

To all our clients:

It's tax time again. Your 2020 tax organizer is enclosed.

We have eliminated appointments.

Here's how you can provide us your documents:

1. **Electronically.** Use email or our portal. We don't use Zoom, but you will be able to review the results and speak with a CPA before finalizing. This is our preferred method.
2. Drop off at the **front desk.** You must then schedule a time to pick up the return. If you live far away, call us if you would like us to work on your return while you wait in your car so that you don't have to make a subsequent trip.
3. Drop off through the hallway **door slot**, or call for us to come out to your car.
4. **Mail** your documents.

Fee Increase and Tax Changes

You can expect a fee increase of about \$25 per full priced return. Please let us know the amount of stimulus money you have received. If you received less than the full amount, you might be able to receive a credit on your 2020 return if you have a change in income or additional dependents. As a reminder, e-filing now requires your **driver's license** number, issue date, and expiration date.

Our office is at the northeast corner of Winchester Courts, between Butterfield Road and Technology Way on the north side of Winchester Road, two blocks east of Route 45. Our hours are 9:00 am - 7:00 pm Monday through Friday, 9:00 am - 4:00 pm Saturday and 11:00 am - 4:00 pm on Sunday. We look forward to being of service to you again.

Chris Rudolph CPA and staff

2020 Tax Checklist & Organizer

Preferred email: _____

Phone number: _____

Amount received from the original stimulus _____. Subsequent payments _____

- _____ Did you receive unemployment? If so, please bring the 1099 from IDES.
- _____ Did you purchase insurance on the Exchange? If so, please provide form 1095-A.
- _____ Did you receive a distribution from or make a contribution to an HSA? Provide the 1099-SA.
- _____ Did you contribute into Bright Start or Bright Directions? Provide account numbers and amounts.
- _____ Did you sell, purchase, or refinance a home this year? Please bring your closing papers.
- _____ Did you have an account overseas that exceeded \$10,000 at any time last year?
- _____ Did any births, adoptions, marriages, divorces, or deaths occur in your family this year?
- _____ Did you have a change in residence or job location during the year?
- _____ Did you participate in an employer's day care assistance plan-- FSA?
- _____ Did you receive any notification from the IRS or state? Please bring in correspondence.
- _____ Did you or your spouse rollover qualified retirement plans or convert IRAs to a Roth?
- _____ Do you anticipate significant changes in your financial situation next year?
- _____ Teachers, did you spend up to \$250 in teaching expenses?
- _____ Did you own any stock that became worthless this year?
- _____ Did you have energy efficient improvements this year- windows, doors, insulation? **\$ paid:** _____
- _____ Do you want your refund to be directly deposited into the same account as last year?

New clients, please provide a copy of last year's tax return

INFORMATION FOR NEW CLIENTS OR NEW DEPENDENTS*			
Name _____	Spouse's Name _____		
<u>Dependent Name*</u>	<u>SS#</u>	<u>Relationship</u>	<u>Birth date</u>
1			
2			
3			
* Please attach a copy of a social security card for new dependents			

Income Sources (please enclose documents)

	Yes	No		Yes	No	
	_____	_____	W2	_____	_____	Rental
	_____	_____	Capital gains (need cost basis)	_____	_____	Roth Conversion
	_____	_____	1099 self employed	_____	_____	Unemployment
	_____	_____	Interest	_____	_____	Social Security
	_____	_____	Dividend	_____	_____	Gambling winnings (need losses)
	_____	_____	Investment property sales (need cost basis)	_____	_____	Partnership, S corps K1's
	_____	_____	Pension distribution	_____	_____	Alimony
	_____	_____	IRA / 401(k) distribution	_____	_____	Other income

Driver's license information for e-filing (each spouse if married)

Date issued/ expires (him) _____ license # _____

Date issued/ expires (her) _____ license # _____

Estimated Tax	Federal		State	
	amount	date	amount	date
Q1	_____	_____	_____	_____
Q2	_____	_____	_____	_____
Q3	_____	_____	_____	_____
Q4	_____	_____	_____	_____

Unreimbursed Medical Expenses

Hospital & MD	_____	Long term care premiums	_____
DDS	_____	Nursing care	_____
Prescriptions	_____	Medical travel miles	_____
Medical insurance	_____	Lodging while receiving care	_____
Eye care	_____	Counseling	_____
Childbirth class fees	_____	Other expenses	_____

Real Estate Taxes Paid

Personal Residence _____ 2nd Home/ Vacant Land _____

List Parcel ID # (PIN) on residence for IL state credit _____

Mortgage Interest

Primary Residence _____

Second Home _____

Home Equity/ Second mortgage _____

Private mortgage insurance (*deductible again*) _____

Charitable Contributions (please indicate amounts and names of organizations)

Religious Organizations _____

Payroll Deductions _____

Cash/ Miscellaneous _____

Volunteer Service Mileage _____

Others _____

Donated Goods	<u>Items donated</u>	<u>Value at Donation</u>	<u>Organization</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

please circle

IRA Contributions Roth or Traditional Husband _____ Wife _____

Student Loan Interest _____

Alimony Paid

Name _____ Social Security # _____ Amount _____

Post Secondary Educational Expenses *(Please enclose form 1098-T)*

Student name	_____	Student name	_____
Tuition & fees	_____	Tuition	_____
Books	_____	Books & fees	_____

K-12 Educational Expenses (total must exceed \$250 for IL credit)

Student Name	_____	Student Name	_____
Grade	_____	Grade	_____
School name	_____	School name	_____
School city	_____	School city	_____
Tuition	_____	Tuition	_____
Book & lab fees	_____	Book & lab fees	_____

Child Care Expenses

Amount paid through an employer's dependant care plan? _____

Child	_____	Child	_____
Amount Paid	_____	Amount Paid	_____
Organization	_____	Organization	_____
SS # or EIN	_____	SS # or EIN	_____

Self-Employment Income (Schedule C)

Gross Receipts _____
Ending Inventory _____
Purchases for Resale _____
Materials/Supplies _____
Subcontractors/Labor _____
Expenses:
 Advertising _____
 Vehicle _____
 Insurance _____
 Professional Servic _____
 Office Expenses _____
 Rent Expense _____
 Repairs/Maintenan _____
 Supplies _____
 Taxes/Licenses _____
 Travel/Lodging _____
 Meals & Entertainn _____
 Freight/Postage _____
 Telephone _____
 Parking/Tolls _____
 Dues/Subs/Books _____
 Utilities _____
 Other _____

Rental Properties (Schedule E)

Location of _____
Property _____

Rents Received _____

Advertising _____
Auto & Travel (Mileage) _____
Cleaning & Maintenance _____
Insurance _____
Legal & Professional Fees _____
Management Fees _____
Mortgage Interest _____
Repairs _____
Supplies _____
Taxes _____
Utilities _____
Association Fees _____
Telephone/Postage _____
Other _____