

SCAPPOOSE BUSINESS TAX SERVICE, INC. #B00973

51671 Columbia River Hwy.
 Scappoose, Oregon 97056
 Phone 503-543-7195

1510 St. Helens St., Suite A
 St. Helens, Oregon 97051
 Phone 503-397-6993

YOUR 2020 PERSONAL TAX ORGANIZER

TAXPAYER:

LAST NAME: _____
 FIRST NAME: _____
 SOCIAL SEC: _____
 OCCUPATION: _____
 DATE OF BIRTH: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 PHONE: _____ E-MAIL: _____

SPOUSE:

LAST NAME: _____
 FIRST NAME: _____
 SOCIAL SEC: _____
 OCCUPATION: _____
 DATE OF BIRTH: _____

DEPENDENT INFORMATION FULL NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATION	MONTHS IN HOME 2019	DISABLED CHILD?

DO YOU SUPPORT OR DID ANYONE ELSE LIVE WITH YOU DURING THE YEAR?
 DO DEPENDENTS HAVE INCOME? _____ IF YES, BRING IN INFORMATION.

*****CHECKLIST OF INCOME - BRING IN SOURCE DOCUMENTS*****

- | | | |
|-------------------------|--------------------------------|--------------------------------|
| _____ W-2s | _____ TAX EXEMPT INTEREST | _____ BUY OR SELL PROPERTY |
| _____ UNEMPLOYMENT | _____ 1099-DIV DIVIDENDS | _____ 1099-K MERCHANT SERVICES |
| _____ SICK PAY | _____ STOCKS | _____ ALIMONY PRE 2019 DIVORCE |
| _____ WORKERS COMP | _____ 1095-A, 1095-B, 1095-C | _____ Form W-2G LOTTERY- |
| _____ TIPS | _____ STATE INCOME TAX REFUND | _____ GAMBLING WINNINGS |
| _____ SOCIAL SECURITY | _____ RENTAL INCOME | _____ STATE |
| _____ PENSION INCOME | _____ K-1s | _____ FOREIGN ACCOUNTS |
| _____ IRA DISTRIBUTION | _____ SELF EMPLOYMENT INCOME | _____ CRYPTO CURRENCY |
| _____ ROTH IRA DIST | _____ FARM INCOME | _____ ECONOMIC IMPACT |
| _____ 1099-MISC | _____ INSTALLMENT SALES | _____ PAYMENT NOTICE 1444 / |
| _____ 1099-INT INTEREST | _____ 1099-SA HSA DISTRIBUTION | _____ STIMULUS |
| | | _____ OTHER |

DID YOU MAKE ANY ESTIMATED PAYMENTS? _____ BRING IN CANCELLED CHECKS OR PROOF OF PAYMENT

QUARTERLY ESTIMATE PAYMENTS:

QTR 1 PAYMENT BY APRIL 15

QTR 2 PAYMENT BY JUN 15

QTR 3 PAYMENT BY SEPT 15

QTR 4 PAYMENT BY JAN 15, 2021

FEDERAL	DATE PD	CHECK #	STATE	DATE PD	CHECK #

*****PLEASE CHECK OFF AND BRING IN SOURCE DOCUMENTS FOR LISTED ITEMS BELOW*****

MEDICAL EXPENSES

OREGON HAS A MEDICAL SUBTRACTION FOR AGE 65 OR OLDER ONLY. PLEASE SEPARATE THESE EXPENSES! INCLUDE ANY 1095s RECEIVED FOR HEALTH INSURANCE

FILL IN AMOUNTS:	TAXPAYER	SPOUSE
PRESCRIPTIONS:	_____	_____
DOCTORS/DENTISTS:	_____	_____
VISION/GLASSES:	_____	_____
NURSING HOMES:	_____	_____
MEDICAL PREMIUMS:	_____	_____
LONG-TERM INSURANCE:	_____	_____
MEDICAL MILEAGE:		
_____ @ \$0.17 PER MILE	_____	_____
_____ @ \$0.17 PER MILE	_____	_____
MED INS REIMBURSED:	_____	_____

TAXES PAID

FILL IN AMOUNTS & BRING IN SOURCE DOCUMENTS

PROPERTY TAXES: _____

PERSONAL PROPERTY TAXES: _____

OTHER TAXES: _____

MORTGAGE INTEREST PAID

HOME MORTGAGE INTEREST PAID TO FINANCIAL INSTITUTION: _____

POINTS PAID: _____

HOME MORTGAGE INTEREST PAID TO INDIVIDUAL PARTY:

NAME: _____

ADDRESS: _____

SS #: _____

REFINANCE OF HOME: _____

INVESTMENT INTEREST: _____

MORTGAGE INSURANCE: _____

BUSINESS MILEAGE

_____ @ \$0.575 PER MILE

CHILD AND DEPENDENT CARE

_____ NO. OF QUALIFYING DEPENDENTS

_____ EXPENSE AMOUNT EACH

_____ WAS SERVICE PERFORMED IN YOUR HOME?

_____ DID EMPLOYER REIMBURSE?

_____ IF YES, AMOUNT EMPLOYER PAID

PROVIDER:

NAME: _____

ADDRESS: _____

SS# OR EMPLOYER ID #: _____

EMPLOYER BENEFIT PLAN

_____ DO YOU HAVE AN EMPLOYER BENEFIT PLAN?

CASH OR CHECK CONTRIBUTIONS

FILL IN AMOUNTS: PLEASE BRING IN RECEIPTS

CHURCH: _____

OTHER: _____

MILEAGE: _____ @ \$0.14 PER MILE

CONTRIBUTIONS OTHER THAN CASH (CLOTHES, ETC) PLEASE BRING IN RECEIPTS.

MISCELLANEOUS DEDUCTIONS

OTHER: _____

GAMBLING LOSSES: _____ STATE: _____

CONTRIBUTION TO KEOGH/SEP/IRA/529 PLAN

_____ CONTRIBUTION TO KEOGH/SEP/ROTH

_____ TAXPAYER IRA CONTRIBUTION

_____ SPOUSE IRA CONTRIBUTION

_____ 529 TUITION CONTRIBUTION

DID YOU ROLL YOUR IRA INTO A ROTH IRA?

POLITICAL CONTRIBUTION-MUST BRING IN RECEIPT

_____ POLITICAL CONTRIBUTION

OREGON ENERGY CREDIT-MUST BRING IN RECEIPT

_____ ENERGY CREDIT

DID YOU PAY FOR ANY EDUCATION? _____

DID YOU ADOPT A CHILD? _____

HSA CONTRIBUTION? (FORM 5498-SA) _____

OREGON SAVERS CONTRIBUTIONS _____

529 CONTRIBUTIONS _____