

**2020**

Taxpayer: \_\_\_\_\_ DOB: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_ Occupation \_\_\_\_\_

Current Address: \_\_\_\_\_

Filing Status Married: \_\_\_\_\_ Head of Household: \_\_\_\_\_ Single: \_\_\_\_\_ Email Address: \_\_\_\_\_

County of Residency Jan 1<sup>st</sup>, 2020: \_\_\_\_\_ Tele: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

School District (Ohio) \_\_\_\_\_

Children and Other Dependents (if not sure if you can claim do not hesitate to ask)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_ Mo In Home \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Dependent Income \_\_\_\_\_ How many yrs in college \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interest Income – Earned		Dividend Income		Other Income	
From Whom	Amounts	From Whom	Amounts	From Whom	Amounts
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

To assist us in claiming all deductions and credits due you and in reporting all income items:

Please check the following questions if they apply to you and bring the supporting data.

**Income Type**

**Amounts**

**Credits, Deductions & Info Con't**

- \_\_\_ Tax Exempt Interest (Municipal)...
- \_\_\_ Social Security Benefits (Yours)...
- \_\_\_ Social Security Benefits (Spouse)...
- \_\_\_ Number of W-2s Self \_\_\_\_\_ Spouse \_\_\_\_\_
- \_\_\_ Baby sitting income .....
- \_\_\_ Unemployment Compensation...
- \_\_\_ Sell Stocks –Need Cost and Statements \_\_\_\_\_
- \_\_\_ Rentals – List Income / Include Expenses \_\_\_\_\_
- \_\_\_ Gambling Winnings / Prizes / Bring W2-G \_\_\_\_\_
- \_\_\_ Partnership / Sub S – Bring K-1.....
- \_\_\_ Estate / Trust ---Bring K-1.....
- \_\_\_ Withdrawal from IRA-TRA/ROTH (Circle) \_\_\_\_\_
- \_\_\_ Pay \$600 for rent or service in bus./ farm \_\_\_\_\_
- \_\_\_ Jury Duty / Odd Jobs.....
- \_\_\_ Ebay/ list sales .....

- \_\_\_ List Num. of Dep. In College: \_\_\_ Bring Form 1098-T and **tuition stmts**
- \_\_\_ Tuition Paid or Financed: \_\_\_\_\_ Amount
- \_\_\_ Are you legally blind? (H) \_\_\_ (W) \_\_\_
- \_\_\_ Sell Home-Bring Closing Statement for taxes paid
- \_\_\_ Pay over \$1900 to household / in-home service
- \_\_\_ Pay / Receive Alimony / Periodic Payments
- \_\_\_ Own any worthless stock? \_\_\_\_\_
- \_\_\_ Buy goods or Magazines out of state\$ \_\_\_\_\_
- \_\_\_ Travel over 100 miles for Reserve Training
- \_\_\_ Start a new Business? Call us for details!
- \_\_\_ If a new client – Please bring last year’s return
- \_\_\_ Did you barter in 2020 or belong to barter group?
- \_\_\_ Buy special license plate (note if an IN College)
- \_\_\_ Schedule C filers list 12/31 Inventory
- \_\_\_ Rec. any notices from IRS /State **ALWAYS CALL US!**

**Credits, Deductions & Information**

- \_\_\_ Teachers / Aides class supplies.....
- \_\_\_ Pay rent (please see list on other side info)
- \_\_\_ 2020 IRA TRAD/ROTH (Circle) Contr (H) \_\_\_\_\_
- \_\_\_ 2020 IRA TRAD/ROTH (Circle) Contr (W) \_\_\_\_\_
- \_\_\_ Pay Child Care (please list on reverse side) \_\_\_\_\_
- \_\_\_ Adoption Expenses .....
- \_\_\_ Pay Long Term Care Ins. that qualifies for Indiana Partnership credit
- \_\_\_ HSA Contributions: Amount Paid After Tax \_\_\_\_\_

- \_\_\_ Please bring blank VOIDED check for E-File if new
- \_\_\_ List 12/31/2020 IRA Balance if over 70 1/2  
IRA Balance (H) \_\_\_\_\_ (W) \_\_\_\_\_
- \_\_\_ List Incentive Stock Options (ISO) issued in 2020
- \_\_\_ Sales tax paid on Cars/Trucks/Boats
- \_\_\_ Moving Expenses for Armed Forces
- \_\_\_ Any demutualized insurance Co Stock sold / held
- \_\_\_ 529 Contributions by 12/31/2020 (bring statement)

**Questions or Concerns:**

\_\_\_\_\_  
\_\_\_\_\_

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2020

Itemized Deductions and Credits

Medical and Dental Expes (must exceed 7.5% of AGI) Amount

Medical Insurance Premium .....
Long Term Care Insurance Premium .....
Indiana Partnership Long Term Care Insurance.....
College and School Insurance Premium.....
Medicare Insurance Premium.....
Medicare Drug Coverage Insurance.....
Contact Lens/Vision Insurance .....
Prescription Drugs / Insulin.....
Eyeglasses and Repairs.....
Hearing Aids and batteries.....
Hospitals.....
Nursing Home Expenses.....
Lab and X-Ray Fees.....
Doctors / Dentists.....
Parking Fees and Lodging Expenses for Medical.....
Miles Driven for Medical Purposes ..... miles

Taxes

Real Estate – Home (for IN also Always Bring).....
Condo or Lake Property Taxes.....
Personal Property and Boat Excise.....
Vehicle Excise Tax Veh 1 Veh 2 Veh 3 Veh 4
Excise Tax

Estimated State and Federal taxes you Paid by Check
Due Date 07/20 07/20 09/20 01/21
Federal
State

Interest Paid to Others

Home Mortgage – (if paid to an individual List Name,
Address, and Social Security Number)

Mortgage Insurance Premium.....
Home Equity / 2nd Mortgage.....
Time Share / Lake Property.....
Investment Interest.....
Vehicle Interest / Schedule C Filers Only
Credit Card Interest / Schedule C Filers Only
Student Loan Interest (bring statements)
Points Paid On Home Refinance or Purchase

Credits and Other Deductibles

Day Care Business – List on Separate Sheet Please

Daycare Information (for Children through age 12)

(This Includes Sitter, Preschool and Maid Services)

Name Address Social Security Number or EIN (Required) Amount Paid

Contributions – Gift to Charity

Amount

Church (must have acknowledgement) ....
College – (list University).....
Special License Plate (Note if IN College)..
Foreign Exchange Student \_\_\_X \$50 mo..
Other Charitable Contributions.....
Miles driven for charity ..... miles
In Kind (household goods given to charity (must have
acknowledgement from Charity in order to take)

Other Potential Items:

Bad Debt or Worthless Stock.....
Gambling Losses .....
Teaching Supplies (K – 12).....

If claiming a child that did not live with you, you must have
a signed Form 8332.

American Opportunity and Lifetime Learning

Credit Tuition Paid or Financed.....

Renters Deduction-Landlord Name, Address, Rent
(\$3000 Maximum allowed in Indiana)

Energy Credits/Deductions

Federal: Solar Energy Equip or Electric Cars

Standard Deduction: Single \$12,400 - HOH \$18,650 - Joint \$24,800 - Additional if over 65 \$1,300(M), \$1,650(S)
FOR ALL MILEAGE DEDUCTIONS record ODOMETER READINGS AND PURPOSE – Business mileage rate is \$.575 Per Mile

Please see other side