

W-2 Information

Employer	(T)axpayer (S)pouse	Box 1 Gross Wages	Box 2 Federal WH	Box 15 State	Box 17 State WH
Total					

Interest Income

Dividend Income

Source of Interest	Taxable Interest	Non Taxable Interest	Withdrawal Penalty	Source of Dividend	Ordinary	Qualified	Cap. Gain	Div	Foreign Tax Paid
Total				Total					

Retirement Income (1099-R)

Name of Retirement Plan	(T)axpayer (S)pouse	Distribution Code	IRA ? (Y/ N)	Gross Distribution	Taxable Distribution	Federal WH	State WH
Total							

Sales of Stocks (1099 -B), Real Estate (1099 -S), Etc.

Description	Acquired	Date Sold	Sales Price Wash	Cost/Basis	Gain/ Loss	ST/LT	Basis to IRS? Y/N
Total Covered Short Term							
Total Covered Long Term							
Total Non -Covered Short Term							
Total Non -Covered Long Term							

Unemployment

Social Security

	SC/NC/Other	Amount	Fed W/H	State W/H		Amount	Fed W/H
Taxpayer					Taxpayer		
Spouse					Spouse		
Totals					Totals		

_____ **Initial**

Medical Deductions	
Medical Insurance Premiums (Not paid thru employer)	
Long Term Care Insurance Premiums (T)	
(S)	
Medical Miles: _____ x 17¢	
Prescriptions _____	
Eyeglasses /Contacts _____	
Doctors/Dentists _____	
Hospitals _____	
Nursing Home _____	
In-Home Care _____	
Lodging Expenses _____	
Total Other Medical Expenses:	
TOTAL	

Interest Paid	
Home Mortgage Interest (1st Mortgage)	
Home Mortgage Interest (2nd Mortgage)	
Equity Line of Credit if used to buy, build or improve the home that secures the loan	
Points Paid for Home Loan	
Mortgage Insurance Premiums -PMI	
Investment/Margin Interest	
Required Information/Seller Financed	
Name: _____	
Address: _____	
SSN #: _____	
TOTAL	

Taxes Paid	
2020 Additional State Tax Paid	
Real Estate Taxes	
Personal Property Taxes	
Sales Tax Paid on Large Items	
TOTAL	

Charitable Contributions- Receipts Required	
Cash or Check Contributions	
Property or Clothes Contributions	
Mileage Driven for Charitable Activities	
(T) _____ x .14	
(S) _____ x .14	

Adjustments to Income

Did you contribute to a health savings account (HSA) in 2020?
 (Check One) Individual _____ Family Plan
 Amt. contributed that was NOT DEDUCTED from wages _____
 HSA Distribution _____

Self-Employed Health Ins (T) _____ (S) _____
 Educator Expenses Paid (T) _____ (S) _____
 Traditional IRA Contributions (T) _____ (S) _____
 ROTH IRA Contributions (T) _____ (S) _____
 SEP Contributions (T) _____ (S) _____

Miscellaneous Deductions

Gambling Losses	

Casualty Theft / Loss (if Federally Declared Disaster)

Description of Event:
Date of Casualty/Loss:
Original Cost
Fair Market Value before Casualty
Fair Market Value after Casualty
Insurance Proceeds Received

Fuel Credits

Did you purchase gas for off-road business use?
 # of gallons _____
 Did you purchase diesel for off-road business use?
 # of gallons _____
 Did you purchase kerosene or propane for off-road busi-

_____ **Initial**

PLEASE CHECK IF ANY OF THESE APPLY FOR 2020:

- Did you start a business or rent property to others during the year?
- Do you own foreign accounts that total \$50,000 or more?
- Did you buy or sell stocks, bonds, or investment property?
- If you purchased, sold, or refinanced any real estate, bring the closing statements.
- Did you started or completed an adoption process,? Documents and receipts are required.
- If a noncustodial parent claiming a child, Form 8332 is required.
- Did you have a child under age 19 or a fulltime students under the age of 24 on January 1, 2021, with gross income over \$1,110 or total investment income over \$2,200?*
- Did you contribute to a 529 plan?

- Did you make total gifts to a person or trust that were more than \$15,000?
- Did you pay or receive alimony? (Do not include child support)
(Check One) _____ Received _____ Paid
Name _____
SS# _____
Amount \$ _____
Divorce Date _____
- Can we discuss your tax return with the IRS or state?
- Other income:
Form 1099C or A _____
Jury Duty _____
Form 1099 PATR _____
Other: _____

Education (Form 1098-T - Required)

Student	Tuition	Scholarship	Books and Fees

SC Motor Fuel Income Tax Credit

- To claim the SC Motor Fuel Income Tax Credit you must complete Form SC 1 -385. This can be found on our webpage. Receipts for gas and maintenance are required.

South Carolina Education Credit

<i>Transcript Required for SC Tuition Credit</i>	Spring	Summer	Fall
Tuition			
Credit Hours			
Scholarships /Grants			
Did student receive Life or Palmetto Scholarship? (YES) ___ (NO) ___			
Yr of HS graduation _____ Name of HS _____			
1st College Attended _____ Date _____			

South Carolina - Additional Information

Homeowners Insurance on Primary Residence	
Total Years in Active Military Service	
Total Years in Inactive or National Guard Service	
Cost of Economic Impact Zone Stock	
Amount of Fed Estate Tax in Paid 2020	

SC Police/Officers - # of Work Days	
SC Firefighters/Volunteer Points	
Military Retiree ?	
Have you adopted a special needs child?	

Child and Dependent Care Expenses

Name & Address of Provider	Federal ID # of Provider	Dependent 's Name	Amount Paid

- Do you expect significant changes in income, expenses, or dependents in 2020? If yes, please explain below.

NOTES:

The information supplied in this organizer is accurate and true to the best of my knowledge.

Signature: _____ Date _____