



PLEASE COMPLETE BOTH SHEETS
If you need more space, use back of the sheet

PERSONAL INFORMATION

(T) TAXPAYER _____ Social Security # _____
 (S) SPOUSE _____ Social Security # _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Phone: Home _____ (T) Cell _____ (S) Cell _____
 (T) Occupation _____ Birthdate _____ E-mail _____
 (S) Occupation _____ Birthdate _____ E-mail _____

DEPENDENTS (All Information Required) Name (first, initial and last name)	Dependent's Social Security Number	Birthdate	Relationship	No. of mos. lived in your home in 2020

- Is Direct Deposit the same as last year? Yes _____ No _____ Please bring new bank info.
- Did you trade in Cryptocurrency? Yes _____ No _____
- Did you purchase health insurance through the marketplace? Yes _____ No _____ If yes, please bring form **1095A**.
 - Did you receive a Recovery Rebate (Stimulus Payment)? Yes _____ No _____ If yes, please bring IRS Notice 1444
 - Did you receive a 1099-C Cancellation of Debt? Yes _____ No _____
 - Do you have an interest in or other authority over a bank account or any other financial account in a foreign country? Yes _____ No _____
 - Did you have any online purchases that you did not pay Colorado State Sales Tax? Yes _____ No _____ If yes, please total amount purchased.
 - May the IRS discuss your return with the preparer? Yes _____ No _____
 - box if you want \$3 to go to the Presidential Campaign Fund? Taxpayer Spouse

INCOME - Please bring all W-2's, 1099's, K1's and any statements regarding income.

Please X items you have and bring forms and/or provide amounts

- # of W-2's you have from Employment (T) _____ (S) _____
- Interest from banks & credit unions _____
 - Interest on Life Insurance _____
 - Interest from Municipal Bonds _____
 - Interest from Seller Financed Mortgage _____
(Bring Payer's name, address & SS #)
 - Dividends from Stock _____
 - Soc. Sec. Benefits Rec'd (T) _____
 - Soc. Sec. Benefits Rec'd (S) _____
 - State Refund _____
 - Unemployment Income _____
 - Pension, Annuity Income _____
 - IRA Distribution _____
 - Rollover into IRA _____
 - Prizes, Awards _____
 - Gambling Winnings (W-2G) _____

- Jury Duty _____
- Tips _____
- Alimony Received _____
Divorce Prior to 12/31/18
- Investments Sold** (Bring 1099-B) _____
(Date Acquired/Sold, Original Cost & Sales Priced needed if not reported on 1099B)
- Real Estate Sale** (Bring date of purchase, purchase price, improvements made & closing papers) _____
- Real Estate Purchase** (Bring closing papers) _____
- Real Estate Refinance** (Bring closing papers) _____
- Self-Employment Income** (Bring income & expenses and/or Financial Statements) _____
- Partnership Income** (Bring K-1) _____
- Corporation Income** (Bring K-1) _____
- Trust Income** (Bring K-1) _____
- Rental Income** (Bring income & expenses) _____
See website for Rental Worksheet
- Bartering Income** _____
- List Any Other Income** _____

Phone: (303) 457-9263
Fax: (303) 457-4655

Wells Fargo Bank Building
10701 Melody Drive, Suite 404
Northglenn, CO 80234
www.northglennntax.com

MISCELLANEOUS WORKSHEET
Tax Year 2020

Name _____

IRA

Traditional IRA Deposits

	Date Deposited	Tax Year	Amount
(T)			
(S)			

Roth IRA Deposits

	Date Deposited	Tax Year	Amount
(T)			
(S)			

Regular IRA Converted to Roth IRA

(T)			
(S)			

Alimony

Amount _____
Paid To _____
SS # _____
Divorce Final Prior to 12/31/2018

Work Related Childcare

List on back of worksheet:
Name, Address, SS#, EIN & Amount Paid to Each Child Care Provider.

List Amount Your Employee Reimbursed You in 2020 \$ _____

Education

529 & Coverdell Plan Deposits

Name & SS# of Acct. Holder	Tax Year	Amount

Student Loan Interest Paid (bring 1098E)	
Tuition Expense (bring 1098T) & Billing Summary	
Book Expenses	
Room & Board	

Medical Expenses

After Tax Medical & Dental Insurance Premiums You Paid (please do not include Medicare premiums on SSA) _____

Long-Term Care Ins. Prem (T) _____
Long-Term Care Ins. Prem (S) _____
Medical Bills Not Reimbursed by Insurance:
Prescriptions & Insulin _____
Doctors _____
Dentists _____
Hospital _____
Mental Health) _____
Glasses & Contacts _____
Other: _____

Miles Traveled for Medical _____
Your Deposits to Health Savings Account (HSA): _____

Distribution from HSA _____

Taxes

Real Estate _____

Owner's Tax _____
Sales Tax (New Auto) _____

Interest You Paid

Home Mtg. Interest Paid to Financial Institutions _____

Home Mtg. Interest Paid to Individual (Name, Address, SS#) _____

HELOCK Loan Interest, only if used to buy, build or improve main home _____
Refinance Points Paid _____
Motor Home Interest Paid _____

Contributions

Church _____
United Way _____
Other Qualified Donations _____

Fair Market Value of Goods Donated (See Website for Guidelines)
Salvation Army _____
DAV _____
Goodwill _____
Other _____
Miles Driven for Charity _____
Must have receipts for all donations.

Gambling Losses

Bring W-2 G Forms _____

Estimated Taxes Paid

FEDERAL				STATE	
	Due	Date Paid	Amount	Date	Amount
1st QTR	April		\$		\$
2nd QTR	June		\$		\$
3rd QTR	Sept		\$		\$
4th QTR	Jan 2021		\$		\$

This form can be filled out online by going to www.northglennntax.com/tax-worksheets
Check here if you want a paper copy of the worksheets in 2022

Questions/Comments: Use the back of worksheet as needed.