TAX ORGANIZER

for year 20____

Mildy's Tax, Accounting & Insurance Services

750 Main Street, Suite 107 Mendota Heights, Minnesota 55118 Phone: 651-228-7286 Fax: 651-726-2538 mildy@mildystax.com

PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

1. PERSONAL INFORMATION									
Name	SSI	N or ITIN	Date of Birth	Date of Death		Occupation	Blind	Dis	abled
Taxpayer									
Spouse									
Street Address	Apt.	City or tow	'n	State	Zip	Code	Count	у	
Foreign country Foreign province/state		state	Foreign postal code						
						-			
E-mail Address(es)			Home Pho	ne		Mobile Phone			
						•			

2. FILING STATUS

Single

Check if parent (or someone else) can claim you as a dependent on their return.

Married Filing Joint
 Married Filing Separate
 Head of Household
 Qualifying Widow(er)

Check if you lived apart from your spouse all year.

Year spouse died:

3. DEPENDENTS

Name	Relationship	Date of Birth	SSN or ITIN	Months Lived	Disabled		Dependent's	
				With You		Student	Gross Income	Expenses Paid

4. REFUND INFORMATION

1. Would you like to have	ave any refunds directly deposited into your ba	nk account?	Yes No
Bank Account Ownership Type Bank name Routing number Account number Account outside the	Taxpayer Spouse Joint Checking Savings	Bank Account Ownership Type Bank name Routing number Account number Account outside the	Taxpayer Spouse Joint Checking Savings

PERSONAL INFORMATION ORGANIZER

Please complete this Organizer before your appointment.

5. IDENTIFICATION	INFORMATION			
Taxpayer		Spouse		
Type of ID:	Driver's license State-issued ID	Type of ID:	Driver's license Stat	e-issued ID
ID number		ID number		
Location of issuance		Location of issuance		
Issue date		Issue date		
Expiration date		Expiration date		
6. HEALTH CARE IN				
Please indicate where y	ou received your health insurance from for a Government-Sponsored Marketplace	•	isehold. (Individual Insurance Compa	inv)
7. MISCELLANEOU	S PERSONAL INFORMATION QUEST	IONS		
2. Were you a victim of i	boxes if you wish to contribute \$3 to the Presidentity theft and have you been contacted by h the 6-digit PIN issued to you by the IRS	y the IRS?		Spouse
	ouse if filing jointly) a nonresident alien for a			🗌 No
	y notices or correspondences from the IRS o			No No
	Iren age 18 or under (or student under age 2			□ No
	are required to file a return, do you elect to			
	ırn?			🗌 No
7. Did you give a gift of r	more than \$15,000 to one or more people?		🗌 Yes	🗌 No
8. If age 65 or older, do	you want to file Form 1040-SR, U.S. Tax Re	turn for Seniors, instead of	Form 1040? Yes	🗌 No
8. COMMENTS				

INCOME ORGANIZER

Please complete this Organizer before your appointment.

Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

1. WAGE AND SALARY INFORMATION

Attach W-2s:		
Employer Name	Taxpayer	Spouse
	. 🗀	
Unreported tip income received:		

2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other stateme	ents	
Payer Name	Taxpayer	Spouse
		H
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	· 님	
	- 니	
	. 🔟	
		H
· · · · · · · · · · · · · · · · · · ·	. 🗀	

3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498	Roth	Other		
Payer Name	IRA	IRA	Taxpayer	Spouse
	- 13	H	П	E E
	- 13	H	H	H
	- 8	H	H	H
	- 8	H	H	H
Attach SSA 1099 or RRB 109	99		Yes	No
Did you receive social secur	itv ben	efits?		
-	-			
Did you receive railroad retin	rement	benefits	s? 🗌	

7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home?	٩٥
2. Did you earn any foreign income or pay any foreign taxes?	٩٥
3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA?	٩
4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)?	
5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)?	٩
6. Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?	٩٩

4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:		
Payer Name	Taxpayer	Spouse

5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:		
Payer Name	Taxpayer	Spouse

6. OTHER INCOME

Description	Amount
State income tax refund	
Alimony received	
Date of original divorce/separation agreement	
Unemployment compensation	
Gambling winnings	
Jury pay	
Hobby income	
Scholarships (grants)	
NOL Carryforward	
Child support	
-	

EMIZED DEDUCTIONS						
Medical and Dental Expe	enses (not including re	eimbursements)			nt Year	Previous Year 20
Medical/dental care insur	ance premiums (oth	er than self-emp	loved)			
Medicare B and D premiu						
Qualified long-term care			L. L			
Doctor, dentist, and hosp						
Prescription medicines a	nd drugs		[
Medical aids such as eye	glasses, contact lens	ses, and hearing	aids			
Total transportation expe						
Other medical and denta	expenses					
Taxes Paid					nt Year	Previous Year 20
State and local income ta	aves naid (other that	n withholdings ar	nd estimates)	20		
Actual state and local ge						
State and local real estate						
Personal state/local proper						
		(paid)	L			
Interest Paid					nt Year	Previous Year 20
Home mortgage interest	paid to financial inst	itution (enclose For	rm 1098 or statement)			
Home mortgage interest						
Individual's name			-			
Individual's address						
Individual's ID number						
Qualified mortgage insu	ance premiums (VA	, FHA, RHS, or p	private)			
Investment interest expe	nse					
Gifts to Charity (If additiona		similar statement)	1			
Contributions of cash or			Noncash contribu		1	
Name of charity	Date given	Amount	Name and address of	charity	Date give	en FMV
					4	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					-	
					1	
		I	I		1	I

	heft Losses (for property									
	ting documentation of what is write					for cost of repairs.				
	osses were incurred, please attac	n a separale s	sheet of pape	er willti lti	ese details.)	Decidential	n ron ort /			
Location of pro	operty:					Federal Dis		Business property		
Description of	Description of property:									
Date of loss:		FEMA disa	ster decla	ration #						
Amount of dar	mage	sis of prop	pertv		Repair Costs					
	nbursement	property be	fore los	3	Other					
Federal monie	es received	FMV of p	property aft	er loss		Other				
	Employee Business Ex ets were sold (including the vehicle),		rkabaat balawi	\						
		please see wo			Information					
Dues (related	related to your work		V		Information					
Subscriptions	related to your work				e description					
Licenses and i	regulatory fees			Date p	laced in service					
Tools and sup	plies used in your work			Cost o	r basis _					
	uniforms if required			Milos	of vehicle					
Work related or	required by your employer				iness miles					
	lucation (books, tuition)				nmuting miles					
-	enses (current occupation)				er miles					
*In home offi				Our	-					
				Expenses						
Total square footage										
Office square	footage									
Office square	footage			Act	ual expenses			_		
Office square	footage			Acti (ga	ual expenses as, oil, repairs, etc)			_		
Office square Rent	footage			Acti (ga Par	ual expenses ^{as, oil, repairs, etc)} king fees and toll	s		_		
Office square Rent Insurance	footage			Acti (ga Par	ual expenses as, oil, repairs, etc)	s				
Office square Rent Insurance Utilities	footage			Acti (ga Par	ual expenses ^{as, oil, repairs, etc)} king fees and toll	s		_		
Office square Rent Insurance Utilities Repairs/Mai	footage		v losses wer	Acti (ga Par Tra	ual expenses as, oil, repairs, etc) king fees and toll vel expenses	s		-		
Office square Rent Insurance Utilities Repairs/Mai	footage		y losses wer	Acti (ga Par Tra	ual expenses as, oil, repairs, etc) king fees and toll vel expenses	s		_		
Office square Rent Insurance . Utilities Repairs/Mai *Questions Sales, Purchas	footage	a, and casualt	y losses wer	Acti (ga Par Tra	ual expenses as, oil, repairs, etc) king fees and toll vel expenses	S				
Office square Rent Insurance . Utilities . Repairs/Mai *Questions of Sales, Purchas (New clients, enclose of	footage ntance relating to mortage interest, taxes ees, and Disposition of A detailed listing of all depreciable asse	a, and casualt		Actu (ga Par Tra e asked (ual expenses as, oil, repairs, etc) king fees and toll vel expenses					
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Office square Rent Insurance . Utilities . Repairs/Mai *Questions of Sales, Purchas (New clients, enclose of	footage ntance relating to mortage interest, taxes ees, and Disposition of A detailed listing of all depreciable asse	a, and casualt		Actu (ga Par Tra e asked (ual expenses as, oil, repairs, etc) king fees and toll vel expenses previously					
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Office square Rent Insurance . Utilities Repairs/Mai *Questions .	footage ntance relating to mortage interest, taxes ees, and Disposition of A detailed listing of all depreciable asse	a, and casualt		Actu (ga Par Tra e asked (ual expenses as, oil, repairs, etc) king fees and toll vel expenses previously					
Office square Rent Insurance . Utilities . Repairs/Mai *Questions . Sales, Purchas (New clients, enclose of T S Asset desc	footage ntance relating to mortage interest, taxes ees, and Disposition of A detailed listing of all depreciable asse	a, and casualt		Acti (gr Par Tra e asked p quired	ual expenses as, oil, repairs, etc) king fees and toll vel expenses previously	Date				
Office square Rent Insurance . Utilities Repairs/Mai *Questions I Sales, Purchas (New clients, enclose of T S Asset desc	footage	a, and casualt		Acti (gr Par Tra e asked p quired Quired	ual expenses as, oil, repairs, etc) king fees and toll vel expenses previously Purchase price r Misc. Deductio	Date	sold	Sales price		
Office square Rent Insurance . Utilities Repairs/Mai *Questions . Sales, Purchas (New clients, enclose of T S Asset desc Investment Rel Tax preparation	footage	a, and casualt		Acti (ga Par Tra e asked / quired Othe Gam	ual expenses as, oil, repairs, etc) king fees and toll vel expenses previously Purchase price r Misc. Deduction	Date	sold	Sales price		
Office square Rent Insurance . Utilities Repairs/Mai *Questions I Sales, Purchas (New clients, enclose of T S Asset desc Investment Rel Tax preparation Safe deposit bo	footage	a, and casualt		Acti (gr Par Tra e asked / quired Quired Othe Gam Estat	ual expenses as, oil, repairs, etc) king fees and toll vel expenses previously Purchase price r Misc. Deduction bling losses	Date Date	sold	Sales price		
Office square Rent Insurance . Utilities Repairs/Mai *Questions . Sales, Purchas (New clients, enclose of T S Asset desc Investment Rel Tax preparation Safe deposit bo Custodial, trust	footage	a, and casualt		Acti (gr Par Tra e asked / quired Quired Gam Estat Portfo	ual expenses as, oil, repairs, etc) king fees and toll vel expenses previously Purchase price r Misc. Deduction bling losses e tax deduction (i polio from Schedu	Date Date	sold	Sales price		
Office square Rent Insurance . Utilities Repairs/Mai *Questions Sales, Purchas (New clients, enclose of T S Asset desc Investment Rel Tax preparation Safe deposit bo Custodial, trust Fees to collect int	footage	Assets hts.)	Date acc	Acti (gr Par Tra e asked p quired Quired Gam Estat Portfo Unrec	ual expenses as, oil, repairs, etc) king fees and toll vel expenses previously Purchase price r Misc. Deduction bling losses e tax deduction (i polio from Schedu povered investment	Date	sold	Sales price		
Office square Rent Utilities Repairs/Mai *Questions Sales, Purchas (New clients, enclose of TS Asset desc Investment Rel Tax preparation Safe deposit bo Custodial, trust Fees to collect int Tax advice not re	footage	Assets hts.)	Date acc	Acti (ga Par Tra e asked p quired Quired Gam Estat Portfo Unrec Amor	ual expenses as, oil, repairs, etc) king fees and toll vel expenses previously Purchase price r Misc. Deduction bling losses e tax deduction (i polio from Schedu previously	Date	sold	Sales price		
Office square Rent Utilities Repairs/Mai *Questions Sales, Purchas (New clients, enclose of TS Asset desc Investment Rel Tax preparation Safe deposit bo Custodial, trust Fees to collect int Tax advice not re Legal fees related to	footage	Assets hts.)	Date acc	Acti (ga Par Tra e asked / quired quired Gam Estat Portfo Unrec Amor Disablo	ual expenses as, oil, repairs, etc) king fees and toll vel expenses previously Purchase price r Misc. Deduction bling losses e tax deduction (<i>i</i> polio from Schedu polio from Schedu polio gersons work expension	Date	sold	Sales price		
Office square Rent Insurance . Utilities . Repairs/Mai *Questions I Sales, Purchas (New clients, enclose of T S Asset desc I S Asset desc	footage	Assets tts.)	Date acc	Acti (gr Par Tra e asked / quired quired Gam Estat Portfo Unrec Amor Disable Othe	ual expenses as, oil, repairs, etc) king fees and toll vel expenses previously Purchase price	Date	sold	Sales price		
Office square Rent	footage	and casualty	Date acc	Acti (ga Par Tra e asked / quired quired Gam Estat Portfo Unrec Amor Disablo	ual expenses as, oil, repairs, etc) king fees and toll vel expenses previously Purchase price previously Purchase price misc. Deduction bling losses tax deduction (i polio from Schedu covered investment tizable premium or ed persons work expent r	Date	sold	Sales price		

DEDUCTIONS ORGANIZER Please complete this Organizer before your appointment. Itemized Deduction Organizers are on separate pages.

1. EDUCATION						
	1000.01				01 1 11	
Attach 1098-Ts, 1098-E's and Student Name		Fr So J	r Sr Oth			& Equipment 529 Plan
2. JOB-RELATED MOVIN				THER DEDUC		
2. JOB-RELATED MOVIN	NG EXPENSES		4. 0			
Gas and Oil	s?Yes □N		Educ Alimo Dat Healt Arche Jury o Forei Contr Qualifi	ony paid Rec. e of original divorce/sep h Savings Accou er Medical Savin duty repayment gn qualified hous ibutions to Colle ed business net (lo	SSN: aration gs Account con to employer sing expenses. ege 529 Savings oss) carryover from	s
Contributions to a ROTH IRA	Amount					
5. MISCELLANEOUS DE	DUCTION QUESTIONS					
	(s) during the year for which yo	-	-			

CREDITS AND PAYMENTS ORGANIZER

Please complete this Organizer before your appointment.

1. CHILD CARE CREDIT

Attach Daycare Provider St	atement(s):		Telephone	Identification	
Care Provider Name	Address	Tax-Exempt	Number	Number	Amount Paid
		[] .			
- <u></u>					
		L			

2. RESIDENTIAL ENERGY CREDIT

Description	Amount	Description	Amount
Solar electric property		Metal or asphalt roof	
Exterior doors		Advanced main air circulating fan	
 Were the qualified improvements for your main ho Were any of the improvements related to the const 			

3. MISCELLANEOUS CREDIT QUESTIONS

4. ESTIMATED TAX PAYMENTS

Federal estimated payments	Date Paid	Amount Paid
Applied from previous year federal refund		
1st quarter payment		
2nd quarter payment		
3rd quarter payment		
4th quarter payment		

	State Name:	Date Paid	Amount Paid
Applied from previous year state	refund		
1st quarter payment			
	-		

BUSINESS INCOME AND EXF	ENSES (Sche	dule C))					
Indicate the owner of this busine Business Name:	ess: 🗌 Tax	cpayer		Spouse	e 🗌 Joir	nt		
Business product or service:								
Business Address:								
City, State, and Zip Code:								
Did you start or acquire this bus	iness this year	?	Yes		<u></u>			
Accounting Method:			ccrual		er (describe)			
Method used to value inventory					arket 🗌 Othe	r (desc	rihe)	
method used to value inventory	0001			001 01 11				
Income and Cost of Goods S Gross receipts or sales	old					Cur	rent Year	Previous Year
Returns and allowances								
Other income (enclose descri								
Inventory at beginning of year								
Purchases less cost of items								
Cost of labor								
Materials and supplies								
Other costs								
Inventory at end of year								
					• • • • • • • • • •			
Expenses	Current Year	Previo	us Year				Current Ye	ear Previous Year
Advertising		i ievie		Wages				
Commissions and fees				Other				
Contract labor				ounor.				
Employee benefits								
Insurance (other than health)								
Mortgage interest								
Other interest.								
Legal and professional fees								
Office expenses								
Pension and profit sharing								
Rent - Vehicle, machinery								
Rent - Other								
Repairs and maintenance								
Supplies								
Taxes and licenses								
Travel								
Meals and entertainment								
Utilities.								
Vehicle Information								
			Date pla	ced in s	ervice		Cost or ba	asis
Business miles	Con	nmutin	g miles		Parking fees a	Other	miles	
Actual expenses such as gas,	oil, repairs, et	C			Parking fees a	nd tolls	s	
, č	· · ·				0		-	
Sales, Purchases, and Dispos	sition of Asse	ts	(New o	lients, encl	ose detailed listing of a	II deprecia	able assets.)	
Asset description			Date a	cquired	Purchase price	e D	ate sold	Sales Price
					-			
Business Use of Home								
Area used exclusively for busi	ness		Total are	ea of hor	ne			
Was the home used as a day	care facility?	Y	es 🗌		Date home plac	_ ed in s	ervice	
		rance				Rent		
Mortgage interest			d mainte	nance			of home	
Real estate taxes paid			d other e				e of land	
Carryover of unallowed expenses							. <u> </u>	

RENTAL AND ROYALTY INCOME AN	ND EXPENSES	6 (Schedule E, p	g 1)			
ndicate the owner of this property:	Taxpayer	Spouse	; 🗌 J	oint		
Description of property						
Location of property						
Did you or your family use this proper	ty during the ta	x year for perso	nal purposes	for mor	е	
than the greater of: (a) 14 days, or	(b) 10% of the	total days rente	ed at fair mark	et value	e? 🗌 Ye	s 🗌 No
Did you meet the Active Participation (To meet these requirements, you must have participation)	articipated in making	g management decis	ions or arranged		🗌 Ye	s 🗌 No
others to provide services in a significant and b new tenants, deciding on rental terms, approvir				proving		
Was this property fully disposed of thi	s year?				🗌 Ye	s 🗌 No
ncome				Cu	rrent Year	Previous Year
Rents received						
Royalties received						
Expenses				Cu	rrent Year	Previous Year
Advertising.						
Cleaning and maintenance						
Commissions				·		
Insurance						
Legal and other professional fees						
Management fees						
Mortgage interest paid to banks						
Other interest						
Repairs						
Supplies						
Taxes.						
Utilities				·		
Other				_		
				_		
				_		
Amortization.						
Section 481(a) adjustment						
/ehicle Information						
		Data placed in a	ordino		Costorb	aaia
Vehicle description Business miles Actual expenses such as gas, oil, re	Commuting			Other		aələ
Business miles			Deulsian fa	Juner m	lies	
Actual expenses such as gas, oil, re	epairs, etc		Parking te	es and		
Travel expenses						
Sales, Purchases, and Disposition o	f Assate					
New clients, enclose detailed listing of all depreciable a						
Asset description		Date acquired	Purchase p	rice	Date sold	Sales price
						+
						ļ

FARM RENTAL INCOME AND	EXPENSES (F	⁼ orm 4835)					
Indicate the owner of this farm r	rental:	Taxpayer	Sp	ouse	🗌 Joir	nt	
Property description:							
Did you actively participate in th	ne operation of	this farm renta	?]Yes	🗌 No	
Income					Cur	rent Year	Previous Year
Income from the production of	livestock, proc	luce, grains, ar	nd other	crops			
Total cooperative distributions							
Agricultural program payments							
Commodity Credit Corporation Commodity Credit Corporation	(CCC) loans f	eported under (orfeited	election		•		
Crop insurance proceeds and f	ederal crop dis	saster payment	s receiv	ed in 2019	•		
Other income	erener ereb and	,					
F	Current Value	Dravieve Veer				Current Vo	- Dressieure Veren
Expenses Chemicals		Previous Year		and plants pur	chasad		r Previous Year
Conservation				e and warehou			
Custom hire				es purchased			
Employee benefits			Tayos				
Feed purchased			l Itilitia	S			
Fertilizers and lime				nary and breed			
Freight and trucking							
Gasoline, fuel, and oil			e unoi				
Mortgage interest							
Other interest							
Labor hired							
Pension and profit-sharing							
Vehicles and machinery rent			Amorti	ization			
Other rentals				Preproductive of			
Repairs and maintenance			Sec. 4	81(a) exp.			
Vehicle Information							
Vehicle description		Date place	ed in sei	rvice		Cost or bas	sis
Business miles		muting miles			Other m		
Actual expenses such as gas,	oil, repairs, etc			Parking fees	and tolls	s	
Sales, Purchases, and Dispos (New clients, enclose detailed listing of all d		S					
Asset description		Date a	cquired	Purchase pri	ce D	ate sold	Sales price

PROFIT OR LOSS FROM FAR	MING (Schedu	ıle F)							
Indicate the owner of this farm	: Taxpave	er 🗆	Spouse	эП	Joint				
Principal product									
Accounting Method: Cash	n 🗌 Accrual								
Did you materially participate i			s farm?		🗌 Yes	🗌 N	0		
Income						Cur	rent Year	Prev	vious Year
Sales of livestock and other ite	ems bouaht for	resale							
Cost of livestock and other iter									
Sales of livestock, produce, gr									
Cooperative distributions		•							
Agricultural program payments									
Commodity Credit Corporation									
Commodity Credit Corporation									
Crop insurance proceeds and									
Custom hire									
Other income									
Inventory of livestock, produce	e, etc. at begini	ning of	year (ac	crual m	ethod only)				
Cost of livestock, produce, etc	. purchased du	ring ye	ear (accru	ual meth	nod only)				
Inventory of livestock, produce	e, etc. at end of	year (accrual r	method	only)				
		-							
Expenses	Current Year	Previo	ous Year	<u> </u>				ar Pr	evious Year
Chemicals					and plants purc				
					e and warehous				
					es purchased .				
Employee benefits									
Feed purchased					S			_	
Fertilizers and lime					nary and breedir			_	
Freight and trucking				Other				_	
Gasoline, fuel, and oil								_	
Mortgage interest									
Other interest									
Labor hired								_	
Pension and profit-sharing									
Vehicles and machinery rent									
Other rentals									
Repairs and maintenance									
Vehicle Information									
Vehicle description			Date pla	ced in s	ervice		Cost or I	basis_	
Business miles Actual expenses such as gas,	Com	muting	g miles			Other	miles		
Actual expenses such as gas,	oil, repairs, etc				Parking fees	and to	olls		
Sales, Purchases, and Dispo	sition of Asse	ets							
(New clients, enclose detailed listing of all de		'							
Asset description			Date ad	cquired	Purchase price	e [Date sold	Sa	les price
						_			
						_			