

Scott Allen, E.A.

Tax Debt Advisors, Inc.

- Tax Return Preparation
- IRS & State Tax Problems

January 15, 2021

Dear Valued Client:

Enclosed is tax organizer for your 2020 tax preparation appointment. Please review the organizer and bring it with you along with the appropriate information to your appointment. We ask that you schedule a time as soon as possible to get a time that is most convenient for you.

To ensure accuracy and avoid any delay in the completion of your return, please bring the applicable documents: W-2's, 1099's, social security income statement, unemployment compensation, any pension rollover or distribution information-1099R's, brokerage statements, closing statements on a purchase or sale of a home, and any K-1's. Social security numbers and dates of birth are needed for all dependents. If this is your first year using our tax preparation services, please bring your 2019 tax return with you. If you are a part-year Arizona resident, all income and expense items must be segregated by state. Self-employed clients need to have expense totals for each category. Receipts are not needed for the appointment but you do need to keep them organized at your home or business to support your deductions.

If you have any questions don't hesitate to call or email me ahead of time. All phone calls are answered or promptly returned the same day. Your referrals are greatly appreciated. I take very seriously the trust you extend to me with each one.

Thank you for your support and Happy New Year!



Scott Allen, E.A.



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(480) 926-9300

REMINDERS

- If you have 1099's to prepare & file, have those done by Jan 31st
- Ask about the current AZ tax credits you can contribute to up through April 15
- Prepare early & file timely

RECORD YOUR APPOINTMENT TIME BELOW WHEN SCHEDULING

Day

Date

Time

OFFICE LOCATION

	GILBERT RD	VAL VISTA DR
SOUTHERN AVE	X	
US 60		

3155 E SOUTHERN AVE #101
MESA, AZ 85204

Phone 480-926-9300
Text 480-256-9675
Fax 480-926-0222

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TAX RETURN ORGANIZER

SCOTT ALLEN, E.A.

TAX DEBT ADVISORS, INC.
WWW.SCOTTALLENEA.COM

*** UPDATE ANY NEW PERSONAL INFORMATION BELOW ***

TAXPAYER'S NAME			S.S.#
SPOUSE'S NAME			S.S.#
TAXPAYER'S OCCUPATION		DATE OF BIRTH	
SPOUSE'S OCCUPATION		DATE OF BIRTH	
ADDRESS			
CITY	STATE	ZIP	HOME PHONE #
TAXPAYER'S WORK #		TAXPAYER'S CELL #	
SPOUSE'S WORK #		SPOUSE'S CELL #	
E-MAIL			

DEPENDENT CHILDREN				
NAME (FIRST, INITIAL, LAST)	S.S.#	DATE OF BIRTH	RELATIONSHIP	MONTHS IN HOME

INCOME (PLEASE BRING LAST YRS TAX RTN IF A NEW CLIENT)					
PAYER OF INTEREST INCOME			AMOUNT	H-W-J	
H - HUSBAND W - WIFE J - JOINTLY OWNED					
PAYER OF W-2 INCOME			AMOUNT	H-W-J	
H - HUSBAND W - WIFE J - JOINTLY OWNED					
PAYER OF DIVIDEND INCOME			AMOUNT	H-W-J	
H - HUSBAND W - WIFE J - JOINTLY OWNED					
PAYER OF 1099 INCOME			AMOUNT	H-W-J	
H - HUSBAND W - WIFE J - JOINTLY OWNED					

INTEREST EXPENSES	
HOME MORTGAGE - PAID TO FINANCIAL INSTITUTE	
HOME MORTGAGE - PAID TO INDIVIDUAL	
MORTGAGE POINTS	
INVESTMENT INTEREST PAID	

PROPERTY TAXES	
RESIDENCE	
2ND RESIDENCE	
AUTO LIC FEES	
OTHER	

MEDICAL EXPENSES	
HEALTH INSURANCE (IF PAID PRIVATELY)	
PRESCRIPTION MEDICINES	
DOCTORS & HOSPITALS	
DENTISTS	
MEDICAL MILES	
OTHER	

CONTRIBUTIONS	
CASH/CHECKS	
GOODS	
AZ TAX CREDITS	
(COPY OF RECIEPTS NEEDED)	

GAMBLING	
WINNINGS	
LOSSES	

ALIMONY PAID OR RECEIVED	H	W
WHAT YEAR WAS DIVORCE FINALIZED		
SOCIAL SECURITY INCOME		

SELF-EMPLOYED BUSINESS		
BUS. NAME		
TAX ID #		
GROSS INCOME		
EXPENSES		
ADVERTISING		
BUSINESS MEALS		
OFFICE EXPENSES		
INSURANCE		
INTEREST PAID		
RENT: EQUIPMENT		
RENT: OFFICE		
LEGAL & PROFESSIONAL		
REPAIRS		
SUPPLIES/MATERIALS		
TAXES		
PHONE/INTERNET		
TRAVEL		
WAGES		
CONTRACT LABOR		
OTHER _____		
OTHER _____		
BUSINESS MILEAGE		
PERSONAL MILEAGE		
VEHICLE DESCRIPTION		
EQUIPMENT PURCHASES:		
DESCRIPTION	DATE	AMOUNT
BUSINESS BANK BALANCE		
BEGINNING AMOUNT (JAN 1)		
ENDING AMOUNT (DEC 31)		
IF YOU HAVE INVENTORY		
BEGINNING AMOUNT (JAN 1)		
ENDING AMOUNT (DEC 31)		

RENTAL PROPERTY	#1	#2	#3
GROSS INCOME			
EXPENSES			
ADVERTISING			
CLEANING & MAINTENANCE			
INSURANCE			
INTEREST: MORTGAGE			
INTEREST: OTHER			
LEGAL & PROFESSIONAL			
MANAGEMENT FEES			
REPAIRS			
SUPPLIES			
TAXES			
UTILITIES			
OTHER _____			
BUSINESS MILEAGE			
VEHICLE DESCRIPTION			
PROPERTY IMPROVEMENTS			
DESCRIPTION	DATE	COST	WHICH PROPERTY

IF YOU PURCHASED A RENTAL:		
ADDRESS	DATE	PURCHASE AMOUNT

IF YOU SOLD A RENTAL:		
ADDRESS	DATE	SELLING PRICE

HOME OFFICE DEDUCTION (FOR SELF-EMPLOYED)			
TOTAL SQFT OF HOME		INSURANCE	
SQFT OF HOME OFFICE		REPAIRS	
UTILITIES		OTHER	
HOMEOWNERS ASSOC.			

DID YOUR BUSINESS RECIEVE A PPP LOAN?	
HOW MUCH MONEY WERE YOU GIVEN?	
DID YOU APPLY FOR FORGIVENESS?	

ESTIMATED TAX PAYMENTS	DATE	AMOUNT	DATE	AMOUNT

CHILD DEPENDENT CARE EXPENSES			
NUMBER OF DEPENDENTS CARED FOR	<input type="text"/>	EXPENSES	<input type="text"/>
PROVIDER NAME	<input type="text"/>	TAX ID NUMBER	<input type="text"/>
ADDRESS <input type="text"/>			
(REQUIRED BY LAW TO PROVIDE THE NAMES, ADDRESSES, ID #, & AMOUNTS PAID TO EACH CHILD CARE PROVIDER)			

HOW WAS YOUR HEALTH CARE POLICY OBTAINED? (PLEASE CHECK ONE)

THRU: EMPLOYER MEDICARE MEDICAID MARKETPLACE (EXCHANGE) OTHER

HEALTH CARE TAX FORM TO PROVIDE FOR TAX FILING

1095-A: RECEIVED YOUR HEALTHCARE THRU THE MARKETPLACE OR EXCHANGE

1095-B AND 1095-C FORMS ARE NO LONGER REQUIRED

OTHER VARIOUS QUESTIONS (CHECK THOSE THAT APPLY)

PURCHASED OR SOLD PROPERTY

BOUGHT AND/OR SOLD STOCK THRU A BROKERAGE ACCOUNT

WAS FORGIVEN OF DEBT (CANCELLATION OF DEBT)

PAID COLLEGE TUITION FOR YOURSELF OR FOR A DEPENDENT

CONTRIBUTED TO A NON-401K RETIREMENT PLAN (IRA, SEP, SIMPLE)

RECEIVED UNEMPLOYMENT INCOME

HAD DISTRIBUTIONS OR CONTRIBUTIONS TO A HEALTH SAVINGS ACCOUNT

PAID STUDENT LOAN INTEREST

DID YOU HAVE ANY FOREIGN BANK ACCOUNTS?

WOULD YOU LIKE TO **E-FILE** OR **PAPER FILE** YOUR TAX RETURN? E-FILE PAPER FILE

IF YOU HAVE A REFUND AND WOULD LIKE DIRECT DEPOSIT: YES NO

NAME OF BANK <input type="text"/>	ROUTING # <input type="text"/>	ACCOUNT # <input type="text"/>
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OTHER NOTES OR QUESTIONS TO BRING UP DURING OUR APPOINTMENT: