

Appointment Date

FILLING THIS OUT - HELPS US HELP YOU.

BROWN, BROWN AND ASSOCIATES, P.C.

Certified Public Accountants

Thank you for your referrals.

Appointment Time

TAX ORGANIZER for 2020

CLARKSVILLE

309 Poston Street
Clarksville, TN 37040 USA
Phone 931-647-2486
Fax 931-552-3284
marybcpa@bbatn.net
valecia.largin@bbatn.net
cindy.cleaver@bbatn.net
kim.roger@bbatn.net
ada.brown@bbatn.net

SPRINGFIELD

728 South Main
Springfield, TN 37172 USA
Phone 615-384-8431
Fax 615-384-7271
ervin.brown@bbatn.net
claudetta.mcmurtry@bbatn.net
tim.ewing@bbatn.net
jessica.hester@bbatn.net
nikki.hayes@bbatn.net
rebecca.garner@bbatn.net
ada.brown@bbatn.net
chelsea.france@bbatn.net
belinda.heard@bbatn.net

NASHVILLE

1321 Murfreesboro Pike
Suite 505
Nashville, TN 37217 USA
Phone 615-361-8204
Fax 615-361-9910
Ervin Cell 615-415-6037
ervin.brown@bbatn.net
tim.ewing@bbatn.net
jessica.hester@bbatn.net
bob.ziegler@bbatn.net

KNOXVILLE

4505 Greenway Drive
Knoxville, TN 37918 USA
Phone 865-673-9798
Fax 865-524-1509
tina.quarles@bbatn.net
teresa.hicks@bbatn.net
christy.ely@bbatn.net

SEVIERVILLE

112 Parkway
Sevierville, TN 37862 USA
Phone 865-428-2824
Fax 865-428-8880
marybcpa@bbatn.net
amy.mcdowell@bbatn.net
christina.lanier@bbatn.net
jennifer.rugh@bbatn.net

Filing Status:

Single

Head of Household

Married - Filing Jointly

Married - Filing Separately

YOUR PERSONAL INFORMATION

Name SS# Birthdate Occupation Cell #
Spouse's Name SS# Birthdate Occupation Cell #
Address
Dependents Full Name Dependents SS# Relationship Birthdate

ESTIMATED TAXES PAID

Overpayment: April 15, 2020
June 15, 2020
Sept 15, 2020
Jan 15, 2021
Total Paid for this Year

Have Marketplace Insurance Yes / No
Have 1095-A Yes / No
e-mail address

WAGES AND SALARIES

Please make sure all W-2s are enclosed

Employer Amount

DIVIDEND INCOME - 1099 DIV

Payor Amount

RETIREMENTS & ANNUITIES

Please make sure all 1099R's are enclosed.

Payor Amount

TAX EXEMPT INTEREST INCOME

Amount

INTEREST INCOME - 1099 INT

Total
Penalty on early withdrawals

OTHER INCOME

Commissions 1099-MISC
Bonuses & Prizes
Alimony received
State Tax refund 1099 G
Unemployment Compensation
Gambling / Lottery W2G
Husband's Social Security/RR - 1099 SSA
Wife's Social Security/RR - 1099 SSA
Other (List)
Stimulus Received
K-1's Form Ptrs, S-Corp, LLC

INDIVIDUAL RETIREMENT ACCOUNT - DEDUCTIONS

Payments made for current year - Regular
Payments made for current year - Roth
Have Pension Plan? Yes No
Individual Spouse

CANCELLATION OF DEBT / 1099C

Credit Cards or Other
Mortgages

SALES OF PROPERTY, STOCK, EQUIPMENT OR TIMBER

Table with columns: List below any buildings, land and/or equipment sold, 1099B/1099S, Date Purchased, Purchase Price, Date Sold, Sales Price

RENTAL INCOME

Type of Property and Address (List each property separately)

Amount Collected

(a)	
(b)	
(c)	
(d)	

RENTAL EXPENSES

	(a) Amount	(b)	(c)	(d)
Advertising				
Auto & Travel				
Cleaning & Maintenance				
Commissions				
Insurance				
Legal and other professional fees				
Management fees				
Mortgage interest paid to banks				
Other interest				
Pest control				
Repairs				
Supplies				
Taxes				
Utilities				
Other (list)				
TOTAL				

CHILD CARE CREDIT

Name of Qualifying Person	Date of Birth	Relationship	Length of Time Lived with You		
	ID# or SS#	Relationship (if Any)	From	To	Paid
Person or Organization Caring for Child					
Name and Address					

Service Stations, Markets, Various Stores, Self Employed, Over Road Truckers, Hair Salons, Car Sales, etc.

Y N

SCH C / LLC Profit or Loss from Business - 1099 MISC.
(Sole Proprietorship) (Owner Operator)

Sole Proprietor		
Single Member LLC		

BUSINESS INCOME AND EXPENSES

Name of Business	
Federal ID #	
BUSINESS SALES AND INCOME	Amount
Gross Receipts from Business (Money you took in)	
PPP Income	
Inventory on Hand - Beginning of Year	
Merchandise Purchased for Resale	
Inventory on Hand - End of Year	

BUSINESS EXPENSES (What you Paid Out) Amount

Advertising	
Car and truck expenses (Actual)	
Commissioned Fees Paid	
Insurance	
Interest mortgage (paid to banks, etc.)	
Interest - Paid to Others	
Legal, Accounting, Tax Return Prep. Fees	
Office Expenses	
Rent or Lease of Land & Buildings	
Rent Vehicles, Machinery, and Equipment	
Repairs and Maintenance	
Supplies	
Taxes and Licenses	
Travel	
Meals	
Utilities, Telephone, Cell phone	
Wages	
Payroll Taxes	
Other Expenses (List type and amount)	
TOTAL BUSINESS EXPENSES	

AUTO/TRUCK MILEAGE

EQUIPMENT PURCHASED

	Amount

HEALTH/N.H. INS. PAID

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