Jones Advisory, LLC
1701 Emmorton Road
Bel Air, MD 21014
40-321-0206

Dear Sir/Madam:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2020 personal income tax return.

Enter 2020 information on the Tax Organizer pages provided. If any information does not apply to you, please draw a line through it or make the necessary corrections.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual or trust tax returns to file them electronically. To comply with this requirement, your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Like all providers of personal financial services, tax professionals are required by law to inform clients of their policies regarding privacy of client information. Our firm continues to adhere to professional standards of confidentiality that are even more stringent than those required by law. We have always protected the security and privacy of your personal and financial information.

Types of Nonpublic Personal Information We Collect

The only nonpublic personal information we collect is provided to us by you or obtained with your authorization.

Parties to Whom We Disclose Information

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures may include providing information to our employees, or, in limited situations, to unrelated third parties who need that information to assist us in serving you. In all situations, we stress the confidential nature of the information being shared.

Protecting the Confidentiality and Security of Clients' Information

We retain records relating to our professional services to better serve your professional needs and, in some cases, to comply with professional guidelines. In order to protect your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Thank you for the opportunity to serve you.

Sincerely,

Jones Advisory, LLC.

Questionnaire

Please check the appropriate box and include all necessary details and documentation.

Personal Information

	Yes	No
Did your marital status change during the year?	☐	☐
If yes, explain: ______________________________		
Did your address change from last year?	☐	☐
Can you be claimed as a dependent by another taxpayer?	☐	☐
Did you change any bank accounts or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	☐	☐
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	☐	☐
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	☐	☐
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods as well as wildfires.	☐	☐

COVID-19 Information

	Yes	No
Did you receive an Economic Impact Payment (EIP or EIP 2) as reported on Notice 1444 or 1444-B?	☐	☐
Did you receive a Paycheck Protection Program (PPP) loan?	☐	☐
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	☐	☐
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	☐	☐
Did you receive emergency leave sick pay?	☐	☐
Did you receive emergency family leave wages?	☐	☐
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	☐	☐
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?	☐	☐
If you are self-employed, were you unable to perform your self-employed activities due to coronovirus related care you provided to your son or daughter under the age of 18?	☐	☐
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?	☐	☐

Dependent Information

	Yes	No
Were there any changes in dependents from the prior year?	☐	☐
If yes, explain: ______________________________		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of $2,200?	☐	☐
Do you have dependents who must file a tax return?	☐	☐
Did you provide over half the support for any other person(s) other than your dependent children during the year?	☐	☐
Did you pay for child care while you worked, looked for work or while a full-time student?	☐	☐
Did you pay any expenses related to the adoption of a child during the year?	☐	☐
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	☐	☐
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	☐	☐

Purchases, Sales, and Debt Information

	Yes	No
Did you start a new business or purchase rental property during the year?	☐	☐
Did you sell, exchange, or purchase any assets used in your trade or business?	☐	☐
Did you acquire a new or additional interest in a partnership or S corporation?	☐	☐
Did you sell, exchange, or purchase any real estate during the year?	☐	☐
Did you purchase or sell a principal residence during the year?	☐	☐
Did you foreclose or abandon a principal residence or real property during the year?	☐	☐
Did you acquire or dispose of any stock during the year?	☐	☐
Did you take out a home equity loan this year?	☐	☐
Did you refinance a principal residence or second home this year?	☐	☐
Did you sell an existing business, rental, or other property this year?	☐	☐
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	☐	☐
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	☐	☐
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	☐	☐

Income Information

	Yes	No
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	☐	☐
Did you receive any income from property sold prior to this year?	☐	☐
Did you receive any unemployment benefits during the year?	☐	☐
Did you receive any disability income during the year?	☐	☐

Questionnaire

Did you receive any Medicaid waiver payments as difficulty of care during the year?	☐	☐
Did you receive tip income not reported to your employer this year?	☐	☐
Did any of your life insurance policies mature, or did you surrender any policies?	☐	☐
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	☐	☐
Did you receive any income considered to be nonemployee compensation?	☐	☐
Do you expect a large fluctuation in income, deductions, or withholding next year?	☐	☐
Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork), or used virtual currencies to pay for goods or services?	☐	☐

Retirement Information

	Yes	No
Are you an active participant in a pension or retirement plan?	☐	☐
Did you receive any Social Security benefits during the year?	☐	☐
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k) or other qualified retirement plan?	☐	☐
If yes, were any withdrawals due to a Federally declared disaster or COVID-19?	☐	☐
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2020?	☐	☐
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	☐	☐
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k) or other qualified retirement plan?	☐	☐

Education Information

	Yes	No
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?	☐	☐
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses.	☐	☐
Did anyone in your family receive a scholarship of any kind during the year?	☐	☐
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	☐	☐
Did you make any withdrawals from an education savings or 529 Plan account?	☐	☐
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?	☐	☐
Did you make any contributions to an education savings or 529 Plan account?	☐	☐
Did you pay any student loan interest this year?	☐	☐
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	☐	☐
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department o Education?	☐	☐

Health Care Information

	Yes	No
Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you ca claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.	☐	☐
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	☐	☐
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	☐	☐
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	☐	☐
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	☐	☐
Did you pay long-term care premiums for yourself or your family?	☐	☐
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.	☐	☐
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	☐	☐
If you are a business owner, did you pay health insurance premiums for your employees this year?	☐	☐
Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.	☐	☐

Itemized Deduction Information

	Yes	No
Did you incur a casualty or theft loss or any condemnation awards during the year?	☐	☐
If yes, did the loss occur in a Federally declared disaster area?	☐	☐
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	☐	☐
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	☐	☐
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.	☐	☐
Did you pay real estate taxes for your primary home and/or second home?	☐	☐
Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.	☐	☐
Did you incur interest expenses associated with any investment accounts you held?	☐	☐
Did you make any major purchases during the year (cars, boats, etc.)?	☐	☐
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	☐	☐

Questionnaire

Miscellaneous Information

	Yes	No
Did you make gifts of more than $15,000 to any individual?	☐	☐
Did you utilize an area of your home for business purposes?	☐	☐
Did you engage in any bartering transactions?	☐	☐
Did you retire or change jobs this year?	☐	☐
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	☐	☐
Did you pay any individual as a household employee during the year?	☐	☐
Did you make energy efficient improvements to your main home this year?	☐	☐
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	☐	☐
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account located in a foreign country?	☐	☐
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	☐	☐
Did you receive correspondence from the State or the IRS?	☐	☐
If yes, explain: ____		
Do you have any previous years of tax returns that are either unfiled or filed with unpaid balances due?	☐	☐
Do you want to designate $3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	☐	☐

Form ID: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ____[1]
Mark if you were married but living apart all year ____[2]
Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) ____[3]

	Taxpayer	Spouse
Social security number	____________[4]	____________[5]
First name	____________[6]	____________[7]
Last name	____________[8]	____________[9]
Occupation	____________[10]	____________[11]
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	____[12]	____[14]
Mark if dependent of another taxpayer	____[15]	____[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	____[17]	
Mark if legally blind	____[20]	____[21]
Date of birth	____________[22]	____________[24]
Date of death	____________[26]	____________[27]
Work/daytime telephone number/ext number	____________[28] ______[29]	____________[30] ______[31]
Home/evening telephone number	____________[32]	____________[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	____[34]	

Present Mailing Address

Address ____________________[38]
Apartment number ________[39]
City, state postal code, zip code ____________________[40] ____[41] ____________[42]
Foreign country name ____________________[44]
Foreign phone number ____________________[47]
In care of addressee ____________________[48]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name[49]	**Last Name**	**Date of Birth**	**Social Security No.**	**Relationship**	**Months*** in home**	**Dep Codes**		**Care expenses paid for dependent**
						*****	******	

Name of child who lived with you but is not your dependent ____________________[50]
Social security number of qualifying person ____________[51]

Dependent Codes

***Basic**
1 = Child who lived with you
2 = Child who did not live with you due to divorce/separation
3 = Other dependent
4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)
5 = Qualifying child for Earned Income Credit only
6 = Children who lived with you, but do not qualify for Earned Income Credit
7 = Children who lived with you, but do not qualify for Child Tax Credit
8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit

****Other**
1 = Student (Age 19 - 23)
2 = Disabled dependent
3 = Dependent who is both a student and disabled

*****Months**
77 = Reported on odd year return
88 = Reported on even year return
99 = Not reported on return

Client Contact Information

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) ____[8]

Taxpayer email address ______________________________[9]

Spouse email address ______________________________[10]

	Taxpayer	Spouse
Fax telephone number	____________[11]	____________[19]
Mobile telephone number	____________[12]	____________[20]
Mobile telephone #2 number	____________[13]	____________[21]
Pager number	____________[14]	____________[22]
Other:	____________________[15]	____________________[23]
Telephone number	____________[16]	____________[24]
Extension	______[17]	______[25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	______________[18]	______________[26]

NOTES/QUESTIONS:

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information

3

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number , and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. __[1]

Primary account:

Financial institution routing transit number ____________[3]

Name of financial institution ____________[4]

Your account number ____________[5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[7]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[8]

Enter the maximum dollar amount, or percentage of total refund Dollar ____________[9] **or** Percent (xxx.xx) ____________[10]

Secondary account #1:

Financial institution routing transit number ____________[25]

Name of financial institution ____________[26]

Your account number ____________[27]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[28]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[30]

Enter the maximum dollar amount, or percentage of total refund Dollar ____________[11] **or** Percent (xxx.xx) ____________[12]

Secondary account #2:

Financial institution routing transit number ____________[31]

Name of financial institution ____________[32]

Your account number ____________[33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[34]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[35]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[36]

Enter the maximum dollar amount, or percentage of total refund Dollar ____________[15] **or** Percent (xxx.xx) ____________[16]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to $5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of $50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to $5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar ____________[13] **or** Percent (xxx.xx) ____________[14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ____________[17] **or** Percent (xxx.xx) ____________[18]

Owner's name (First Last) ____________[38] ____________[39]

Co-owner or beneficiary (First Last) ____________[40] ____________[41]

Mark if the name listed above is a beneficiary __[42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to $5,000), or percentage of refund used to purchase bonds Dollar ____________[21] **or** Percent (xxx.xx) ____________[22]

Owner's name (First Last) ____________[43] ____________[44]

Co-owner or beneficiary (First Last) ____________[45] ____________[46]

Mark if the name listed above is a beneficiary __[47]

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ____[1]

Identification number ____________________[2]

Issue date ____________________[3]

Expiration date (mm/dd/yyyy) ____________________[4]

Location of issuance (State issued only) ____[5]

Document number (New York only) ____________________[6]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) ____[9]

Identification number ____________________[10]

Issue date ____________________[11]

Expiration date (mm/dd/yyyy) ____________________[12]

Location of issuance (State issued only) ____[13]

Document number (New York only) ____________________[14]

NOTES/QUESTIONS:

Form ID: Est

Estimated Taxes

If you have an overpayment of 2019 taxes, do you want the excess:

Refunded ___[52]

Applied to 2020 estimated tax liability ___[53]

Do you expect a considerable change in your 2020 income? (Y, N) ___[54]

If yes, please explain any differences:

___[55]
___[56]
___[57]
___[58]

Do you expect a considerable change in your deductions for 2020? (Y, N) ___[59]

If yes, please explain any differences:

___[60]
___[61]
___[62]
___[63]

Do you expect a considerable change in the amount of your 2020 withholding? (Y, N) ___[64]

If yes, please explain any differences:

___[65]
___[66]
___[67]
___[68]

Do you expect a change in the number of dependents claimed for 2020? (Y, N) ___[69]

If yes, please explain any differences:

___[70]
___[71]
___[72]
___[73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes ___[74]

2019 Federal Estimated Tax Payments

2018 overpayment applied to 2019 estimates + ___[1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ___[5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/19	___[6]	+ ___[7]	___	___
2nd quarter payment	6/17/19	___[8]	+ ___[9]	___	___
3rd quarter payment	9/16/19	___[10]	+ ___[11]	___	___
4th quarter payment	1/15/20	___[12]	+ ___[13]	___	___
Additional payment		___[14]	+ ___[15]		

***Method of payment indicated in prior year**

EFW = Electronic funds withdrawal **EFTPS = Electronic Federal Tax Payment System**

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS: