



TRANSPORT WORKERS TAX SERVICE, LLC 2020 TAX ORGANIZER

This tax organizer is designed to help you collect and report the information needed to prepare your tax return by focusing attention on new tax code.

In addition to the general questions, please provide us with the following information:

- Copy of your Drivers License (only need if new client)
- A copy of your prior tax return (not necessary, if TWTS prepared)
- W-2's, Schedule K-1, 1099-DIV, 1099-INT, 1099-MISC or 1099-R.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and relating.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information or notices you received, or items you have questions about.

NEW FORM 1040 IS SIMPLIFIED WITH NEW TAX CODE, NEW SCHEDULES COMPLICATE PROCESS. HIGHLY SUGGEST USING A PAID PROVIDER TO ENSURE TAXES ARE PREPARED CORRECTLY

Our fee for processing a Federal and State return is \$365. Enclose a check for \$365 made out to "Transport Workers Tax Service," or see credit card information on page 7. Please note: If you are missing items from your package, our starting fee is \$419 and will delay the processing of your return!

**ADDITIONAL FEES APPLY FOR PREPARATION OF SCHEDULE C, D, & E
and will be based on complexity.**

NO ADDITIONAL FEE FOR SCHEDULE A

REFERRED BY: _____

PERSONAL INFORMATION

	Taxpayer	Spouse
Last Name		
First Name & Initial		
Social Security Number		
Occupation		
Date of Birth		
Email Address		
Cell Phone		
Home Phone		
Mailing Address		
City, State, & Zip		
*School District/COUNTY		

***VERY IMPORTANT for State Returns**

DO YOU WANT YOUR REFUND DIRECT DEPOSITED? Yes No

If yes, please provide the following bank account information:

Name of Bank: _____

Routing Number: _____

Account Number: _____

What is your FILING STATUS, please circle one:

SINGLE MARRIED MARRIED FILING SEPARATE HEAD OF HOUSEHOLD

DEPENDENTS

	Dependent (1)	Dependent (2)	Dependent (3)
First Name & Initial			
Last Name			
Social Security Number			
Relationship			
Months Lived at Home			
Date of Birth			

If you need to include additional information, you may use the back of a worksheet or an additional page.

DID YOU ITEMIZE YOUR DEDUCTIONS LAST YEAR? Yes No

E-FILE MY RETURN(S)

Yes By checking YES, you are acknowledging that you understand the following: We will email your return(s) to you to review for any omissions or misstatements. Upon receiving your reply of approval, we will e-file your return(s) for you.

No By checking NO, you are stating that you would prefer to mail in your return(s) and not have them e-filed.

W-2 WAGES

SALARIES, WAGES, TIPS & OTHER COMPENSATION

SEND ALL COPIES OF W-2s

Taxpayer		Spouse	
# of W-2s Enclosed (1 per employer) :		# of W-2s Enclosed (1 per employer) :	
1.)		<List Employer's Name>	
2.)		<List Employer's Name>	
3.)		<List Employer's Name>	
4.)		<List Employer's Name>	
5.)		<List Employer's Name>	

IF MOVED -

DATE OF TRANSFER: _____

Use reporting date if the move is a work transfer.

1099 INCOME

S INTEREST INCOME (ENCLOSE 1099-INTs)

E DIVIDEND INCOME (ENCLOSE 1099-DIVs)

N STATE REFUND (ENCLOSE 1099-Gs)

D PENSIONS, ANNUITIES OR IRA DISTRIBUTIONS (ENCLOSE 1099-Rs):

Should you have any questions regarding any of your W-2s or 1099s, please contact us.

**S
E
N
D**

A If year of retirement you must enclose a final paystub before retirement.

Source	Did you rollover?	Distribution	Taxable Amount	Taxpayer or Spouse

**A
L
L**

1 CAPITAL GAINS AND LOSSES (ENCLOSE 1099-Bs):

Source	Date Acquired	Date Sold	Total Sales Proceeds	Cost Basis (Must Complete)
# of 1099-Bs Enclosed: _____				
0 Also include brokerage statement summary. Additional fees will apply, if we need to contact you for this information.				

**1
0
9
9
S**

For additional transactions, list on a separate sheet of paper and attach to the organizer.

Instructions: **MUST** include cost basis information from the sale of stock, mutual funds or other security outside of retirement plan. **Additional fees will apply if we need to contact you for this information.**

Transaction summaries from brokerage accounts are acceptable. Send a copy of that summary.

Email : TWTS@transport1040.com
or visit us at www.transport1040.com

PROFIT (LOSS) FROM BUSINESS (Self-Employed Individuals) (Check Here If This Applies) 4

*****PROVIDE A SCHEDULE OF INCOME & EXPENSES*****

Visit our website, www.transport1040.com, for a Business Organizer.

INCOME FROM RENT & ROYALTIES (Check Here If This Applies)

*****PROVIDE A SCHEDULE OF RENT & ROYALTIES*****

Visit our website, www.transport1040.com, for a Rental Organizer.

FORM K-1s (From Partnerships, LLCs, Small Business (S) Corporations, Estates & Trusts) (Check Here If This Applies)

PLEASE ATTACHED

INCOME FROM OTHER SOURCES:

AMOUNT

Taxable Unemployment Compensation (ENCLOSE 1099-Gs)	
State and Local Income Tax Refunds (ENCLOSE 1099-Gs)	
Alimony Received- Payer's Name:	
Payer's Social Security Number:	
Social Security Received - TAXPAYER (ENCLOSE SSA-1)	
Social Security Received - SPOUSE (ENCLOSE SSA-1)	
Gambling Winnings (ENCLOSE 1099-Gs)	
Gambling Losses - Not to exceed gambling winnings	
Miscellaneous Income (ENCLOSE 1099-MISCs or description)	

****If you received a 1099 Misc from your union for school travel reimbursement, be sure to offset this with your out of pocket expenditures on the "Schedule C" worksheet (on our website).**

**GET YOUR REFUND FASTER!!
COMPLETED ORGANIZERS CAN REDUCE TWTS PROCESSING TIME TO 14 DAYS!**

****Please note upon referring 5 new full service clients, your current year tax return will be processed at no charge!**

For 2020 Social Security Taxes increased to : \$8,537.40

Email : TWTS@transport1040.com
Colleen's Cell: 443-545-6316
or visit us at www.transport1040.com

DEDUCTIONS AND CREDITS

IRAs, HSA, & ALIMONY

Taxpayer		Spouse
	<IRA CONTRIBUTIONS>	
	<*ROTH IRA CONTRIBUTIONS>	
	<EDUCATION IRA CONTRIBUTIONS >	

*Note for Roth IRAs: If income exceeds \$189,000 for MFJ/\$120,000 for Single, then your Roth IRA contribution is limited.

	AMOUNT
Health Savings Account (High Deductible Plan) or Archer Medical Savings Account Contributions	
Alimony Paid- Recipient's Name:	
Recipient's Social Security Number:	

MEDICAL & DENTAL EXPENSES

Please note Medical Expenses must exceed 7.5% of your Adj. Gross Income to be deductible – add separate worksheet if you feel this may be applicable.

TAXES PAID

	AMOUNT
State & Local Income Taxes Paid (From 2019 state return, paid after 1/1/2020)	
Real Estate Taxes	
Personal Property Taxes	
State Intangible Tax - List State:	
Other Taxes Paid (Include Auto Registration Tax)	

INTEREST PAID (Enclose 1098s)

	AMOUNT
First Mortgage	
Second Mortgage	
Equity Line	
Deductible Points (Include the HUD-1 closing statement if applicable)	
Deductible Investment Interest - Margin Interest	
Mortgage Insurance (PMI) NO LONGER DEDUCTABLE	XXXXXXXXXXXXXXXXXXXX
Home Mortgage <i>Paid to Individuals</i> Name:	
Address:	
Social Security Number:	

Refinance - Please **include HUD1**, so we can include all deductible line items on your return.

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 Colleen's Cell: 443-545-6316
 or visit us at www.transport1040.com

CONTRIBUTIONS

Cash/Check/Credit Card Donations - (NEW Requirement from the IRS: In order to claim this deduction, you must retain a bank record or written acknowledgement from the charity or organization.)			
List Below			
Name of Organization	Donation Amount	Name of Organization	Donation Amount

Clothing & Other Non- Cash Donations - (The condition of the donated items must be in good used condition or better, AND there must be signed, written acknowledgement from the charity or organization.)			
List Below			
Name of Organization & Date of Donation	Value Amount	Name of Organization & Date of Donation	Value Amount

LOSSES FROM FIRE, STORM, OR OTHER CASUALTY OR THEFT (Submit Detailed Explanation) :

Only applicable if a Federal Disaster Area

Total Loss: \$ _____

COLLEGE EXPENSES (Enclose 1098-Ts) Have you completed the first four years of your post secondary education? Yes No

Student Loan Interest Paid _____

CHILD CARE AND DEPENDENT CARE CREDIT

Do you or your spouse participate in a dependent care benefit program through an employer? Yes or No

Note: Both taxpayers must be gainfully employed or a full-time student to claim this credit. Child must be 13 years of age or younger.

****MUST request a SSN or EIN (Business #) from caretaker to claim the credit.**

Name of Caretaker	Address	(SSN or EIN)	Amount Paid	Cared For

MISCELLANEOUS QUESTIONS

	YES	NO
Has your marital status changed?		
Can another taxpayer claim you or your spouse as a dependent?		
Were there any changes to your dependents during the tax year?		
Do you have any children under 14 who have unearned income greater than \$950?		
Has the IRS notified you of any changes to your prior year income tax return?		

Telephone: 443-545-6316 Email : TWTS@transport1040.com
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STATE SPECIFIC DEDUCTIONS

ESTIMATED TAX PAYMENTS for 2020

	Date Paid	State	State Amount Paid
First Quarter (4/15)			
Second Quarter (7/15)			
Third Quarter (10/15)			
Fourth Quarter (1/15)			
Overpayment Applied from Prior Year			

Amount Paid with 2019 State Tax Return in 2020: \$ _____
 2019 State Estimate Paid in 2020 \$ _____

RENT PAID for residence in California, Illinois

(Please provide, if you rent a home rather than own a home. Certain states offer a deduction or credit for rent paid.)

State	Number of Months Rented during 2019	Amount Paid for Year
Landlord's Name		
Landlord's Address		

529 COLLEGE SAVINGS PLAN CONTRIBUTIONS

Child's Name	State Plan (Ex. NY, MD, VA, etc.)	Amount

Referred by: _____

Thank you for taking the time to fill out our organizer. Feel Free to contact us at 443-545-6316 with any questions. Please mail completed organizer to the following address:

**Transport Workers Tax Service
 PO Box 1423
 Ellicott City, MD 21041**

Please note: If items are missing from your package, our starting fee will be \$419 and it will delay the processing of your return! Be sure to complete both merchant mariner job expense sheets completely!

IF YOU WISH TO PAY BY CREDIT CARD, PLEASE PROVIDE THE FOLLOWING:
 We accept Visa, MasterCard, & Discover. We do **NOT** accept American Express.
 There is a \$20 processing fee for credit cards.

Name on card: _____

Billing address: _____

Card Number _____ Exp Date: _____

Security Code: _____ (3 digit #) Signature: _____

Email : TWTS@transport1040.com
 Colleen's Cell Phone is 443-545-6316 and can be used during off hours if you need assistance
 or visit us at www.transport1040.com