JOSEPH CAHILL & ASSOCIATES
WorthTax

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INCOME TAX ORGANIZER

NAME _____ TAX YEAR _____

INCOME

W2 Wage Statement _____
1099-INT Interest _____
1099-DIV Dividends _____
1099-MISC Rent, Prizes, etc. _____
1099-R Pension, IRA _____
W2-G Gambling, Lottery _____
1099-G Unemp/State Refund _____
1099-Q Qual. Edu. Program _____
1099-B Investment Sale _____
1099-S Property Sale _____
1099-C Cancelled Debt _____

K-1 From:

Partnership _____
Limited Partnership _____
S-Corporation _____
Trust or Estate _____

SSA-1099 Social Security _____
RRB-1099 Railroad Retiree _____
Alimony _____
Tips _____
Scholarships _____
Jury Duty _____
Investment Transaction _____
Other Information _____

(i.e: broker statements, broker confirmation slips)

PERSONAL INTEREST

Mortgage (include Form 1098) _____
☐ Personal Residence ☐ Rental
☐ 2nd/Vacation Home ☐ Investment

Mortgage (include Form 1098) _____
☐ Personal Residence ☐ Rental
☐ 2nd/Vacation Home ☐ Investment

Installment Sale _____
Student Loan (Form 1098-E) _____
☐ Undergraduate ☐ Graduate

Do not include: credit cards or auto loans

TAXES PAID

Real Estate _____
Personal Property _____
Sales tax on large purchases _____
Auto Excise _____
Other Taxes _____

Do not include: Federal or inheritance taxes.

CHARITABLE GIFTS

*A receipt (or a letter/other written communication) from the qualified organization (containing the donation date, organization name and estimated dollar value) is required for all donations.

Church, Religious Group _____
Red Cross _____
United Way _____
Public Radio, TV _____
Payroll Deduction _____
Schools, Hospitals _____
_____ _____
_____ _____
Non-Cash* _____
Salvation Army/Goodwill _____
Vehicle Donation _____
Supplies for Charity _____
Food Drives _____
Mileage (# miles) _____

Do not include: tuition, political contribution, value of time or services, value of blood donated, gifts to lobbying groups, donations to individuals, cost of raffle, bingo, lottery tickets.

*Please see enclosed for rules on Non-Cash charitable donations.

Other Gifts*
Stock Gifts _____
RMD gift directly from IRA _____

*Must include Form 8283 and/or letter of acknowledgement.

ALIMONY PAID

Paid to: **Amount**

Name:_____

SSN: _____ $_____

Date of Divorce:_____

DON'T FORGET

Form 1099-HC Health Care Coverage

Most Massachusetts residents will receive their 1099-HC from their health insurance provider.

Form 1095-A

If you purchased your coverage on the Mass Health Connector or a state exchange, you will also receive a 1095-A

Who is unaffected

Those enrolled in Medicare, Tricare, or other governmental programs that provided Minimum Essential Coverage.

ESTIMATED TAX PAID

Federal	Amount	Date Paid
Due 4-15	$_____	_____
Due 6-15	$_____	_____
Due 9-15	$_____	_____
Due 1-15	$_____	_____
State		
Due 4-15	$_____	_____
Due 6-15	$_____	_____
Due 9-15	$_____	_____
Due 1-15	$_____	_____

CHILD CARE EXPENSE

1. Provider Name & Address Amount
_____ $_____
_____
*TIN#_____

2. Provider Name & Address Amount
_____ $_____
_____
*TIN#_____

*Tax Identification Number

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SALE OF HOME OR REAL ESTATE

Sale Price Date

_____ _____

Include: ☐ HUD/Settlement Statement (Sale)

Purchase Price Date

_____ _____

Include: ☐ HUD/Settlement Statement (Buy)

Costs & Improvements

Addition/Build Out _____

Driveway/Sidewalk _____

Roof _____

Kitchen Remodel _____

Bathroom Remodel _____

Furnace/Heater _____

_____ _____

_____ _____

Other Items

☐ Energy Credits Claimed for Improvements

☐ Used as a Home Office

☐ Used as a Rental Property

☐ Filed for Bankruptcy in a Prior Year

☐ Cancelled Debt Income Exclusion/Prior Yr

IRA CONTRIBUTIONS

			Amount
You	☐	Traditional IRA	_____
	☐	Roth IRA	_____
	☐	SEP IRA	_____
	☐	Solo 401k	_____
Spouse	☐	Traditional IRA	_____
	☐	Roth IRA	_____
	☐	SEP IRA	_____
	☐	Solo 401k	_____

Note: Your IRA deposit can be made until April 15 and still apply to this tax year. SEP IRA and solo 401k contributions may still be made until the due date of the return including extensions.

MISCELLANEOUS DEDUCTIONS

Legal Fees for Discrimination _____

Imparement Work Related Exp _____

Health Saving Account _____

Casualty Loss/ Property Damage* _____

*Must be from a presidential declared disaster area

EDUCATION EXPENSES

Student Name _____

School Name _____

Tuition & Fees Paid* _____

Year In School _____

Reimburesments & Scholarships _____

Incude Form 1098-T & proof of payment

*Payments made with student loans are considered tuition payments, grants are not.

ENERGY CREDITS

New Electric/Hybrid Vehicle

Purchase Price Date

_____ _____

Include: ☐ Bill of Sale

Renewable Energy System

Solar Panels _____

Solar Powered Water Heaters _____

Geothermal Heat Pump _____

_____ _____

Rebates & Reimbursements _____

Non Business Energy Property

Insullation _____

Exterior Windows _____

Exterior Doors _____

Water Heater _____

Furnaces _____

Hot Water Boiler _____

_____ _____

Rebates & Reimbursements _____

PANDEMIC RELIEF

Stimulus Payments Received _____

PPP or EIDL Loan _____

Advance Child Tax Credit Pmts _____

2020 SE Tax Deferrals _____

2020 IRA Income Deferrals _____

STATE

EZ Pass/Fast Lane (commuting) _____

T-Pass (commuting) _____

Lead Paint Removal _____

Rent Paid _____

Septic/Title V _____

529A Contributions (MEFA) _____

Water/Sewer (if over age 65) _____

HEALTH CARE

Health/Dental Insurance _____

Supplemental Medicare (B) _____

Prescriptions _____

Doctor/Copays _____

X-Ray/MRI/Lab Fees _____

Nursing Care _____

Hospital _____

Drug/Alcohol Treatment _____

Hearing Aids (batteries) _____

Eyeglasses, Contacts _____

Dentist/Orthodontist _____

Vet Costs for Guide Dogs _____

Ambulance _____

Eye Doctor _____

Medical Mileage (# miles) _____

Chiropractor _____

Psychiatrist, Psychologist _____

Long Term Care Ins. Prem. _____

_____ _____

_____ _____

Do not include: cosmetic surgery, life or income insurance, Medicare (A), illegal operations or drugs, non-prescription drugs, funeral, burial, cremation, contact lens supplies.