HILL, BARTH & KING LLC 1000 SE MONTEREY COMMONS BLVD. STE 101 STUART, FL 34996-3327

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2020 TAX ORGANIZER

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JOHN C. & NINA K. NORRIS
379 SW ASHBY LANE
PALM CITY, FL 34990-1761

This tax organizer has been prepared for your use in gathering the information needed for your 2020 tax return.

To save you time, selected information from your 2019 tax return has been entered in this organizer. Please line through any information that does not apply to your 2020 tax return.

In some cases, 2019 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

(772) 287-4480

F R O M JOHN C. & NINA K. NORRIS 379 SW ASHBY LANE PALM CITY, FL 34990-1761

2020 TAX ORGANIZER

T HILL, BARTH & KING LLC
1000 SE MONTEREY COMMONS BLVD. STE 101
STUART, FL 34996-3327

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature . M emis	Date 2/26/21
Spouse Signature Spouse Signature Spouse Signature	Date 2/26/2)

Questions (Page 1 of 5)

The following questions pertain to the 2020 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:	Yes	No
Did your marital status change?		
Are you married?	~	-
If Yes, do you and your spouse want to file separate returns?		
If No, are you in a domestic partnership, civil union, or other state-defined relationship?		
Can you or your spouse be claimed as a dependent by another taxpayer?		
Did you or your spouse serve in the military or were you or your spouse on active duty?		
Dependents:		
Were there any changes in dependents from the prior year? Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work?		~
Do you have any children under age 18 with unearned income more than \$1,100?		
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,100?		_
Did you adopt a child or begin adoption proceedings?		
Are any of your dependents non-U.S. citizens or non-U.S. residents?		
Healthcare:		
Did you obtain healthcare coverage through the Marketplace?	_	
If Yes, include all Forms 1095-A.		
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?		~
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?		
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed on another taxpayer's return?		<u>~</u> .
Are any of your dependents required to file a tax return?		

Questions (Page 2 of 5)

Healthcare (continued):	Yes	No
Was anyone covered on your health insurance policy also covered on another health insurance policy for any part the year?	of	~
Were you eligible for employer-sponsored healthcare coverage?	~	_
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA. Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA. Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include Forms 1099-LTC.		<u> </u>
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?		
If Yes, how many months were you covered?		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?		
If Yes, how many months were you covered?		
Did you or your spouse lose your job because of foreign competition and pay for your own health insurance	?	
Education:		
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?		r
Did you or your spouse pay any student loan interest?	-	r
Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by yo your spouse, your children or grandchildren?	u,	~
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan?	n	V
If Yes, include all Forms 1099-Q. If Yes, were the amounts withdrawn used for qualified tuition expenses?		
Deductions and Credits:		
Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.		_
Did you or your spouse incur any casualty or theft losses?		_
Did you or your spouse make any large purchases, such as motor vehicles and boats?		_
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	·	
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?		V
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?		
If Yes, provide the number of gallons or special fuels used for off-highway business purposes Gallons Type		
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, so electricity equipment (photovoltaic) or fuel cells?	lar ——	
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?		

Questions (Page 3 of 5)

Investments:	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced?		_
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?		<u>~</u>
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?		<u>~</u>
Did you or your spouse sell, exchange, or purchase any real estate?	-	
If Yes, include closing statements.		
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?		
Did you or your spouse engage in any put or call transactions?	//	_
If Yes, provide the transaction details.		
Did you or your spouse close any open short sales?		
Did you or your spouse sell any securities not reported on Form 1099-B?		_/
Retirement or Severance:		
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?		
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?		N
Did you or your spouse make a qualified charitable contribution?		
Did you or your spouse retire or change jobs?		~
Did you or your spouse receive deferred, retirement or severance compensation?		_
If Yes, enter the date received (Mo/Da/Yr).		
Personal Residence:		
Did your address change?		~
If Yes, provide the new address.		
If Yes, did you move to a different home because of a change in the location of your job?		
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?		N
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?		<u>v</u>
Are your total mortgages on your first and/or second residence greater than \$750,000?		V
If Yes, provide the principal balance and interest rate at the beginning and end of the year.		
Did you or your spouse take out a home equity loan?		V
Did you or your spouse have an outstanding home equity loan at the end of the year?		V
If Yes, provide the principal balance and interest rate at the beginning and end of the year.		
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?		V
Did you or your mortgagee receive mortgage assistance payments?		

Questions (Page 4 of 5)

Sa	ale of Your Home:	Yes	No
	Did you sell your home?	·	~
	Did you receive Form 1099-S?		
	If Yes, include Form 1099-S.		
	Did you or your spouse own and occupy the home as your principal residence for at least two years of the five- year period prior to the sale?		
	Did you or your spouse ever rent out the property?		
	Did you or your spouse ever use any portion of the home for business purposes?		
	Have you or your spouse sold a principal residence within the last two years?		
	At the time of the sale, the residence was owned by the: Taxpayer Spouse Both		
Gi	fts:		
	Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual?		~
	Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?		V
	Did you or your spouse make any gifts to a trust for any amount?		
	Did you or your spouse have a life insurance trust?		
	Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?		_
	Did you or your spouse forgive any indebtedness to any individual, trust or entity?		
Fo	oreign Matters:		
	Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?		~
	Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?	77 <u>-11-11-11-11-</u>	V
	Did you or your spouse create or transfer money or property to a foreign trust?		V
	Did you or your spouse own any foreign financial assets?		
	Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?	(* <u>**********</u>	N
	Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?		~
	If Yes, did the corporation cease to be an S corporation?		•
	If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?		
	If Yes, did you or your shouse transfer any share of stock in the corporation?		

Questions (Page 5 of 5)

Miscellaneous:	Yes	No
Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,200 during the year for domestic services performed in or around your home to individuals who could be considered household employees?		
Did you or your spouse receive unreported tip income of \$20 or more in any month?		
Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness?		11
Did you or your spouse engage in any bartering transactions?		_
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?		
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?		
Did you or your spouse sell, acquire, or exchange Bitcoin or other virtual currencies or engage in any sales or exchanges denominated in Bitcoin or other virtual currencies?		_
Did you or your spouse receive an economic impact payment? If Yes, enter the amount of any economic impact payment received		
If Yes, did you or your spouse repay any of the economic impact payment received? If Yes, enter the amount of the economic impact payment repaid.		

Additional state pages have been included at the back of the organizer and should be reviewed.



Dependents and Wages

3A

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
в						
С						
D						
E						
F						
G						
н						

Did dependent have income over \$4,300?

	▼				
	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN	
Α					
В					
С					
D					
Ε					
F					
G					
Н					

Provide the name of any	dependent who i	s not a U.S.	citizen or Gre	en Card holder
riuviue the halle of any	dependent will i	5 110t a 0.0.	CILIZETI OI CITE	en Calu Holdel.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries:

Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TC	Employer's Name Ta	T	Tax Withheld				
TS		Taxable Wages	Federal	FICA/TIER 1	Medicare	State	Local
-							

Worksheets: Basic Data > General and Dependents; Wages, Salaries and Tips; Rel/Rev of Claim to Exemption for Child (Form 8332)



Electronic Filing

1

Electronic Filing:

Spouse PIN

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implifiling mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns	so require certain
Do not electronically file the federal return	
Do not electronically file the state return(s)	
Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failur checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.	
The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature docume electronically filing.	ent when
Would you like to use a randomly generated PIN? Taxpayer	Yes No
Spouse	
If No, enter a 5-digit self-selected PIN: Taxpayer PIN	





Direct Deposit and Withdrawal

4A

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be receive your refund or pay a balance due elec account information may already be included	tronically, complete the following information	directly from your financial institution. If you would like to n. If you selected either of these options in 2019, your Yes No
Would you like any refunds owed to you direct	tly denosited?	
Would you like to pay any amount due on you		The state of the s
If Yes, what amount would you like withdra		
If Yes, when should the withdrawal occur,		(Mo/Da/Yr)
Would you like to pay any amount due on you		
If Yes, what amount would you like withdra		/Ma/Da/Vd
If Yes, when should the withdrawal occur,		(Mo/Da/Yr)
The IRS and some states allow estimated pay	•	
		onic withdrawal?
would you like to pay any estimated paym	ents due for your state return(s) using electr	ronically withdrawal, if available?
No. 10 Section 1. 1. Section 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	CEACOACH NA	TITONAL DANIE
Name of bank or financial institution		ATIONAL BANK
Routing Transit Number (RTN)		
Account number	<u>xxxxxx2966</u>	
- · · · · · · ·	T	LIDA O
Type of account: X Checking	Traditional Savings	IRA Savings
Archer MS	A Savings Coverdell Ed. Savings	HSA Savings
Is this a business account?	Yes	X No
Account owner	X Taxpayer	X Spouse X Joint
I confirm that the bank account informatio	n and the direct deposit/electronic withdraw	
Would you like any refunds owed to you direc	tly deposited?	Yes No
Would you like to pay any amount due on you	r federal return using electronic withdrawal?	
If Yes, what amount would you like withdra	awn, if not the entire balance due?	
If Yes, when should the withdrawal occur,	if other than the due date of the return?	(Mo/Da/Yr)
Would you like to pay any amount due on you	r state return(s) using electronic withdrawal	?
If Yes, what amount would you like withdra	awn, if not the entire balance due?	
If Yes, when should the withdrawal occur,	if other than the due date of the return?	(Mo/Da/Yr)
The IRS and some states allow estimated pay	ments to be electronically withdrawn on the	due dates of the estimated payments.
Would you like to pay any estimated paym	ents due for your federal return using electro	onic withdrawal?
Would you like to pay any estimated paym	ents due for your state return(s) using electr	onically withdrawal, if available?
Name of bank or financial institution		
Routing Transit Number (RTN)		
Account number		
Type of account: Checking Archer MS	Traditional Savings A Savings Coverdell Ed. Savings	IRA Savings HSA Savings
la Abia a business assessed		
Is this a business account?	Yes	No
Account owner	Taxpayer	Spouse Joint
I confirm that the bank account information	n and the direct deposit/electronic withdraw	val options selected above are correct.