

2020 Tax Organizer

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NAME:	_____	SSN:	_____
SPOUSE:	_____	SSN:	_____
ADDRESS:	_____	HOME PHONE:	_____
CITY/STATE/ZIP	_____	WORK PHONE:	_____
		EMAIL ADDRESS:	_____

DEPENDENTS				ESTIMATED TAXES PAID		
Name	SSN	DateBirth	Relationship	Date Paid	Fed Amt	St Amt

W-2 INCOME	Box 1	Box 2	Box 18	
Employer	Wages	Fed W/H	State W/H	
				T S*
				T S
				T S
				T S
				T S

State Tax Refund Received in 2020	_____	Name of State	_____				
Interest Income		Dividend Income					
Company	Amount	Company	Amount				
				T S J *			T S J
				T S J			T S J
				T S J			T S J
				T S J			T S J
				T S J			T S J
				T S J			T S J

Other Income (1099Misc, K1, Alimony)		ADJUSTMENTS TO INCOME	
Source	Amount		



**RENTAL INCOME/EXPENSE**

**PROPERTY**

A

B

Location

\_\_\_\_\_

Nr Days Personal Use

\_\_\_\_\_

Purchase Price

\_\_\_\_\_

Improvements

\_\_\_\_\_

Date Purchased

\_\_\_\_\_

Date First Rented

\_\_\_\_\_

Rents Received

\_\_\_\_\_

**EXPENSES**

Advertising

\_\_\_\_\_

Travel

\_\_\_\_\_

Cleaning

\_\_\_\_\_

Maintenance

\_\_\_\_\_

Commissions

\_\_\_\_\_

Insurance

\_\_\_\_\_

Legal/Accounting

\_\_\_\_\_

Management Fee

\_\_\_\_\_

Mortgage Interest

\_\_\_\_\_

Other Interest

\_\_\_\_\_

Repairs

\_\_\_\_\_

Supplies

\_\_\_\_\_

Taxes

\_\_\_\_\_

Utilities

\_\_\_\_\_

Condo Fees

\_\_\_\_\_

Telephone

\_\_\_\_\_

Pest Control

\_\_\_\_\_

Other (List)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Depreciation

\_\_\_\_\_

(I will calculate)

TOTAL EXPENSE

\_\_\_\_\_

NET INC/LOSS

\_\_\_\_\_

ALLOWABLE

\_\_\_\_\_