



3250 Kennedy Circle Suite 7    Dubuque, IA 52002    P: 563.557.4441    F: 563.557.4409

Happy New Year to you and your family!

Buchheit Tax Service is prepping for another busy tax season.

**\*Due to COVID-19 we are requesting that our clients simply drop off your 2020 tax information and your tax preparer will contact you if they have questions. If you need a phone interview with your preparer before or after you drop off, please contact our office. Our goal is to keep our clients and our staff as safe as possible. We are also offering curbside drop off and pick up as well as mail slot drop off after our office hours.**

**Enclosed is our tax organizer. Please complete it and include it when you drop off your 2020 tax information. Also enclosed is a letter regarding the Economic Stimulus Payment. Please answer the questions on that form and sign. Please include this signed letter when you drop off your 2020 tax information. We ask that you wear a mask during your time in our office when you drop off and pick up.**

**The IRS requires proof of identity each year to reduce the number of fraudulent tax returns submitted. Please fill in the Driver's Licenses section on the tax organizer with your current information.**

We look forward to working with you soon!

Thank you,

Buchheit Tax Service



Dennis Buchheit    Laurie Bowlden    Angie Coleman    Harry Buchheit    Erin Dema    Jarret Loney    Jim Klein    Sherr Wolf    Lexie Trotter    Audrey Kerker    Rachel Allen    Abbie Gentz    Betsy Kramer    Shannon Soppe    Kari Miller    Michele Berning

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**Did you receive an Economic Stimulus Payment?**

Earlier in 2020 Congress passed the CARES Act in response to COVID-19. The Act authorized an Economic Stimulus Payment.

Generally, if you are a U.S. citizen or U.S. resident alien and met certain income guidelines, you may have received an Economic Impact Payment of \$1,200 (\$2,400 for joint return) if you (and your spouse, if filing a joint return) qualified. A child under age 17 and claimed as a dependent on the return generated an additional \$500 per child.

\_\_\_\_\_ I received an Economic Stimulus Payment  
In the amount of \_\_\_\_\_

\_\_\_\_\_ I did not receive an Economic Stimulus Payment

If the IRS provides a website to check on the amount of the Economic Stimulus Payment may our firm access that application to verify the payment received?  
Please circle the appropriate response.

Yes

No

\_\_\_\_\_  
Signature

Please fill out this tax organizer and include with the information you drop off.

# TAX ORGANIZER

Drop off date \_\_\_\_\_

Preparer's Name \_\_\_\_\_

**Name (Taxpayer)**

\_\_\_\_\_ First \_\_\_\_\_ Last

**Name (Spouse)**

\_\_\_\_\_ First \_\_\_\_\_ Last

**Date of Birth**

\_\_\_\_\_

**Date of Birth**

\_\_\_\_\_

**Taxpayer's Cell #**

\_\_\_\_\_

**Spouse's Cell #**

\_\_\_\_\_

**Best Number to call for Questions**

\_\_\_\_\_

**Email Address**

\_\_\_\_\_

**Did your address change?**

Yes No

(If yes, enter your new address)

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**What school district do you live in?**

\_\_\_\_\_

**Driver's License Info**

**Taxpayer** State \_\_\_\_\_ Number \_\_\_\_\_

**Spouse** State \_\_\_\_\_ Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

Issue Date \_\_\_\_\_ Exp Date \_\_\_\_\_

**Has your Direct Deposit information changed?**

Yes No (If yes, please complete information below)

Name of Bank \_\_\_\_\_

Account Number \_\_\_\_\_ Checking or Savings

**Are you claiming any dependents this year?**

Yes No (If yes, please complete information below)

Provide Date of Birth and SS# or a copy of SS card for **NEW** dependents

Name \_\_\_\_\_

DOB \_\_\_\_\_

Social Security # \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_

Social Security # \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_

Social Security # \_\_\_\_\_

Name \_\_\_\_\_

DOB \_\_\_\_\_

Social Security # \_\_\_\_\_

**Please include the following documents (if applicable) when you drop off**

W-2 (wages)

1099 R (IRA's )

1099R (Pensions)

SSA-1099 (Social Security)

1099 INT (Interest Income)

1099 DIV (Dividend Income)

Notes:

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

Did you get married or divorced in 2020? YES NO

Are you claimed by anyone else on their tax return? YES NO

Did you receive unemployment income in 2020? YES NO  
If Yes please provide form 1099-G

Did you have your health insurance through the marketplace? YES NO  
If Yes please provide form 1095-A

Did you buy or sell a personal residence in 2020? YES NO

Did you take any money out of retirement accounts (IRA, 401(k), etc) ? YES NO  
If Yes please provide form 1099R

Do you have investments in stocks or mutual funds outside your retirement plan? YES NO

Did you have any stock sales? YES NO  
If Yes please provide form 1099B

Do you have a dependent in college? YES NO  
If Yes please provide their form 1098T  
Amount paid for textbooks \_\_\_\_\_

Did you put any money into a College Savings Plan (529) ? YES NO

Do you have any student loan interest? Yes No YES NO  
If yes, please provide form 1098-E or Amount of interest paid \_\_\_\_\_

Did you take a retirement account distribution related to the corona virus or a natural disaster? YES NO

Do you or your spouse (or will you) contribute to an Individual Retirement Account? YES NO

Taxpayer Regular \_\_\_\_\_ Roth \_\_\_\_\_

Spouse Regular \_\_\_\_\_ Roth \_\_\_\_\_

Alimony Received \_\_\_\_\_

Alimony Paid \_\_\_\_\_

Lottery/Gambling Winnings \_\_\_\_\_

Gambling Losses \_\_\_\_\_

Please provide Form W2-G

### Child and Dependent Care Expense

Providers Name \_\_\_\_\_ Address \_\_\_\_\_ SS# or Fed ID# \_\_\_\_\_ Amount \_\_\_\_\_

### Tuition & Textbook Fees for Dependents K-12

Dependent Name \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Medical & Dental

Prescription Drugs  
Health Ins Premium (not deducted from paycheck)  
Supplemental Health Ins Premium  
Dental Ins Premium (Not deducted from paycheck)  
Long Term Care Premium-Taxpayer  
Long Term Care Premium-Spouse  
Doctors, Dentist, Hospital  
Lab & X-ray  
Expenses for long term care  
Eyeglasses/Contact Lenses  
Hearing Aids/Batteries  
Other Medical Expenses  
Medical Miles

Amount  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ miles

## Taxes Paid

Real Estate Tax  
Additional Homes or Land

Amount  
\_\_\_\_\_  
\_\_\_\_\_

### Federal Quarterly Estimated Tax Payments

Date	Amount
_____	_____
_____	_____
_____	_____
_____	_____

### State Quarterly Estimated Tax Payments

Date	Amount
_____	_____
_____	_____
_____	_____
_____	_____

## Auto Registration-IOWA ONLY

Year	Make/Model	Weight	Registration Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Home Mortgage Interest Paid

Name of Bank/Lender	Amount
_____	_____
_____	_____
_____	_____

## Charitable Contributions

Church  
United Way  
Heart/Cancer  
Boy/Girl Scouts  
Charitable Miles  
Other : \_\_\_\_\_  
Other : \_\_\_\_\_  
Clothing or Furniture (bring receipts if over \$500)

Amount  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_