$

Form 1099-NEC. You may receive Form 1099-NEC (instead of Form W-2) if you are not classified as an employee. If you receive Form 1099-NEC, you are generally required to file Schedule C, Profit or Loss From Business, claim any expenses associated with the income received, and must pay self-employment (SE) tax on the income.

Sole Proprietor Cost of Goods Sold (for manufacturers, wholesalers, and businesses that make, buy, or sell goods)

COVID-19 Related

	Yes	No	Did you receive an Economic Injury Disaster Loan or Emergency Advance through the SBA?
Inventory at the beginning of the year	Yes	No	Did you delay payment of employer payroll taxes?
Purchases	Yes	No	Were you eligible to receive a tax credit for sick leave due to COVID-19?
Cost of labor	Yes	No	Were you eligible to receive a tax credit for paid family leave due to COVID-19?
Materials and supplies	Yes	No	Did you receive a payroll tax credit for a business suspension or slowdown?
Inventory at the end of the year			

Sole Proprietor Business Expenses

Advertising	\$	Interest - mortgage	\$	Repairs and maintenance	\$
Bad debts	\$	Interest - other	\$	Supplies (not included in inventory cost)	\$
Bank charges	\$	Internet service	\$	Taxes - payroll ¹	\$
Business licenses	\$	Legal and professional services	\$	Taxes - property	\$
Commissions and fees	\$	Management fees	\$	Taxes - sales	\$
Contract labor ¹	\$	Meals - business	\$	Taxes - state	\$
Employee benefit programs	\$	Office supplies	\$	Telephone	\$
Employee health care plans	\$	Start-up costs (first year of business)	\$	Utilities	\$
Entertainment ²	\$	Pension and profit sharing plans	\$	Wages ¹	\$
Gifts	\$	Rent or lease - car, machinery, equipment	\$	Other	\$
Insurance (other than health insurance)	\$	Rent or lease - other business property	\$		\$

¹ Provide copies of Form W-3, Form 940, Form 941, Form 1096, Form 1099-NEC, Form 1099-MISC, and any state tax forms filed.

² Entertainment is no longer deductible for taxes.

Other Business Expenses – List out type and expense amount

	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Car Expenses (use a separate form for each vehicle)

Make/Model			Date car placed in service	
Yes	No	Car available for personal use during off-duty hours?		
Yes	No	Do you (or your spouse) have any other cars for personal use?	Did you trade in your car this year? Yes No	
Yes	No	Do you have evidence?	Cost of trade-in	Trade-in value
Yes	No	Is your evidence written?	\$	\$
		<i>Mileage</i>	<i>Actual Expenses</i>	
Beginning of year odometer			Gas/oil	\$
End of year odometer			Insurance	\$
Business mileage			Parking fees/tolls	\$
Commuting mileage			Registration/fees	\$
Other mileage			Repairs	\$

Generally, you can use either the standard mileage rate or actual expenses to figure the deductible costs of operating your car for business purposes. However, to use the standard mileage rate, it must be used in the first year the car is available for business. In later years, you can then choose between either the standard mileage rate method or actual expenses.

Travel Expenses

• **Meals.** You can deduct the cost of meals while traveling away from home on business. You can use the actual cost of your meals or the standard meal allowance per diem, which can vary by location.

• **Travel/Lodging.** You can deduct the ordinary and necessary expenses of traveling away from your home for business purposes. Included expenses are transportation, airfare, taxi, lodging, etc.

City visited (for per diem)	# of days in city	City visited (for per diem)	# of days in city

Travel expenses

Airfare	\$	Other travel expenses (describe below)	
Bus, train, taxi	\$		\$
Entertainment	\$		\$
Lodging	\$		\$
Parking and tolls	\$		\$
Meals (actual receipts)	\$		\$

Equipment Purchases – Enter the following information for depreciable assets purchased that have a useful life greater than one year

Asset	Date purchased	Cost	Date placed in service	New or used?
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

Depreciation. Depreciation is the annual deduction that allows you to recover the cost or other basis of your business property over a certain number of years. Depreciation starts when you first use the property in your business. It ends when you either take the property out of service, deduct all your depreciable cost or basis, or no longer use the property in your business. The IRS has outlined a useful life (a set number of years) for most assets.

Equipment Sold or Disposed of During Year

Asset	Date out of service	Date sold	Selling price/FMV	Trade-in?
			\$	
			\$	
			\$	
			\$	

Disposition of Property. A disposition of property occurs when you sell property for cash or other property, you exchange property for other property, you transfer property to satisfy a debt, you abandon property, your bank forecloses or repossesses your property, or your property is damaged, destroyed, or stolen and you receive property or money in payment.

Business Use of the Home

Area of home must be exclusively used for business except for storage or day care. *Note:* Managing rental activities or investments does not qualify for business use of the home.

All Taxpayers	For Day Care Only
A) Business use area (square footage)	1) Hours used for day care
B) Total area of home (square footage)	2) Total hours in year
	8,760 hrs.

Enter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2019, copy this worksheet and fill out one for each home.

	Direct	Indirect		Direct	Indirect
Mortgage interest	\$	\$	Repairs and maintenance	\$	\$
Property taxes	\$	\$	Utilities	\$	\$
Insurance	\$	\$	Other	\$	\$
Rent	\$	\$	Other	\$	\$

Depreciation of the Home

Lower of cost or fair market value of home	\$	Improvements?	Yes	No
Value of land	\$	Casualty losses in 2020?	Yes	No

1) Exclusive Use Test—Business Use of Home

The exclusive use test is met if an area of the home is used only for business. The area can be a room or other separately identifiable space. The space does not need to be marked off by a permanent partition. This test is not met if you use the area both for business and for personal purposes, such as a den used for business during the day and TV viewing during the evening.

The exclusive use test is not required for:

- An area used on a regular basis for storage of inventory or product samples.
- A home used as a day care facility.

Storage of inventory or product samples—exception to exclusive use test. If you use part of a home for business to store inventory or product samples you are not required to meet the exclusive use test. However, you must meet all the following tests.

- You are in the business of selling products at wholesale or retail.
- The inventory or product samples are kept in the home for use in the business.
- Your home is the only fixed location of the business.
- The storage space is used on a regular basis.
- The storage space is a separately identifiable space suitable for storage.

2) Regular Use Test—Business Use of Home

The regular use test means you must use a specific area of the home for business on a regular basis. Incidental or occasional business use is not regular use. All facts and circumstances are considered in determining whether the business use is regular.

3) Trade or Business Use Test—Business Use of Home

To satisfy the trade or business use test, the portion of the home used for business must be used in connection with a trade or business. If the business use is for a profit-seeking activity that is not a trade or business, the deduction is not allowed.

4) Principal Place of Business Test—Business Use of Home

A trade or business can have more than one location. To qualify for a business use of home deduction, the home must be the principal place of business for that trade or business. To make this determination, the following are considered.

- The relative importance of the activities performed at each place where business is conducted, and
- The amount of time spent at each place where business is conducted.

A home office qualifies under this test if:

- The home office is used exclusively and regularly for administrative or management activities of the trade or business.
- There is no other fixed location where substantial administrative or management activities are conducted.

Self-Employment (SE) Tax

• SE tax is a Social Security and Medicare tax primarily for individuals who are self-employed. It is similar to the Social Security and Medicare tax withheld from the pay of most wage earners. Your payments of SE tax contribute to your coverage under the Social Security system. Social Security coverage provides you with retirement benefits, disability benefits, survivor benefits, and hospital insurance (Medicare) benefits.

- You must pay SE tax if your net earnings from self-employment were \$400 or more, or you had church employee income of \$108.28 or more. The SE tax rules apply no matter how old you are and even if you are already receiving Social Security or Medicare benefits.
- The SE tax rate on net earnings is 15.3% (12.4% for Social Security plus 2.9% for Medicare). Only the first \$142,900 (2020) of combined wages, tips, and net earnings is subject to the 12.4% Social Security part of SE tax.

Rental Property Tax Organizer

Rental Income and Expenses

Indicate type of property as 1-Single Family Residence, 2-Multi-Family Residence, 3-Vacation/Short-Term Rental, 4-Commercial, 5-Land, 6-Self-Rental, or 7-Other (describe).

	Property A		Property B		Property C	
	Location of property:		Location of property:		Location of property:	
	Type		Type		Type	
	Any personal use?	Yes No	Any personal use?	Yes No	Any personal use?	Yes No
	Fair Rental Days	Personal Use Days	Fair Rental Days	Personal Use Days	Fair Rental Days	Personal Use Days
Date placed in service						
Rents received	\$		\$		\$	
Expenses						
Advertising	\$		\$		\$	
Cleaning and maintenance	\$		\$		\$	
Commissions	\$		\$		\$	
Insurance	\$		\$		\$	
Legal and professional fees	\$		\$		\$	
Management fees	\$		\$		\$	
Mortgage interest paid to banks	\$		\$		\$	
Other interest	\$		\$		\$	
Repairs	\$		\$		\$	
Supplies	\$		\$		\$	
Taxes	\$		\$		\$	
Utilities	\$		\$		\$	
Other (list)	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	
	\$		\$		\$	

Property Information

If this is your first year with our firm, please provide a depreciation schedule for all property placed in service before 2020.

Property Purchased. Treat the cost of improvements made to real property as the purchase of a new asset.

Asset	Date purchased	Cost	Date placed in service
		\$	
		\$	
		\$	
		\$	
		\$	

Property Sold or Taken Out of Service

Asset	Date sold or taken out of service	Selling price	Trade in?
		\$	
		\$	
		\$	
		\$	
		\$	

THE FOLLOWING INFORMATION IS IMPORTANT AND MUST BE COMPLETED IN ORDER FOR US TO FILE YOUR RETURN THIS YEAR:

E-FILE INFORMATION:

Do you want us to e-file your return? Yes No

If so, do you want to have your refund, if any, deposited directly into your bank account? Yes No

If you owe taxes, do you want to draft the amount due directly out of your bank account?"
 Yes No

DIRECT DEPOSIT/DIRECT PAYMENT

To receive a direct deposit refund or to draft any amount owed from your account, please provide the following information:

Name of Bank _____

Routing Number _____ Account Number _____

Is this a checking account _____ or is it a savings account _____

COPY OF RETURN:

For a copy of your return, do you wish us to _____ email a copy or _____ mail by regular mail

CREDIT CARD PAYMENT:

Services for tax preparation are due upon the completion of the return. We can bill your credit card when we have finished. Please provide the following credit card information:

Name on the Card _____ Expiration Date _____

Account Number _____ CVC CODE _____

Phone Number _____ Email address _____

Type of Card: Visa Master Charge American Express

SIGNATURE/AUTHORIZATION:

I, WE, authorize Jayroe & Company to file our return according to the instructions provided with this organizer and/or other documents we have provided.

Taxpayer _____ Spouse _____

Date _____