



Dempsey Scheiman & Associates
Certified Public Accountants ♦ Certified Financial Planners
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December 31, 2020

Dear Client:

Attached please find your 2020 Income Tax Organizer. Please complete the organizer to enable us to provide you with the most accurate tax return possible and to afford you every deduction and credit you are entitled to.

Please complete the Driver License/State ID information request for both taxpayer and spouse, if applicable. Please supply license information even if you had provided that data last year. Both are required items for the 2020 filing. Please include Driver License/State ID info for any children's returns to be filed as well.

Please provide the following original documents in addition to the completed organizer:

*New Form 1444 (Shows the amount of stimulus payment received)

W-2 Forms	Tax Notices
Social Security Statements	Mortgage Interest Statements
1095 A, B or C Health Insurance	Real Estate Tax Statements
1099 for Unemployment Income	Brokerage Statements
1099 for Interest Income	K-1 Forms
1099 for Dividend Income	1099 K for Credit Card Sales
1099 R for Retirement Income	Other Forms Not Listed
1099 Misc. for Miscellaneous Income	Your Questions
Copies of your prior year tax returns if not prepared by our firm	

- There is a new charitable contribution deduction of \$300 even if you do not itemize. Please list charitable contributions on page 6 of the organizer.
- Stimulus payments need to be reported. Please record the amount of payments received on the Driver's License reporting page and attach form 1444, the IRS stimulus verification letter, to your organizer.

Due to COVID-19 and the ever-rising number of casualties, our world is changed forever. We at DSA have taken steps for the safety of our clients and staff to ensure a safe and effective tax preparation service. We have tried to minimize personal contact as much as possible and ask for your understanding. Most returns were either picked up in the parking lot or delivered by mail. As the vaccine has only begun to be dispensed, we will employ these distancing procedures for the 2020 tax season.

We hope and pray that the pandemic becomes a memory soon. Please call the office should you have any special concerns. Please stay safe and wear your masks!

Our business has been able to grow by referrals from satisfied clients. We sincerely appreciate your referring our services. Please know that we will do our utmost to live up to your recommendations.

Thank you for placing your confidence in our firm and giving us the opportunity to service your tax, accounting and financial planning needs.

Sincerely,

Dempsey Scheiman & Associates



Driver's License or State Issued ID

Taxpayer Name: _____

Taxpayer:

Form of ID: ___ Driver's License ___ State Issued ID ___ No State ID ever issued
___ Copy Attached State: _____ ID Number: _____
Issue Date: _____ Expiration Date: _____

Spouse Name: _____

Form of ID: ___ Driver's License ___ State Issued ID ___ No State ID ever issued
___ Copy Attached State: _____ ID Number: _____
Issue Date: _____ Expiration Date: _____

Please list information of children for whom taxes are being prepared. Attach additional sheet if more room is required.

Child Name: _____

Form of ID: ___ Driver's License ___ State Issued ID ___ No State ID ever issued
___ Copy Attached State: _____ ID Number: _____
Issue Date: _____ Expiration Date: _____

Child Name: _____

Form of ID: ___ Driver's License ___ State Issued ID ___ No State ID ever issued
___ Copy Attached State: _____ ID Number: _____
Issue Date: _____ Expiration Date: _____



\$ _____ Charitable Contribution – New \$300 Maximum Deduction for non-itemizers.

\$ _____ Stimulus Payment Received

AFFORDABLE CARE ACT

ATTESTATION OF HEALTH CARE COVERAGE

Yes

No

Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act?

Did you receive a Health Care Subsidy?

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (ie Medicare/Medicaid) for **every month of 2020**

for yourself?

for your spouse?

for your dependents?

If you answered "no" for anyone, which months did you have coverage?

____ _
J F M A M J J A S O N D

Did anyone in your family qualify for an exemption from the health care coverage mandate?

Please provide all 1095 Forms received

Under penalties of perjury, I attest that to the best of my knowledge and belief, the above responses provided are true, correct, and complete.

Taxpayer Signature

Date

Spouse Signature

Date

Dempsey Scheiman & Associates – Client Organizer

Tax Year: _____

Taxpayer Information	Spouse Information
Name _____ <small>(AS IT APPEARS ON SOCIAL SECURITY CARD)</small>	_____ <small>(AS IT APPEARS ON SOCIAL SECURITY CARD)</small>
Social Security # _____	_____
Occupation _____	_____
Date of Birth _____	_____
Date of Death _____	_____
Daytime Phone Number _____	_____
Evening Phone Number _____	_____
E-mail Address _____	_____
Signature _____	_____
Residence Information	
Address _____ County _____	
City _____ State _____ Zip Code _____	
Did You Move Last Year? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Move _____	
Old Address _____ County _____	
City _____ State _____ Zip Code _____	
Wages--Attach W-2 / 1095 Forms	Attach 1099 Form
List The Names Of Your Employers: _____ _____ _____	List Sources Of Pension Income: _____ _____ _____
Other Income Taxpayer	Other Income Spouse
State/Local Refunds _____	_____
Unemployment Compensation _____	_____
Social Security Benefits _____	_____
Social Security Withholding _____	_____
Alimony Received _____	_____
Date of Divorce Decree _____ <small>(Newly Required Field)</small>	_____

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Tax Year: _____

Dependent Information

First, Last Name	Social Security Number	Date of Birth	Relationship	FT Student Y/N	Months Lived in Home
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If dependent makes you eligible for earned income credit, by IRS mandate we will need proof of residence. e.g. Report card or medical statement showing child's name with address.

***Attach copy of Social Security card. If Social Security Number is incorrectly reported, you will lose the \$2000 child credit & dependency deduction.**

Education Credit

Complete this portion if you paid qualified education expenses for higher education costs in 2019. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution. **Copies of Form 1098-T must be attached.**

Student's First/Last name	Yrs. Attended	Student's Soc. Sec. #	Qualified Expenses
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child and Dependent Care Expenses

Please enter all amounts paid for the care of one or more dependents which enabled you to work or attend school.

Total Qualified expenses incurred: _____

Were you or spouse a full-time student or disabled? _____

Employer provided dependent care benefits: _____

Dependent Care Provider (attach additional sheet if more than one)

Name of Provider: _____

Street address of provider: _____

City State and Zip Code: _____

Social Security Number or Employer Identification number: _____

Is provider a tax-exempt organization? _____

Amount paid to care provider last year: _____

Reimbursement from employer? _____

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan for qualified higher education expenses for you, your spouse or dependent when you took out the loan.

Qualified student interest paid: _____

Dempsey Scheiman & Associates – Client Organizer

Tax Year: _____

Tax Estimate Payments

Important

In order to prevent tax notices, we **MUST** have the following information to complete your tax returns:

Please write the amount and date of estimate payments paid last year.

<u>Federal</u>	<u>Due</u>	<u>Date Paid</u>	<u>Check Number/EFT Confirmation Number</u>	<u>Amount Paid</u>
1 st quarter	04/15	_____	_____	\$ _____
2 nd quarter	06/15	_____	_____	\$ _____
3 rd quarter	09/15	_____	_____	\$ _____
4 th quarter	01/15	_____	_____	\$ _____

<u>Ohio</u>	<u>Due</u>	<u>Date Paid</u>	<u>Check Number/EFT Confirmation Number</u>	<u>Amount Paid</u>
1 st quarter	04/15	_____	_____	\$ _____
2 nd quarter	06/15	_____	_____	\$ _____
3 rd quarter	09/15	_____	_____	\$ _____
4 th quarter	01/15	_____	_____	\$ _____

<u>City</u>	<u>Due</u>	<u>Date Paid</u>	<u>Check Number/EFT Confirmation Number</u>	<u>Amount Paid</u>
1 st quarter	04/15	_____	_____	\$ _____
2 nd quarter	06/15	_____	_____	\$ _____
3 rd quarter	09/15	_____	_____	\$ _____
4 th quarter	01/15	_____	_____	\$ _____

If submitting your organizer after 4/15 (for extended returns only),
please verify your extension payments below:

		<u>Date Paid</u>	<u>Check Number</u>	<u>Amount Paid</u>
Federal	04/15	_____	_____	\$ _____
State	04/15	_____	_____	\$ _____
City	04/15	_____	_____	\$ _____

I / We did not make any Federal or State estimated tax payments for last year.

Please return this completed form with your organizer and tax documents.

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Tax Year: _____

IRA Deductions

Are you covered by a retirement plan? _____

Traditional IRA contribution: _____

Roth IRA contribution: _____

Education IRA contribution: _____

Roth Conversion: _____

Other Adjustments

Penalty on early withdrawal of savings: _____

Alimony Paid: _____ SS# of Spouse _____

****** Hospitalization Verification ******

Please provide 1095 (A), (B) or (C) forms provided by your employer or health insurance provider to verify health insurance coverage. Our receipt of these forms has become mandatory as a result of provisions contained in the Affordable Care Act.

Please provide any forms received for Health Savings Accounts (HSA).

Direct Deposit of Refund

Please have any refunds electronically deposited to my/our designated account:

Yes No

If yes, please provide the following account information OR attach a VOIDED check (not a deposit slip) for the account to which the deposit is to be made:

Name of bank institution: _____

Routing number : _____

Account Number: _____

This account is a Checking Savings

Is designated account a joint account? Yes No

If no, and you are filing a joint return, who owns the account?

Husband Wife

Dempsey Scheiman & Associates – Client Organizer

Tax Year: _____

INTEREST INCOME

Please attach copies of all Form 1099-INT or other statements reporting interest income.

Received From	Amount	U.S. Bonds	Tax Exempt Interest

DIVIDEND INCOME

Please attach copies of all Form 1099-DIV or other statements reporting dividend income.

Received From	Ordinary Dividend	Qualified Dividend	Capital Gain Dist	US Obligations	Tax Exempt

SALE OF STOCK OR MUTUAL FUNDS

Please attach copies of all Form 1099-B and call your Broker to provide cost basis information.

Description of Property	Date Acquired	Date Sold	Gross Sales Price	Cost Basis

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Tax Year: _____

Schedule A – Medical	Charitable Contributions
<p>Unreimbursed Payments For:</p> <p>Insurance Premiums (if not payroll deducted) _____</p> <p>Prescription Drugs _____</p> <p>Doctor/Dental Exp. _____</p> <p>Hospital/Lab Exp. _____</p> <p>Long-Term Care Premiums _____</p> <p>Miles Driven _____</p> <p>Other _____</p> <p>Amount of reimbursements received for care _____</p>	<p>*Documentation required upon Audit ***</p> <p>Cash Contributions: _____</p> <p>Churches _____</p> <p>Am. Cancer Society _____</p> <p>Heart Association _____</p> <p>March of Dimes _____</p> <p>United Way _____</p> <p>Other: _____</p> <p>Non-cash Contributions (Itemized list on file with Taxpayer)</p> <p>Goodwill _____</p> <p>Salvation Army _____</p> <p>AM Vets _____</p> <p>Other: _____</p> <p>If over \$500 list Organization, date _____</p> <p>Donated & items: _____</p>
Taxes Paid	Interest Expense
<p>Real Estate Taxes – Home: _____</p> <p>Real Estate Other Itemize: _____</p> <p>_____</p> <p>Sales Tax on Major Purchase: \$ _____</p> <p style="text-align: right;">Details</p>	<p>Home Mortgage Interest _____</p> <p>Second Mortgage _____</p> <p>Home Equity Loan _____</p> <p>Did you refinance your house last year? _____</p> <p>If yes: Points paid _____</p> <p style="padding-left: 40px;">Term of loan _____</p>
Miscellaneous Expense	
<p>The 2018 Tax Law Change eliminated Miscellaneous Deductions</p> <p>Gambling Losses (log book required) _____</p> <p>*** New deduction of \$300 even if you do not itemize.</p>	

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Tax Year: _____

**1099's Must Be Issued To ALL Nonincorporated Service Providers
For Amounts Totaling \$600 Or More.**

Rent & Royalty Properties

	Unit 1	Unit 2	Unit3
Property/Location	_____	_____	_____
Taxpayer/Spouse/Joint Ownership Percentage	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

****Did you make payments last year that require you to file 1099s?** _____ **yes** _____ **no**
****If "yes" did you or will you file all required 1099s?** _____ **yes** _____ **no**

Income

Gross Rents	_____	_____	_____
Gross Royalties	_____	_____	_____

Expenses

Advertising	_____	_____	_____
Auto	_____	_____	_____
Cleaning & Maintenance	_____	_____	_____
Commissions	_____	_____	_____
Insurance	_____	_____	_____
Legal & Professional Fees	_____	_____	_____
Management Fees	_____	_____	_____
Mortgage Interest	_____	_____	_____
Other Interest	_____	_____	_____
Repairs	_____	_____	_____
Supplies	_____	_____	_____
Taxes	_____	_____	_____
Travel	_____	_____	_____
Utilities	_____	_____	_____
Depreciation	_____	_____	_____
Other Expenses:	_____	_____	_____
_____	_____	_____	_____

Large Purchases/Improvements (Not listed above)
 New Property Purchases/Sales – Attach Escrow Statement

Description/Unit #	Date	Cost Basis
_____	_____	_____
_____	_____	_____

Mileage _____
 Beginning odometer reading 1/1 _____
 Ending odometer reading 12/31 _____
 Business Mileage _____

Do you have a written log to support your deduction? _____

***The IRS will disallow the mileage deduction if you do not have proof of the beginning of year and end of year odometer readings and a written log. e.g. oil change, mechanic maintenance log.**

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Tax Year: _____

1099-Ks Must Be Attached You Will Receive This Form If You Accepted Credit Card Payments																											
Schedule C General Information	Cost Of Goods Sold																										
Taxpayer/Spouse/Joint _____ Employer Identification # _____ Principal Business/Profession: _____ Business Name: _____ Business Address: _____	Beginning Inventory: _____ Purchases: _____ Labor: _____ Materials: _____ Other Costs: _____ Ending Inventory: _____																										
IRS MANDATE----1099s Must Be Issued to ALL Unincorporated Service Providers For Amounts Totaling \$600 Or More. **Did you make payments last year that require you to file a 1099? ___yes ___no **If “yes” did you or will you file all required 1099s? ___yes ___no	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:center; padding: 5px;">Expenses</th> </tr> </thead> <tbody> <tr><td style="padding: 5px;">Advertising: _____</td></tr> <tr><td style="padding: 5px;">Car & Truck Expense: _____</td></tr> <tr><td style="padding: 5px;">Depreciation: _____</td></tr> <tr><td style="padding: 5px;">Employee Benefits: _____</td></tr> <tr><td style="padding: 5px;">Insurance: _____</td></tr> <tr><td style="padding: 5px;">Interest—Financial Institutions: _____</td></tr> <tr><td style="padding: 5px;">Interest Expense—Other: _____</td></tr> <tr><td style="padding: 5px;">Legal/Professional Fees: _____</td></tr> <tr><td style="padding: 5px;">Office Expenses: _____</td></tr> <tr><td style="padding: 5px;">Pension/Profit Sharing: _____</td></tr> <tr><td style="padding: 5px;">Rent—Machinery: _____</td></tr> <tr><td style="padding: 5px;">Rent—Other: _____</td></tr> <tr><td style="padding: 5px;">Repairs./Maintenance: _____</td></tr> <tr><td style="padding: 5px;">Supplies: _____</td></tr> <tr><td style="padding: 5px;">Taxes/Licenses: _____</td></tr> <tr><td style="padding: 5px;">Travel: _____</td></tr> <tr><td style="padding: 5px;">Meals/Entertainment: _____</td></tr> <tr><td style="padding: 5px;">Utilities: _____</td></tr> <tr><td style="padding: 5px;">Wages: _____</td></tr> <tr><td style="padding: 5px;">Do you have a home office exclusively used for business? _____</td></tr> <tr><td style="padding: 5px;">If yes:</td></tr> <tr><td style="padding: 5px;">Sq. footage of Office: _____</td></tr> <tr><td style="padding: 5px;">Sq. footage of House: _____</td></tr> <tr><td style="padding: 5px;">Other Expenses: _____</td></tr> <tr><td style="padding: 5px;">_____</td></tr> </tbody> </table>	Expenses	Advertising: _____	Car & Truck Expense: _____	Depreciation: _____	Employee Benefits: _____	Insurance: _____	Interest—Financial Institutions: _____	Interest Expense—Other: _____	Legal/Professional Fees: _____	Office Expenses: _____	Pension/Profit Sharing: _____	Rent—Machinery: _____	Rent—Other: _____	Repairs./Maintenance: _____	Supplies: _____	Taxes/Licenses: _____	Travel: _____	Meals/Entertainment: _____	Utilities: _____	Wages: _____	Do you have a home office exclusively used for business? _____	If yes:	Sq. footage of Office: _____	Sq. footage of House: _____	Other Expenses: _____	_____
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Income Attach all 1099K Forms																											
Gross Receipts Or Sales: _____ Returns And Allowances: _____ Other Income: _____																											
Mileage																											
Odometer Reading 1/1 _____ Odometer Reading 12/31 _____ Total Mileage: _____ Business Mileage: _____ Make of Auto: _____ Date of vehicle placed in service for business: _____ Do you have another vehicle available for personal use? _____ Do you have a written log to support your deduction? _____ Purchase of Lease? _____																											

***The IRS will disallow mileage expense if you do not have proof of the beginning of year and ending of year odometer readings and a written log. e.g. oil change receipt; mechanic maintenance log.**