



**NATIONS**  
BUSINESS & TAX CENTERS INC

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**Deadline Checklist**

<b>02/01/2021</b>	Forms 1099s and W2s due to employees and the IRS
<b>03/15/2021</b>	S Corporation (Form 1120S) Tax Returns and Extensions Partnership/LLC (Form 1065) Tax Returns and Extensions
<b>04/15/2021</b>	C Corporation (Form 1120) Tax Returns and Extensions Individual Income Tax Return (Forms 1040), Extensions and Tax Liability

**Income Tax Organizer**

Taxpayer's Name			Social Security Number		
Spouse's Name			Social Security Number		
Taxpayer's Occupation		Date of Birth (D.O.B.)		Blind?	
Spouse's Occupation		Date of Birth (D.O.B.)		Blind?	
Address				e-mail	
City	State	Zip	Home Phone	Work Phone	

**THINGS TO BRING**

(if applicable):



- Last Year's Tax Return (if new client)
- W-2 Forms for Wages
- 1099 R for Retirement
- 1099s for Interest, Dividends, and Other Income
- K-1s from Partnerships, Corporations or Estates
- Social Security Benefits Statement
- Voided Check for Direct Deposit
- Property Tax Statement
- IRA Year-end Statements
- 1098s: Mortgage Interest, Contributions, Tuition
- Closing Papers for Purchases & Sales, including purchase and sale dates & amounts
- All Other Statements Showing Income
- Last Pay Stub of the Year
- Proof of Health Insurance / 1095-A Form

<p><b>◆ RENTAL/SELF-EMPLOYMENT/FARMING INCOME &amp; EXPENSE</b></p> <p><b>Total Received: \$</b> _____</p> <p><b>Expenses:</b></p> <ul style="list-style-type: none"> <li>Taxes .....</li> <li>Utilities .....</li> <li>Interest .....</li> <li>Insurance.....</li> <li>Repairs.....</li> <li>Supplies.....</li> <li>Equipment .....</li> <li>Advertising.....</li> <li>Other.....</li> </ul> <p><b>Business Mileage</b> (on back)</p> <p><b>Home Office Information</b> (exclusive use): Office sq. footage _____ House sq. footage _____</p> <ul style="list-style-type: none"> <li>Utilities paid .....</li> <li>Insurance paid .....</li> <li>Repairs.....</li> <li>Improvements .....</li> </ul> <table border="1"> <thead> <tr> <th>Sale of Stock or Other Property</th> <th>Cost</th> <th>Sale \$</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p><b>Please bring supporting documents. Dates are important!</b></p>	Sale of Stock or Other Property	Cost	Sale \$										<p><b>OTHER INCOME</b></p> <ul style="list-style-type: none"> <li>★ Wages (Forms W-2).....</li> <li>★ Interest (Forms 1099).....</li> <li>★ Dividends (Forms 1099).....</li> <li>★ Tips.....</li> <li>◆ Child Care.....</li> <li>★ Pensions/Annuities/Roth Conversions ...</li> <li>Jury Duty .....</li> <li>★ Gambling Winnings.....</li> <li>★ Unemployment (1099-G).....</li> <li>Alimony Received.....</li> <li>★ Prizes (1099-Misc.).....</li> <li>★ Debt Cancellation .....</li> <li>★ Partnerships &amp; S Corporations .....</li> <li>★ Estates &amp; Trusts.....</li> <li>★ Social Security/RR Retirement .....</li> <li>Scholarships &amp; Fellowships.....</li> <li>★ State Tax Refunds.....</li> <li>★ Royalties.....</li> <li>Disability .....</li> <li>Veteran's Payments.....</li> <li>Other.....</li> </ul>
Sale of Stock or Other Property	Cost	Sale \$											

\* Bring statements for marked items. ◆ If you need a more detailed worksheet or assistance in compiling records, please call. www.nationstaxservice.com

## Deductions and Credit Items

### ADJUSTMENTS

**Payments to an IRA**      Regular  Roth   
 Taxpayer    Amount \$ \_\_\_\_\_      SEP  SIMPLE   
 Spouse      Amount \$ \_\_\_\_\_

#### Penalty for Early Withdrawal

**Alimony Paid** (Established prior to 2018)

#### Self-Employed Health Insurance

#### Student Loan Interest

**Pymts to MSA/HSA:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

**Withdrawal from MSA/HSA:** Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

### MEDICAL EXPENSES

Insurance & Medicare (not pretax) ..... \_\_\_\_\_  
 Long Term Care Insurance ..... \_\_\_\_\_  
 Prescriptions ..... \_\_\_\_\_  
 Eyeglasses, Hearing Aids & Batteries..... \_\_\_\_\_  
 Doctors ..... \_\_\_\_\_  
 Dentists ..... \_\_\_\_\_  
 Hospital / Ambulance ..... \_\_\_\_\_  
 Auto Mileage..... \_\_\_\_\_ miles  
 Other Medical Expenses, Travel..... \_\_\_\_\_  
 Reimbursement ..... \_\_\_\_\_  
 Did you receive reimbursement atwork? \_\_\_\_\_

### TAXES

Real Estate Taxes ..... \_\_\_\_\_  
 Sales tax paid on vehicle..... \_\_\_\_\_  
 Other sales tax paid (from receipts)..... \_\_\_\_\_  
 State taxes paid for earlier years ..... \_\_\_\_\_  
**State Tax Estimates**  
 date pd. \_\_\_\_\_ \$ \_\_\_\_\_      date pd. \_\_\_\_\_ \$ \_\_\_\_\_  
 date pd. \_\_\_\_\_ \$ \_\_\_\_\_      date pd. \_\_\_\_\_ \$ \_\_\_\_\_  
**Federal Tax Estimates**  
 date pd. \_\_\_\_\_ \$ \_\_\_\_\_      date pd. \_\_\_\_\_ \$ \_\_\_\_\_  
 date pd. \_\_\_\_\_ \$ \_\_\_\_\_      date pd. \_\_\_\_\_ \$ \_\_\_\_\_  
 Vehicle License Tabs, Pers. Prop. Tax.. \_\_\_\_\_

### HIGHER EDUCATION EXPENSES

Post Secondary Tuition/Req. Fees Paid ..... \_\_\_\_\_  
 Date: \_\_\_\_\_ Year in School..... \_\_\_\_\_

### INTEREST EXPENSE

Home Mortgage—Paid to Financial Institutions (**Form 1098**)  
*First Mortgage/Refinance*..... \_\_\_\_\_  
*Loan Origination Fee/Discount Fee*..... \_\_\_\_\_  
*Second Mortgage (if applicable)*..... \_\_\_\_\_  
*Home Equity (no longer deductible)* ..... \_\_\_\_\_  
 Mortgage Insurance (new purchase) .....

### CONTRIBUTIONS

Churches (receipted) ..... \_\_\_\_\_  
 Other Contributions of Money (receipted) . \_\_\_\_\_  
 Charitable Auto Mileage..... \_\_\_\_\_  
 Volunteer Expenses (receipted)..... \_\_\_\_\_  
 Property Donated (for which you have  
     receipts (fair market value)—  
     bring documentation if over \$500)..... \_\_\_\_\_  
 Auto, Boat Donations (Form 1098C) .... \_\_\_\_\_  
 Other..... \_\_\_\_\_  
 Other..... \_\_\_\_\_

### CASUALTY LOSSES ONLY from Federally Declared Disaster

Cost of Property Lost ..... \_\_\_\_\_  
 Fair Market Value of Property..... \_\_\_\_\_  
 Insurance Reimbursement Received.... \_\_\_\_\_  
 Ponzi-style Scheme Loss..... \_\_\_\_\_

### DEDUCTIONS

Gambling Losses..... \_\_\_\_\_  
 Classroom materials for Educators \_\_\_\_\_  
 (cap \$250) \_\_\_\_\_

### CHILD CARE EXPENSES

Names, addresses, and ID#s of provider(s), amount paid.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a dependent care benefit plan atwork? \_\_\_\_\_

### ADOPTION EXPENSES

Amount Paid: \_\_\_\_\_ Date Finalized: \_\_\_\_\_

### DEPENDENT CHILDREN (who live with you)

1) Name	Social Security No.	D.O.B.	2) Name	Social Security No.	D.O.B.
3) Name	Social Security No.	D.O.B.	4) Name	Social Security No.	D.O.B.

### OTHER DEPENDENTS

1) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others
2) Name	Social Security	Time at home	Relationship	Income	Support by you	Support by dependent & others

\* Due to late federal tax law changes, some items listed on this organizer may not be deductible.

Please sign here \_\_\_\_\_ date \_\_\_\_\_

Please sign here \_\_\_\_\_ date \_\_\_\_\_

For Business Tax organizer  
 please visit:  
[www.nationsbusinesscenter.com](http://www.nationsbusinesscenter.com)