

SKYTAXES 2020 Income Tax Organizer

Personal Information						
First Name	M.I.	Last Name	Social Security Number	Date of Birth		
Taxpayer:						
Driver's License #	State of Issue		Issue Date	Exp. Date		
Spouse:						
Driver's License #	State of Issue		Issue Date	Exp. Date		
Occupation	Employer			Base		
Taxpayer:						
Spouse:						
Street Address		Apt.#	City		State	Zip Code
Filing Address:						
Mailing Address:						
Cell Phone Number	Home Phone Number		Email			
Taxpayer:						
Spouse:						
Filing Status						
<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint		<input type="checkbox"/> Qualifying Widow(er) Spouse's Date of Death			
<input type="checkbox"/> Married Filing Separate <i>If you file MFS and itemize your deductions your spouse must also itemize their deductions as well</i>	Spouse Name:		Spouse Soc. Sec. #:			
	Did you live with your spouse any time during 2020?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, did you live with your spouse any time after June 30 th ?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Head of Household <i>If you are the custodial parent and someone else is taking the exemption for your child, complete this section.</i>	Name:		Soc. Sec. #:			
	Relationship:	Date of Birth:	Number of months lived with you:			
	Who is claiming this person on their return?					
Dependent Information						
<i>To have a qualifying dependent income must be under \$2200 unless they are a full time student under the age of 24.</i>						
Name	DOB	SSN	Relationship	Months at home	Full Time Student	Disabled
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Dependent Information - Continued						
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Events - Please check all that apply for 2020						
<input type="checkbox"/> Marriage Divorce/Separation	<input type="checkbox"/> Adoption		<input type="checkbox"/> Own rental property			
<input type="checkbox"/> Retirement (IRA, 401K) withdrawals	<input type="checkbox"/> Purchased a home		<input type="checkbox"/> Made home energy efficient improvements			
<input type="checkbox"/> Own or Started a business	<input type="checkbox"/> Sold stock		<input type="checkbox"/> Foreign earned income			
Virtual Currency						
At any time during 2020, did you buy, sell, send, or exchange any virtual currency? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Income - Please provide applicable Forms W2 and 1099						
Interest Income: Form 1099-INT or Dividend Income: Form 1099-DIV					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sale of Stock or Bonds- please include <u>complete</u> purchase and sale information: Form 1099-B					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Retirement Plan Income: Form 1099-R					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Unemployment Compensation: Form 1099-G					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Benefits: Form SSA-1099 or RRB-1099					<input type="checkbox"/> Yes <input type="checkbox"/> No	
State or Local Refund Received: Form 1099-G, Itemized in 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Alimony Received: How much? \$ _____					<input type="checkbox"/> Yes <input type="checkbox"/> No	
K-1 from a Corporation, Estate, Trust, Partnership, Etc.?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Collection of Debt: 1099-C					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gambling Winnings!: Form W2-G					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Income: 1099-MISC. Please provide 1099-MISC and complete schedule "C" to the best of your ability. We will contact you for further information and details of your business expenses.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Royalty Income: 1099-MISC.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rental Income: Please attach Schedule "E" (available on our website) with preliminary notes for us to work with. We will contact you for further information.					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated or Quarterly Tax Payments paid in 2020 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(made directly to the IRS usually for self-employment/investment income, not from your W2) \$ _____</i>						
Alimony						
Alimony Paid \$ _____ Recipient's Name: _____ SSN: _____						
IRA Contributions						
Taxpayer	\$				<input type="checkbox"/> Roth <input type="checkbox"/> Traditional	
Spouse	\$				<input type="checkbox"/> Roth <input type="checkbox"/> Traditional	

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Educational Deductions & Student Loan Interest

 Student Loan Interest Paid- *Please provide Form 1098-E*
 Tuition Paid- *Please provide Form 1098-T*

	Name _____	Name _____	Name _____
Years in College	○1 st ○2 nd ○3 rd ○4 th ○Grad	○1 st ○2 nd ○3 rd ○4 th ○Grad	○1 st ○2 nd ○3 rd ○4 th ○Grad
Was student at least halftime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Expenses & Accounts

Flexible Spending Arrangements (FSA)

 FSA Contribution in 2020: Yes No Amount \$ _____

Health Savings Accounts (HSA) Forms 5498-SA or 1099-SA Please provide forms

HSA Coverage Self Only Family

Please provide Health Insurance Coverage 1095-A if you coverage via the Marketplace

Medical Expenses

Medical Expenses must exceed 7.5% of your income. Do not include amounts paid by insurance or with pre-tax dollars

Insurance Premiums: \$ _____	Optometry Contacts and Glasses: \$ _____
Doctors, Dentist, & Hospitals: \$ _____	Prescription Medicine: \$ _____
Medical miles driven:	Health Care Tax Credit <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide Form 8885 or 1099-H if eligible

Moving Expenses For Active Duty Military ONLY

Date of Move:	<i>*Move must be of primary residence more than 50 miles and job related*</i>
Miles from new home to job:	Miles from old home to job:
Miles Driven:	Lodging Expenses: \$ _____
Moving Supplies & Rentals: \$ _____	Reimbursement <input type="checkbox"/> YES <input type="checkbox"/> NO

Home Ownership

Mortgage Interest:	Property Taxes:
Points Paid:	PMI Insurance:

Sales Tax

**The IRS allows a preset amount be included based on your income, however your number might be higher especially if it was a year of big purchases*

Sales tax paid on a car, boat, RV, or aircraft in 2020: \$ _____
Total sales tax paid on ALL purchases in 2020: \$ _____ <i>Optional</i>

Charitable Contributions

** Regardless of the amount, to deduct a contribution of cash, check, or other monetary gift, you must maintain a bank/ payroll deduction record or a written communication from the organization. Containing the name of the organization, the date and amount of the contribution. Please provide receipts.*

Cash Contribution Amount: \$ _____	Charitable miles driven:
Non Cash Contribution Amount: \$ _____ <i>(goodwill, purple heart, or salvation army it all counts, lets us help you determine fair market value)</i>	

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Casualty Theft & Loss

Type Of Property	Reason for Damage	Date of Event	Date Acquired	Value before loss or damage	Value after loss or Damage	Insurance Reimbursement

Miscellaneous Expenses

Safety deposit box rental: \$ _____	Educator Expenses: \$ _____
Margin or Investment interest paid/Fees: \$ _____	Personal property taxes: \$ _____
Tax preparation Fees: \$ _____	Tax preparation books or software: \$ _____

Unreimbursed Employee Expenses

Eliminated for tax years 2018 through 2025 due to tax reform

Child Care Expenses

Dependent Care Benefits through employer : <input type="checkbox"/> Yes <input type="checkbox"/> No			<i>*Child must be under the age of 13, exception applies for qualifying adult.</i>	
Provider	Address	Tax ID or SS#	Childs Name	Amount

Energy Efficient Improvements

**You may be able to take a credit of up to 30% of your costs of qualified solar electric property, solar water heating property, small wind energy property, geothermal heat pump property, and fuel cell property. Include any labor costs properly allocable to the onsite preparation, assembly, or original installation of the residential energy efficient property and for piping or wiring to interconnect such property to the home.*

Energy Efficient Improvements Yes No Please Explain:

Filing Instructions

Would you like to electronically file your return?

- Yes It's FREE, safe, and the quickest way to receive your refund *If yes please fill out Form 8879*
- No *\$20 additional fee* Skip Form 8879. Sign and date returns upon arrival and mail to the appropriate agencies.

Would you like direct deposit?

Yes It's FAST & FREE!!!

Bank Name: _____ Checking Savings

Account #: _____ Routing Number#: _____

No Your refund will be mailed to your filing address in approximately 3-6 weeks after it has been accepted.

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