

## Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any assets used in your trade or business?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>

## Income Information

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?
- Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment?

### Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If you received a 2016 or 2017 qualified disaster retirement plan distribution in 2017 or 2018, did you repay any of the distribution in 2019? If yes, attach any Form(s) 5498 you received.
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

### Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses
- Did anyone in your family receive a scholarship of any kind during the year? If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account? If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

### Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience)

- account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments?
- If yes, attach any Form(s) 1099-H you received.

**Itemized Deduction Information**

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.
- Did you pay real estate taxes for your primary home and/or second home?
- Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.
- Did you incur interest expenses associated with any investment accounts you held?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

**Miscellaneous Information**

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: \_\_\_\_\_
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

## Client Organizer Topical Index

**This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.**

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Children's interest and dividend	76, 77	Miscellaneous itemized deductions	59, 59a
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Contracts and straddles	22	Moving expenses - Active Military	48
Credit for Sick Leave and Family Leave due to COVID-1982		Nonresident Alien	4, 5
Dependent care benefits received	12	Partnership income	10, 38
Dependent information	1	Payments from Qualified Education Programs (1099-Q)	10, 55
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**Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.**

### Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_ [1]  
 Mark if you were married but living apart all year \_\_\_\_\_ [2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_ [3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

### Present Mailing Address

Address \_\_\_\_\_ [40]  
 Apartment number \_\_\_\_\_ [41]  
 City, state postal code, zip code \_\_\_\_\_ [42] \_\_\_\_\_ [43] \_\_\_\_\_ [44]  
 Foreign country name \_\_\_\_\_ [46]  
 Foreign phone number \_\_\_\_\_ [49]  
 In care of addressee \_\_\_\_\_ [50]

### Dependent Information

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>[51]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [52]  
 Social security number of qualifying person \_\_\_\_\_ [53]

#### Dependent Codes

<p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you due to divorce/separation</li> <li>3 = Other dependent</li> <li>4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit</li> </ul> <p><b>***Months</b></p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul>	<p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul>
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Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Mobile telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone #2 number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

    Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

    Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact: \_\_\_\_\_ [18] \_\_\_\_\_ [26]

    Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_ [18] \_\_\_\_\_ [26]

**NOTES/QUESTIONS:**

**Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.**

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_[1]

Primary account:

Financial institution routing transit number \_\_\_\_\_[3]

Name of financial institution \_\_\_\_\_[4]

Your account number \_\_\_\_\_[5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_[6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_[9]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_[10]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_[11] or Percent (xxx.xx) \_\_\_\_\_[12]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_[27]

Name of financial institution \_\_\_\_\_[28]

Your account number \_\_\_\_\_[29]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_[30]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_[31]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_[32]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_[13] or Percent (xxx.xx) \_\_\_\_\_[14]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_[33]

Name of financial institution \_\_\_\_\_[34]

Your account number \_\_\_\_\_[35]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_[36]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_[37]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_[38]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_[17] or Percent (xxx.xx) \_\_\_\_\_[18]

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

### Refund - U.S. Series I Savings Bond Purchases

**A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.**

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar \_\_\_\_\_[15] or Percent (xxx.xx) \_\_\_\_\_[16]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_[19] or Percent (xxx.xx) \_\_\_\_\_[20]

Owner's name (First Last) \_\_\_\_\_[40] \_\_\_\_\_[41]

Co-owner or beneficiary (First Last) \_\_\_\_\_[42] \_\_\_\_\_[43]

Mark if the name listed above is a beneficiary \_\_\_\_\_[44]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar \_\_\_\_\_[23] or Percent (xxx.xx) \_\_\_\_\_[24]

Owner's name (First Last) \_\_\_\_\_[45] \_\_\_\_\_[46]

Co-owner or beneficiary (First Last) \_\_\_\_\_[47] \_\_\_\_\_[48]

Mark if the name listed above is a beneficiary \_\_\_\_\_[49]

### Nonresident Alien - General Information

**Please provide copies of all Forms 1042-S, SSA-1042S, 8288A, and 8805**

Country where you are a citizen or national during the tax year \_\_\_\_\_ [2]  
 Foreign address to use for refund check, if different than mailing address entered on Screen 1040:  
 Foreign address \_\_\_\_\_ [3]  
 Foreign city \_\_\_\_\_ [4]  
 Foreign country name \_\_\_\_\_ [6]  
 Foreign province or county \_\_\_\_\_ [7]  
 Foreign postal code \_\_\_\_\_ [8]  
 Country of permanent residence for tax purposes \_\_\_\_\_ [10]  
 Scholarships and fellowship grants received during tax year: \_\_\_\_\_ [15]  
 U.S. real property interests that were disposed at a gain during the tax year \_\_\_\_\_ + \_\_\_\_\_ [18]

### Income Not Effectively Connected with a U.S. Trade or Business

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:			
_____	+	_____ [21]	+
_____	+	_____	+
Dividends paid by foreign corporations:			
_____	+	_____ [23]	+
_____	+	_____	+
Interest received on mortgages:			
_____	+	_____ [27]	+
_____	+	_____	+
Interest paid by foreign corporations:			
_____	+	_____ [29]	+
_____	+	_____	+
Other Interest received:			
_____	+	_____ [31]	+
_____	+	_____	+
Industrial royalties (patents, trademarks, etc.)			
_____	+	_____ [33]	+
Motion picture or T.V. copyright royalties			
_____	+	_____ [35]	+
Other royalties (copyrights, recording, publishing, etc.)			
_____	+	_____ [37]	+
Real property income and natural resources royalties			
_____	+	_____ [39]	+
Pensions and annuities:			
_____	+	_____ [41]	+
Gambling - Residents of Canada only:			
Winnings _____ [42]      Losses _____ [44]	+	_____ [44]	+
Gambling - Residents of countries other than Canada:			
_____	+	_____ [47]	+
Other income:			
_____	+	_____ [49]	+
_____	+	_____	+

### Capital Gains & Losses Not Effectively Connected with a U.S. Trade or Business

Description of Property <sup>[51]</sup>	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
_____	_____	_____	+	+	+
_____	_____	_____	+	+	+
_____	_____	_____	+	+	+
_____	_____	_____	+	+	+
_____	_____	_____	+	+	+

**Control Totals +**



Have you ever applied to be a green card holder of the United States (Y, N) \_\_\_\_\_ [1]

Were you ever a U.S. citizen? (Y, N) \_\_\_\_\_ [2]

Were you ever a green card holder of the U.S.? (Y, N) \_\_\_\_\_ [3]

If you had a visa on December 31, 2020, enter your visa type \_\_\_\_\_ [5]

If you did not have a visa, enter your U.S. immigration status on December 31, 2020 \_\_\_\_\_ [6]

Date you first entered U.S. \_\_\_\_\_ [7]

If you've ever changed your visa types (nonimmigrant status) or U.S. immigration status:

    Date of visa change \_\_\_\_\_ [9]

    Nature of your visa change \_\_\_\_\_ [10]

If you are a resident of Canada or Mexico **AND** commute to work in the U.S. at frequent intervals, enter 1 for Canada or 2 for Mexico \_\_\_\_\_ [11]

List all dates you entered and left the United States during 2020 (NA for residents of Canada or Mexico) [12]

Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Enter the total number of days (including vacation, nonworkdays, partial work days) you were present in the U.S. during:

2018 \_\_\_\_\_ [13]

2019 \_\_\_\_\_ [14]

2020 \_\_\_\_\_ [15]

Latest U.S. income tax return you filed prior to 2020:

Year filed \_\_\_\_\_ [16]

Type of return filed \_\_\_\_\_ [17]

Did you receive total compensation of \$250,000 or more during 2020 (Y, N) \_\_\_\_\_ [18]

If "Yes" did you use an alternative method to determine the source of the compensation? (Y, N) \_\_\_\_\_ [20]

If you used an alternative method to determine the source of the compensation, provide details in the space below. [19]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complete the following if claiming exemption from income tax under a U.S. income tax treaty

Country Name [21]	Tax Treaty Article	Months Claimed in 2019	Exempt Income in 2020
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were you subject to tax in a foreign country on any of the income entered in the "Exempt income 2020" column (Y, N) \_\_\_\_\_ [22]

Are you claiming treaty benefits pursuant to a Competent Authority determination. If yes, attach a copy of the determination (Y, N) \_\_\_\_\_ [23]

If you paid any amounts related to your 2020 nonresident return (i.e. estimates, extension, Form 1040-C), enter the Internal Revenue Service office that received the payments \_\_\_\_\_ [26]

**IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.**

Mark if you want to file a paper return even if you qualify for electronic filing \_\_\_\_\_[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) \_\_\_\_\_[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account \_\_\_\_\_[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) \_\_\_\_\_[7]

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_[8]

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## NOTES/QUESTIONS:

**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [1]  
Identification number \_\_\_\_\_ [2]  
Issue date \_\_\_\_\_ [3]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [4]  
Location of issuance (State issued only) \_\_\_\_\_ [5]  
Document number (New York only) \_\_\_\_\_ [6]

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [9]  
Identification number \_\_\_\_\_ [10]  
Issue date \_\_\_\_\_ [11]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [12]  
Location of issuance (State issued only) \_\_\_\_\_ [13]  
Document number (New York only) \_\_\_\_\_ [14]

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**NOTES/QUESTIONS:**

If you have an overpayment of 2020 taxes, do you want the excess:

Refunded \_\_\_\_\_ [52]

Applied to 2021 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2021 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2021? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2021 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2021? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences:

\_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_ [74]

**2020 Federal Estimated Tax Payments**

2019 overpayment applied to 2020 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	7/15/20	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	7/15/20	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/20	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/15/21	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

**\*Method of payment indicated in prior year**  
**EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System**  
**Voucher = Form 1040-ES estimated tax payment voucher**

**NOTES/QUESTIONS:**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]

State postal code \_\_\_\_\_ [2]

Amount paid with 2019 return + \_\_\_\_\_ [3]

2019 overpayment applied to '20 estimates + \_\_\_\_\_ [4]

Treat calculated amounts as paid \_\_\_\_\_ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	<div style="border: 1px solid black; padding: 5px;">                     _____                      _____                      _____                      _____                 </div>
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

**2020 City Estimated Tax Payments**

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2019 return + _____ [31]		Amount paid with 2019 return + _____ [53]	
2019 overpayment applied to '20 estimates + _____ [32]		2019 overpayment applied to '20 estimates + _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2019 return + _____ [75]		Amount paid with 2019 return + _____ [97]	
2019 overpayment applied to '20 estimates + _____ [76]		2019 overpayment applied to '20 estimates + _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____



## Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (**See codes below)	Interest Income <sup>[1]</sup>	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

## Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code (**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer											
	Amounts +											
2	Payer											
	Amounts +											
3	Payer											
	Amounts +											
4	Payer											
	Amounts +											
5	Payer											
	Amounts +											
6	Payer											
	Amounts +											
7	Payer											
	Amounts +											
8	Payer											
	Amounts +											
9	Payer											
	Amounts +											
10	Payer											
	Amounts +											

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee





	<b>2020 Information</b>	<b>Prior Year Information</b>
State and local income tax refunds	+ _____ [5]	

	<b>T/S</b>	<b>Agreement Date</b>		<b>2020 Information</b>	<b>Prior Year Information</b>
Alimony received	—	_____	+	_____ [3]	
	—	_____	+	_____ [3]	

\*\*If you received unemployment benefits or any of the special unemployment compensation authorized under the Coronavirus Relief Act, both are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.

	<b>Taxpayer</b>		<b>Spouse</b>	<b>Prior Year Information</b>
Unemployment compensation**	+ _____ [9]	+	_____ [10]	
Unemployment compensation federal withholding	+ _____ [9]	+	_____ [10]	
Unemployment compensation state withholding	+ _____ [9]	+	_____ [10]	
Unemployment compensation repaid	+ _____ [12]	+	_____ [13]	
Alaska Permanent Fund dividends	+ _____ [18]	+	_____ [19]	

	<b>T/S/J</b>	<b>Self-Employment Income ?</b> <small>(Y, N)</small>		<b>2020 Information</b>	<b>Prior Year Information</b>	
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [15]		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		
—	—	—	_____	+		

**NOTES/QUESTIONS:**

### Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

	2020 Information	Prior Year Information
Name of payer _____	[3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[5]	
State postal code _____	[6]	
Rents <b>(Box 1)</b> + _____	[13]	
Royalties <b>(Box 2)</b> + _____	[15]	
Other income <b>(Box 3)</b> + _____	[17]	
Federal income tax withheld <b>(Box 4)</b> + _____	[19]	
Fishing boat proceeds <b>(Box 5)</b> + _____	[21]	
Medical and health care payments <b>(Box 6)</b> + _____	[23]	
Payer made direct sales of \$5,000 or more of consumer products <b>(Box 7)</b> _____	[27]	
Substitute payments in lieu of dividends or interest <b>(Box 8)</b> + _____	[29]	
Crop Insurance proceeds <b>(Box 9)</b> + _____	[31]	
Gross proceeds paid to an attorney <b>(Box 10)</b> + _____	[36]	
Section 409A deferrals <b>(Box 12)</b> + _____	[38]	
Excess golden parachute payments <b>(Box 13)</b> + _____	[40]	
Nonqualified deferred compensation <b>(Box 14)</b> + _____	[42]	
State tax withheld <b>(Box 15)</b> + _____	[44]	
State/Payer's state no. <b>(Box 16)</b> _____	[46]	
State income <b>(Box 17)</b> + _____	[47]	
<b>Control Totals +</b>		

### Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

	2020 Information	Prior Year Information
Name of payer _____	[3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[5]	
State postal code _____	[6]	
Rents <b>(Box 1)</b> + _____	[13]	
Royalties <b>(Box 2)</b> + _____	[15]	
Other income <b>(Box 3)</b> + _____	[17]	
Federal income tax withheld <b>(Box 4)</b> + _____	[19]	
Fishing boat proceeds <b>(Box 5)</b> + _____	[21]	
Medical and health care payments <b>(Box 6)</b> + _____	[23]	
Payer made direct sales of \$5,000 or more of consumer products <b>(Box 7)</b> _____	[27]	
Substitute payments in lieu of dividends or interest <b>(Box 8)</b> + _____	[29]	
Crop Insurance proceeds <b>(Box 9)</b> + _____	[31]	
Gross proceeds paid to an attorney <b>(Box 10)</b> + _____	[36]	
Section 409A deferrals <b>(Box 12)</b> + _____	[38]	
Excess golden parachute payments <b>(Box 13)</b> + _____	[40]	
Nonqualified deferred compensation <b>(Box 14)</b> + _____	[42]	
State tax withheld <b>(Box 15)</b> + _____	[44]	
State/Payer's state no. <b>(Box 16)</b> _____	[46]	
State income <b>(Box 17)</b> + _____	[47]	
<b>Control Totals +</b>		

NOTES/QUESTIONS:

### Nonemployee Compensation #1

Please provide all Forms 1099-NEC

Preparer use only

**2020 Information**

**Prior Year Information**

Name of payer \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Nonemployee compensation (**Box 1**) + \_\_\_\_\_ [13]  
 Federal income tax withheld (**Box 4**) + \_\_\_\_\_ [15]  
 State tax withheld (**Box 5**) + \_\_\_\_\_ [17]  
 State/Payer's state no. (**Box 6**) \_\_\_\_\_ [19]  
 State income (**Box 7**) + \_\_\_\_\_ [20]

**Control Totals +**

### Nonemployee Compensation #2

Please provide all Forms 1099-NEC

Preparer use only

**2020 Information**

**Prior Year Information**

Name of payer \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Nonemployee compensation (**Box 1**) + \_\_\_\_\_ [13]  
 Federal income tax withheld (**Box 4**) + \_\_\_\_\_ [15]  
 State tax withheld (**Box 5**) + \_\_\_\_\_ [17]  
 State/Payer's state no. (**Box 6**) \_\_\_\_\_ [19]  
 State income (**Box 7**) + \_\_\_\_\_ [20]

**Control Totals +**

**NOTES/QUESTIONS:**

### Taxable Distributions Received from Cooperatives #1

Please provide all Forms 1099-PATR

Preparer use only

Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Patron dividends (Box 1)	+	[10]
Nonpatronage distributions (Box 2)	+	[12]
Per-unit retain allocations (Box 3)	+	[14]
Federal income tax withheld (Box 4)	+	[16]
Redeemed nonqualified notices (Box 5)	+	[18]
Section 199A(g) deduction (Box 6)	+	[23]
Qualified payments (Section 199A(b)(7) (Box 7)	+	[24]
Section 199A(a) qual items (Box 8)	+	[25]
Section 199A(a) SSTB items (Box 9)	+	[26]
Investment credit (Box 10)	+	[27]
Work opportunity credit (Box 11)	+	[29]
Patron's AMT adjustments	+	[31]
Other credits and deductions #1 (Box 12)	+	[33]
Other credits and deductions #2 (Box 12)	+	[35]
Specified Coop (Box 13)		[37]

	<b>Control Totals +</b>	
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### Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

Preparer use only

Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		[6]
Patron dividends (Box 1)	+	[10]
Nonpatronage distributions (Box 2)	+	[12]
Per-unit retain allocations (Box 3)	+	[14]
Federal income tax withheld (Box 4)	+	[16]
Redeemed nonqualified notices (Box 5)	+	[18]
Section 199A(g) deduction (Box 6)	+	[23]
Qualified payments (Section 199A(b)(7) (Box 7)	+	[24]
Section 199A(a) qual items (Box 8)	+	[25]
Section 199A(a) SSTB items (Box 9)	+	[26]
Investment credit (Box 10)	+	[27]
Work opportunity credit (Box 11)	+	[29]
Patron's AMT adjustments	+	[31]
Other credits and deductions #1 (Box 12)	+	[33]
Other credits and deductions #2 (Box 12)	+	[35]
Specified Coop (Box 13)		[37]

	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**

**Cancellation of Debt, Abandonment #1**

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications: \_\_\_\_\_ [51]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]

State postal code \_\_\_\_\_ [6]

Name of creditor/lender \_\_\_\_\_ [3]

**Form 1099-C Cancellation of Debt**

Date of identifiable event (Box 1) \_\_\_\_\_ [10]

Amount of debt discharged (Box 2) + \_\_\_\_\_ [11]

Interest if included in box 2 (Box 3) + \_\_\_\_\_ [12]

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate  
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) \_\_\_\_\_ [14]

Fair market value of property (Box 7) + \_\_\_\_\_ [15]

**Form 1099-A Acquisition or Abandonment of Secured Property**

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [16]

Balance of principal outstanding (Box 2) + \_\_\_\_\_ [17]

Fair market value of property (Box 4) + \_\_\_\_\_ [18]

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [19]

**Control Totals +**

**Cancellation of Debt, Abandonment #2**

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications: \_\_\_\_\_ [51]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]

State postal code \_\_\_\_\_ [6]

Name of creditor \_\_\_\_\_ [3]

**Form 1099-C Cancellation of Debt**

Date of identifiable event (Box 1) \_\_\_\_\_ [10]

Amount of debt discharged (Box 2) + \_\_\_\_\_ [11]

Interest if included in box 2 (Box 3) + \_\_\_\_\_ [12]

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate  
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) \_\_\_\_\_ [14]

Fair market value of property (Box 7) + \_\_\_\_\_ [15]

**Form 1099-A Acquisition or Abandonment of Secured Property**

Date of lender's acquisition or knowledge of abandonment (Box 1) \_\_\_\_\_ [16]

Balance of principal outstanding (Box 2) + \_\_\_\_\_ [17]

Fair market value of property (Box 4) + \_\_\_\_\_ [18]

Personally liable for repayment of the debt (if checked) (Box 5) \_\_\_\_\_ [19]

**Control Totals +**

**NOTES/QUESTIONS:**

## Gambling Winnings #1

Please provide all copies of Form W-2G.

**2020 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	_	[1]	
Payer name	_____	[3]	
State postal code	_____	[4]	
Mark if professional gambler	_____	[9]	
Reportable winnings <b>(Box 1)</b>	+ _____	[11]	_____
Date won <b>(Box 2)</b>	_____	[13]	_____
Type of wager <b>(Box 3)</b>	_____	[15]	_____
Federal withholding <b>(Box 4)</b>	+ _____	[17]	_____
Transaction <b>(Box 5)</b>	_____	[19]	_____
Race <b>(Box 6)</b>	_____	[21]	_____
Identical wager winnings <b>(Box 7)</b>	+ _____	[23]	_____
Cashier <b>(Box 8)</b>	_____	[25]	_____
Taxpayer identification number <b>(Box 9)</b>	_____	[27]	_____
Window <b>(Box 10)</b>	_____	[28]	_____
First ID <b>(Box 11)</b>	_____	[30]	_____
Second ID <b>(Box 12)</b>	_____	[31]	_____
Payer's state ID no. <b>(Box 13)</b>	_____	[32]	_____
State winnings <b>(Box 14)</b>	+ _____	[33]	_____
State withholding <b>(Box 15)</b>	+ _____	[35]	_____
Local winnings <b>(Box 16)</b>	+ _____	[37]	_____
Local withholding <b>(Box 17)</b>	+ _____	[39]	_____
Name of locality <b>(Box 18)</b>	_____	[42]	_____

**Prior Year Information**

\_\_\_\_\_

\_\_\_\_\_

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Control Totals +

## Gambling Winnings #2

Please provide all copies of Form W-2G.

**2020 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	_	[1]	
Payer name	_____	[3]	
State postal code	_____	[4]	
Mark if professional gambler	_____	[9]	
Reportable winnings <b>(Box 1)</b>	+ _____	[11]	_____
Date won <b>(Box 2)</b>	_____	[13]	_____
Type of wager <b>(Box 3)</b>	_____	[15]	_____
Federal withholding <b>(Box 4)</b>	+ _____	[17]	_____
Transaction <b>(Box 5)</b>	_____	[19]	_____
Race <b>(Box 6)</b>	_____	[21]	_____
Identical wager winnings <b>(Box 7)</b>	+ _____	[23]	_____
Cashier <b>(Box 8)</b>	_____	[25]	_____
Taxpayer identification number <b>(Box 9)</b>	_____	[27]	_____
Window <b>(Box 10)</b>	_____	[28]	_____
First ID <b>(Box 11)</b>	_____	[30]	_____
Second ID <b>(Box 12)</b>	_____	[31]	_____
Payer's state ID no. <b>(Box 13)</b>	_____	[32]	_____
State winnings <b>(Box 14)</b>	+ _____	[33]	_____
State withholding <b>(Box 15)</b>	+ _____	[35]	_____
Local winnings <b>(Box 16)</b>	+ _____	[37]	_____
Local withholding <b>(Box 17)</b>	+ _____	[39]	_____
Name of locality <b>(Box 18)</b>	_____	[42]	_____

**Prior Year Information**

\_\_\_\_\_

\_\_\_\_\_

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Control Totals +

**NOTES/QUESTIONS:**

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) \_\_\_\_\_ [3]  
 State \_\_\_\_\_ [4]

Foreign Employer Identification (ID) number \_\_\_\_\_ [1]  
 Foreign Employer Name \_\_\_\_\_ [2]  
 Foreign Employer Address \_\_\_\_\_  
     Foreign street address \_\_\_\_\_ [6]  
     Foreign city \_\_\_\_\_ [7]  
     Foreign country code/name \_\_\_\_\_ [8] \_\_\_\_\_ [9]  
     Foreign province/county \_\_\_\_\_ [10]  
     Foreign postal code \_\_\_\_\_ [11]  
     Name "in care of" \_\_\_\_\_ [12]

Employee address, if different from home address on Organizer Form ID: 1040  
 Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)  
 Street address \_\_\_\_\_ [13]  
 City, state, zip code \_\_\_\_\_ [14] \_\_\_\_\_ [15] \_\_\_\_\_ [16]  
 Foreign country code/name \_\_\_\_\_ [17] \_\_\_\_\_ [18]  
 Foreign province/county \_\_\_\_\_ [19]  
 Foreign postal code \_\_\_\_\_ [20]

**Income**

	2020 Information	Prior Year Information
Foreign employer compensation	_____ [22]	

**NOTES/QUESTIONS:**



### Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

**2020 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding <b>(Box 12)</b>	+	_____	[17]
Local withholding <b>(Box 15)</b>	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]

Prior Year Information

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	<b>Control Totals +</b>	
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### Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

**2020 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding <b>(Box 12)</b>	+	_____	[17]
Local withholding <b>(Box 15)</b>	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]

Prior Year Information

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	<b>Control Totals +</b>	
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### Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

**2020 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer	_____		[3]
State postal code	_____		[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding <b>(Box 12)</b>	+	_____	[17]
Local withholding <b>(Box 15)</b>	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]

Prior Year Information

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	<b>Control Totals +</b>	
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**NOTES/QUESTIONS:**

### Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
State postal code \_\_\_\_\_ [2]

#### Social Security Benefits

If you received a Form SSA - 1099, please complete the following information:

	2020 Information	Prior Year Information
Net Benefits for 2020 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [8]	<div style="border: 1px solid black; padding: 5px;"> <p>_____</p> <p>_____</p> <p>_____</p> </div>
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

#### Tier 1 Railroad Benefits

If you received a Form RRB - 1099, please complete the following information:

	2020 Information	Prior Year Information
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; padding: 5px;"> <p>_____</p> <p>_____</p> </div>
Portion of Tier 1 Paid in 2020 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

#### Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any prior year benefits in 2020. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

\_\_\_\_\_ [40]  
 \_\_\_\_\_ [41]  
 \_\_\_\_\_ [42]  
 \_\_\_\_\_ [43]  
 \_\_\_\_\_ [44]

#### NOTES/QUESTIONS:

### Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2020	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2020	+ _____ [5]	+ _____ [6]
Enter the nondeductible contribution amount made in 2021 for use in 2020	+ _____ [7]	+ _____ [8]
Traditional IRA basis	+ _____ [17]	+ _____ [18]
Value of all your traditional IRA's on December 31, 2020:	+ _____ [19]	+ _____ [20]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

### Roth IRA

**Please provide copies of any 1998 through 2019 Form 8606 not prepared by this office**

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [29]	__ [30]
Enter the total Roth IRA contributions made for use in 2020	+ _____ [31]	+ _____ [32]
Enter the amount a 2020 Roth IRA conversion should be adjusted by	+ _____ [39]	+ _____ [40]
Enter the total contribution Roth IRA basis on December 31, 2019	+ _____ [43]	+ _____ [44]
Enter the total Roth IRA contribution recharacterizations for 2020	+ _____ [45]	+ _____ [46]
Enter the Roth conversion IRA basis on December 31, 2019	+ _____ [47]	+ _____ [48]
Value of all your Roth IRA's on December 31, 2020:	+ _____ [49]	+ _____ [50]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**NOTES/QUESTIONS:**

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**Preparer use only**

Business activity or profession name \_\_\_\_\_ [3]  
 Taxpayer/Spouse (T, S) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) \_\_\_\_\_ [6]  
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) \_\_\_\_\_ [7]  
 Enter the total amount of contributions made to a Keogh plan in 2020 + \_\_\_\_\_ [8]  
 Enter the total amount of contributions made to a Solo 401(k) plan in 2020 + \_\_\_\_\_ [9]  
 Enter the total amount of contributions made to a SEP plan in 2020 + \_\_\_\_\_ [10]  
 Enter the total amount of contributions made to a SARSEP plan in 2020 + \_\_\_\_\_ [11]  
 Enter the total amount of contributions made to a defined benefit plan in 2020 + \_\_\_\_\_ [12]  
 Enter the total amount of contributions made to a profit-sharing plan in 2020 + \_\_\_\_\_ [13]  
 Enter the total amount of contributions made to a money purchase plan in 2020 + \_\_\_\_\_ [14]  
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2020 + \_\_\_\_\_ [15]  
 Enter the total amount of contributions to a SIMPLE IRA plan in 2020 + \_\_\_\_\_ [16]

<b>Catch-up Contributions</b>
-------------------------------

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2020 + \_\_\_\_\_ [17]  
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2020 + \_\_\_\_\_ [18]

<b>Elective Deferrals</b>
---------------------------

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2020 + \_\_\_\_\_ [19]  
 Enter the amount of elective deferrals designated as Roth contributions in 2020 + \_\_\_\_\_ [20]

**NOTES/QUESTIONS:**





**Preparer use only**  
Principal business or profession \_\_\_\_\_

<b>Preparer use only Carryovers</b>	<b>Non-QBI &amp; Tax</b>	<b>For QBI &amp; Tax</b>	<b>AMT</b>
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

**NOTES/QUESTIONS:**

**Preparer use only**

**2020 Information**

**Prior Year Information**

Description \_\_\_\_\_ [2]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_ [3] State postal code \_\_\_\_\_ [5]  
 Physical address: Street \_\_\_\_\_ [6]  
 City, state, zip code \_\_\_\_\_ [7] \_\_\_ [8] \_\_\_\_\_ [9]  
 Foreign country \_\_\_\_\_ [11]  
 Foreign province/county \_\_\_\_\_ [12]  
 Foreign postal code \_\_\_\_\_ [13]  
 Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) \_\_\_\_\_ [14]  
 Description of other type (Type code #8) \_\_\_\_\_ [15]  
 Did you make any payments in 2020 that require you to file Form(s) 1099? (Y,N) \_\_\_\_\_ [16]  
 If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [18]  
 Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) \_\_\_\_\_ [20]  
 Percentage of ownership if not 100% \_\_\_\_\_ [22]  
 Business use percentage, if not 100% (Not vacation home percentage) \_\_\_\_\_ [24]

*(This area is shaded and contains horizontal lines for prior year information.)*

**Rent and Royalty Income**

**Rents and royalties**

**2020 Information**

**Prior Year Information**

\_\_\_\_\_ + \_\_\_\_\_ [33]  
 \_\_\_\_\_

*(This area is shaded and contains horizontal lines for prior year information.)*

**Rent and Royalty Expenses**

**2020 Information**

**Percent if not 100%**

**Prior Year Information**

Advertising + \_\_\_\_\_ [35] \_\_\_\_\_ [36]  
 Auto + \_\_\_\_\_ [38] \_\_\_\_\_ [39]  
 Travel + \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Cleaning and maintenance + \_\_\_\_\_ [44] \_\_\_\_\_ [45]  
 Commissions:  
 \_\_\_\_\_ + \_\_\_\_\_ [47] \_\_\_\_\_ [49]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Insurance:  
 \_\_\_\_\_ + \_\_\_\_\_ [50] \_\_\_\_\_ [52]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Legal and professional fees + \_\_\_\_\_ [54] \_\_\_\_\_ [55]  
 Management fees:  
 \_\_\_\_\_ + \_\_\_\_\_ [57] \_\_\_\_\_ [59]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Mortgage interest paid to banks, etc (Form 1098)  
 \_\_\_\_\_ + \_\_\_\_\_ [60] \_\_\_\_\_ [62]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Other mortgage interest + \_\_\_\_\_ [63] \_\_\_\_\_ [65]  
 Qualified mortgage insurance premiums + \_\_\_\_\_ [66] \_\_\_\_\_ [67]  
 Other interest:  
 \_\_\_\_\_ + \_\_\_\_\_ [69] \_\_\_\_\_ [71]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Repairs + \_\_\_\_\_ [72] \_\_\_\_\_ [73]  
 Supplies + \_\_\_\_\_ [75] \_\_\_\_\_ [76]  
 Taxes:  
 \_\_\_\_\_ + \_\_\_\_\_ [78] \_\_\_\_\_ [80]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Utilities + \_\_\_\_\_ [81] \_\_\_\_\_ [82]  
 Depreciation + \_\_\_\_\_ [84] \_\_\_\_\_ [85]  
 Depletion + \_\_\_\_\_ [87] \_\_\_\_\_ [88]  
 Other expenses:  
 \_\_\_\_\_ + \_\_\_\_\_ [90] \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

*(This area is shaded and contains horizontal lines for prior year information.)*

**Control Totals +**



**Preparer use only**  
Description \_\_\_\_\_

**Refinancing Points**

**Preparer - Enter on Screen Rent**

	2020 Information	Prior Year Information	
<b>Refinancing points paid -</b>			
Recipient's/Lender's name _____	[92]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2020 _____			
Total points paid _____			
Points deemed as paid in current year <b>(Preparer use only)</b> _____			
<b>Refinancing points paid -</b>			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2020 _____			
Total points paid _____			
Points deemed as paid in current year <b>(Preparer use only)</b> _____			
<b>Refinancing points paid -</b>			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2020 _____			
Total points paid _____			
Points deemed as paid in current year <b>(Preparer use only)</b> _____			

**Vacation Home Information**

**Preparer - Enter on Screen Rent-3**

	2020 Information	Prior Year Information
Number of days home was used personally _____	[5]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Number of days home was rented _____	[7]	
Number of day home owned, if not 366 _____	[9]	
Carryover of disallowed operating expenses into 2020 + _____	[21]	
Carryover of disallowed depreciation expenses into 2020 + _____	[22]	

**Passive and Other Information**

**Preparer - Enter on Screen Rent-2**

<b>Preparer use only Carryovers</b>	<b>Non-QBI and Tax</b>	<b>For QBI &amp; Tax</b>	<b>AMT</b>
Operating	+ [25]	+ [26]	+ [27]
Short-term capital		+ [28]	+ [29]
Long-term capital		+ [30]	+ [31]
28% rate capital		+ [32]	+ [33]
Section 1231 loss	+ [34]	+ [35]	+ [36]
Ordinary business gain/loss	+ [37]	+ [38]	+ [39]
Section 179	+ [40]	+ [41]	+ [42]

**NOTES/QUESTIONS:**

Please provide all Forms 1099-K

Preparer use only

	2020 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Did you make any payments in 2020 that require you to file Form(s) 1099? (Y, N)	_____ [14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	
Medical insurance premiums paid by this activity	+ _____ [21]	
Long-term care premiums paid by this activity	+ _____ [25]	

**Schedule F Income**

Sales Code**	Income description	2020 Information	Prior Year Information
—	_____	+ _____ [35]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

** Sales Codes	
1 = Cash sales of items bought for resale	4 = Custom hire (machine work)
2 = Cash sales of items raised	5 = Other income
3 = Accrual sales	

	2020 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [37]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [39]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [41]	
Ending Inventory of livestock and other items (Accrual method)	+ _____ [43]	
Total cooperative distributions you received	+ _____ [45]	
Taxable cooperative distributions you received	+ _____ [47]	

	2020 Total	2020 Taxable	Prior Year Information
Agricultural program payments	_____	+ _____ [50]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2020 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ _____ [52]	
Commodity credit loans reported under election:	_____ [54]	
_____	_____	
Total commodity credit loans forfeited	+ _____ [56]	
Taxable commodity credit loans forfeited	+ _____ [58]	

	2020 Total	2020 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2020	_____	+ _____ [61]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Mark if electing to defer crop insurance proceeds to 2021	_____ [63]		
Crop insurance proceeds deferred from 2019	+ _____ [65]	+ _____	

**Control Totals +**

**Preparer use only**

Description

	2020 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Chemicals	+ _____ [7]	
Conservation expenses	+ _____ [9]	
Carryover from prior years	+ _____ [11]	
Custom hire (machine work)	+ _____ [13]	
Depreciation	+ _____ [15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	
Feed purchased	+ _____ [19]	
Fertilizers and lime	+ _____ [21]	
Freight and trucking	+ _____ [23]	
Gasoline, fuel, and oil	+ _____ [25]	
Insurance (Other than health)	+ _____ [28]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Mortgage interest (Paid to banks, etc.)	+ _____ [30]	
_____	+ _____	
_____	+ _____	
Other interest	+ _____ [32]	
Labor hired (Less employment credit)	+ _____ [34]	
Pension and profit sharing	+ _____ [36]	
Rent - vehicles, machinery, and equipment	+ _____ [38]	
Rent - other	+ _____ [40]	
Repairs and maintenance	+ _____ [42]	
Seed and plants purchased	+ _____ [44]	
Storage and warehousing	+ _____ [46]	
Supplies purchased	+ _____ [48]	
Taxes:	+ _____ [50]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Utilities	+ _____ [52]	
Veterinary, breeding, and medicine	+ _____ [54]	
Other expenses:	+ _____ [56]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Preproductive period expenses	+ _____ [58]	

Preparer use only

Description \_\_\_\_\_

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

**NOTES/QUESTIONS:**

Preparer use only

	2020 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Employer identification number	_____ [3]	
Description	_____ [4]	
State postal code	_____ [5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	_____ [6]	

**Income Items**

	2020 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____	+ _____ [15]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Total cooperative distributions you received	+ _____ [17]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxable cooperative distributions you received	+ _____ [19]	

	2020 Total	2020 Taxable	Prior Year Information
Agricultural program payments:			<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____ + _____	_____ [21]	_____ [22]	
_____ + _____	+ _____	+ _____	
_____ + _____	+ _____	+ _____	

	2020 Information	Prior Year Information
Commodity credit loans reported under election:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____	+ _____ [24]	
_____	+ _____	
Total commodity credit loans forfeited	+ _____ [26]	
Taxable commodity credit loans forfeited	+ _____ [28]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>

	2020 Total	2020 Taxable	Prior Year Information
Crop insurance proceeds you received in 2020			<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____ + _____	_____ [30]	_____ [31]	
_____ + _____	+ _____	+ _____	
_____ + _____	+ _____	+ _____	

	2020 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2021	_____ [33]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Crop insurance proceeds deferred from 2019	+ _____ [35]	
Other income:		
_____	+ _____ [38]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	



Description	_____	[1]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D)	_____	[7]
Date former residence was acquired	_____	[9]
Date former residence was sold	_____	[10]
Selling price of former residence	+ _____	[11]
Expenses related to the sale of your old home	+ _____	[12]
Original cost of home sold including capital improvements	+ _____	[13]

### Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date)	_____	[19]
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

### Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed	+ _____	[28]
Total current year payments received	+ _____	[29]

### Form 6252 - Related Party Installment Sale Information

Related party name	_____	[30]
Address	_____	[31]
City, State and Zip	_____ [32] [33]	[34]
Identifying number of related party	_____	[35]
Was the property sold as a marketable security? (Y, N)	_____	[36]
Enter date of second sale if more than 2 years after the first sale	_____	[37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	_____	[38]
Selling price of property sold by a related party	+ _____	[40]

### NOTES/QUESTIONS:

Preparer use only

	2020 Information	Prior Year Information
Description _____	[3]	
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[19]	
Date sold _____	[20]	
Gross sales price of property sold + _____	[21]	
Mortgage and other debts the buyer assumed + _____	[23]	
Cost or other basis + _____	[25]	
Commissions and other expenses of the sale + _____	[27]	
Gross profit percentage _____	[29]	
Total current year principal payments received + _____	[35]	
Prior year principal payments received + _____	[37]	
Total ordinary income to recapture + _____	[39]	
Total ordinary income previously recaptured + _____	[41]	
<b>Control Totals +</b>		

Prior Year Installment Sale

Preparer use only

	2020 Information	Prior Year Information
Description _____	[3]	
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[19]	
Date sold _____	[20]	
Gross sales price of property sold + _____	[21]	
Mortgage and other debts the buyer assumed + _____	[23]	
Cost or other basis + _____	[25]	
Commissions and other expenses of the sale + _____	[27]	
Gross profit percentage _____	[29]	
Total current year principal payments received + _____	[35]	
Prior year principal payments received + _____	[37]	
Total ordinary income to recapture + _____	[39]	
Total ordinary income previously recaptured + _____	[41]	
<b>Control Totals +</b>		

NOTES/QUESTIONS:



This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service.  
 Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2020 Information	Prior Year Information
Asset description	_____ [2]	[Shaded area for Prior Year Information]
Asset identifying number or other designation	_____ [3]	
Date asset acquired	_____ [4]	
Date asset disposed	_____ [6]	
Asset jointly owned with spouse	_____ [7]	
Maximum value of asset	_____ [9]	

**Asset foreign entity information -** (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_ [14]  
 Foreign entity name \_\_\_\_\_ [16]  
 Foreign entity address \_\_\_\_\_ [17]  
 City, state, zip code \_\_\_\_\_ [18] \_\_\_\_\_ [19] \_\_\_\_\_ [20]  
 Foreign country code/name \_\_\_\_\_ [21] \_\_\_\_\_ [22]  
 Foreign province/county \_\_\_\_\_ [23]  
 Foreign postal code \_\_\_\_\_ [24]

**Asset issuer or counterparty information -** (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) \_\_\_\_\_ [25]  
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_  
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) \_\_\_\_\_  
 Individual or organization name \_\_\_\_\_  
 Address of issuer or counterparty \_\_\_\_\_  
 City, state, zip code \_\_\_\_\_  
 Foreign country code/name \_\_\_\_\_  
 Foreign province/county \_\_\_\_\_  
 Foreign postal code \_\_\_\_\_

**Asset issuer or counterparty information -** (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) \_\_\_\_\_  
 Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) \_\_\_\_\_  
 If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) \_\_\_\_\_  
 Individual or organization name \_\_\_\_\_  
 Address of issuer or counterparty \_\_\_\_\_  
 City, state, zip code \_\_\_\_\_  
 Foreign country code/name \_\_\_\_\_  
 Foreign province/county \_\_\_\_\_  
 Foreign postal code \_\_\_\_\_

**NOTES/QUESTIONS:**

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J)

\_\_ [1]

	2020 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	__ [4]	[Shaded area for Prior Year Information]
Type of Account:		
Bank	__ [5]	
Securities	__ [6]	
Other	__ [7]	
Maximum value of account	__ [8]	
Account number or other designation	__ [10]	
Financial institution	__ [12]	
Address of financial institution	__ [13]	
City, state, zip code	__ [14] __ [15] __ [16]	
Foreign country code/name	__ [17] __ [18]	
For addresses in Mexico, enter state	__ [20]	
Foreign province/county	__ [23]	
Foreign postal code	__ [24]	
Account jointly owned with spouse	__ [25]	
Account opened during the tax year	__ [47]	
Account closed during the tax year	__ [49]	
Information is reported for a financial account which is:	__ [27]	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

**Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account**

Taxpayer identification number of account holder/joint owner	__ [28]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	__ [29]
Last name or organization name of account holder/joint owner	__ [30]
First name and middle initial of account holder/joint owner	__ [31] __ [32]
Address and apartment	__ [33] __ [34]
City, state, zip code	__ [35] __ [36] __ [37]
Foreign country code/name	__ [38] __ [39]
For addresses in Mexico, enter state	__ [41]
Foreign postal code	__ [44]
Number of joint owners (Not including taxpayer, if applicable)	__ [45]
Filer's title with this owner (If applicable)	__ [46]

**NOTES/QUESTIONS:**

**Foreign Earned Income Exclusion**

Taxpayer/Spouse (T, S)  [1] State postal code  [3]  
 Foreign street address  [4] City   
 State/Province  Country code   
 Country  Postal code   
 Employer's name  [2]  
 U.S. address  [5] City   
 State postal code  Zip code   
 Foreign street address  [6] City   
 State/Province  Country code   
 Country  Postal code   
 Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other)  [7] If other, specify type  [8]  
 Country of citizenship  [11]  
 If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:  
 City/Country  [12] Days   
 City/Country  Days   
 List tax home(s) during the tax year and dates established:  
 Tax home  [13] Date   
 Tax home  Date

**Foreign Earned Income Allocation Information**

**\*U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information: [16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign days worked before and after foreign assignment <input type="text"/> [17]		Total days worked before and after foreign assignment		<input type="text"/> [18]
Total number of days worked during year (defaults to 240)				<input type="text"/> [19]

**Bona Fide Residence Test**

Date foreign residence began  [21] Date foreign residence ended  [22]  
 Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer)  [23]  
 If any family members lived abroad with you during any part of tax year, list who and for what period:  
 Relationship  Period abroad  [24]  
 Relationship  Period abroad   
 Relationship  Period abroad   
 Relationship  Period abroad   
 Mark if you submitted a statement to foreign country authorities that you are not a resident of that country  [25]  
 Mark if required to pay income tax to that country  [26]  
 List any contractual terms or other conditions relating to length of employment abroad  [27]  
 Type of visa used to enter foreign country  [28]  
 Explanation if visa limited length of stay or employment  [29]

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:

Address  [30] City   
 State postal code  Zip code   
 Rented  Occupant  Relationship   
 Address  [30] City   
 State postal code  Zip code   
 Rented  Occupant  Relationship

**Physical Presence Test**

Principal country of employment  [31]

Employer's name \_\_\_\_\_  
 Taxpayer/Spouse (T, S) \_\_\_\_\_  
 State postal code \_\_\_\_\_

**Foreign Earned Income**

**\*Please use the Foreign Earned Income Allocation Codes located below**

	Allocation Code*	Amount
<b>Noncash income:</b>		
Home (lodging) _____	[10] ___ [11]	+ _____ [12]
Meals _____	[13] ___ [14]	+ _____ [15]
Car _____	[16] ___ [17]	+ _____ [18]
Other properties or facilities (Please enter code here and description and amount below): _____ _____ _____ _____	___ [19]	+ _____ [20] + _____ + _____ + _____ + _____
<b>Allowances, reimbursements or expenses paid on behalf:</b>		
Cost of living and overseas differential _____	___ [21]	+ _____ [22]
Family _____	___ [23]	+ _____ [24]
Education _____	___ [25]	+ _____ [26]
Home leave _____	___ [27]	+ _____ [28]
Quarters _____	___ [29]	+ _____ [30]
Other purposes (Please enter code here and description and amount below): _____ _____ _____ _____	___ [31]	+ _____ [32] + _____ + _____ + _____ + _____
Other foreign earned income (Please enter code here and description and amount below): _____ _____ _____ _____	___ [33]	+ _____ [34] + _____ + _____ + _____ + _____
Excludable meals and lodging under section 119 _____		+ _____ [35]

**\*Foreign Earned Income Allocation Codes**

**1 = 100% foreign during assignment**  
**2 = 100% U.S. during assignment**  
**3 = U.S. and foreign days worked during assignment**  
**4 = U.S. and foreign days before/after assignment**  
**5 = Days worked before, during, and after assignment**

**Deductions Allocable to Foreign Earned Income**

	Allocation Code*	Amount
Other allocable deductions _____	___ [36]	+ _____ [37]

**Housing Exclusion/Deduction**

Qualified housing expense _____	+ _____ [47]
---------------------------------	--------------

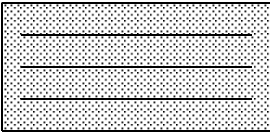
**NOTES/QUESTIONS:**

**Preparer use only**

Description of move	_____	[2]
Taxpayer/Spouse/Joint (T, S, J)	_____	[3]
Mark if the move was due to service in the armed forces	_____	[7]
Number of miles from old home to new workplace	_____	[8]
Number of miles from old home to old workplace	_____	[9]
Mark if move is outside United States or its possessions	_____	[10]
Transportation and storage expenses	+ _____	[11]
Travel and lodging (not including meals)	+ _____	[12]
Miles driven to new home	_____	[13]
Total amount reimbursed for moving expenses	+ _____	[15]

**NOTES/QUESTIONS:**

Complete this section if you paid interest on a qualified student loan in 2020 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2020. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2020 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**NOTES/QUESTIONS:**

## Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

**Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.**

**Preparer - Enter on Screen Educate2**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [8]  
 Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Student's last name \_\_\_\_\_

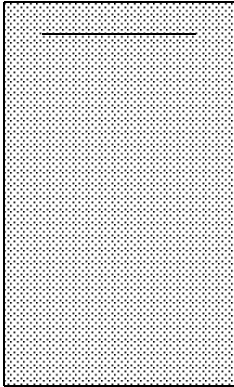
### Institution Information

**Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.**

Institution's federal identification number \_\_\_\_\_ [8]  
 Institution's name \_\_\_\_\_  
 Institution's street address \_\_\_\_\_  
 Institution's city, state, zip code \_\_\_\_\_

### Tuition Paid and Related Information

**Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2020.  
 Enter the amount actually paid during 2020.**

	2020 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) <b>(Box 1)</b>	+ _____ [8]	
Educational institution changed its reporting method for 2020 <b>(Box 3)</b>	—	
Adjustments made for a prior year <b>(Box 4)</b>	_____	
Scholarships or grants <b>(Box 5)</b>	_____	
Adjustments to scholarships or grants for a prior year <b>(Box 6)</b>	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2021 <b>(Box 7)</b>	—	
At least half-time student <b>(Box 8)</b>	—	
Graduate student <b>(Box 9)</b> (1=Yes, 2=No)	—	
Insurance contract reimbursement/refund <b>(Box 10)</b>	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2020		

**NOTES/QUESTIONS:**

**Qualified Education Programs**  
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 Payer name \_\_\_\_\_ [3]  
 State postal code \_\_\_\_\_ [4]  
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) \_\_\_\_\_ [6]  
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) \_\_\_\_\_ [7]  
 Final distribution \_\_\_\_\_ [8]

**Contributions and Basis**

Beneficiary's Information (if not taxpayer or spouse)

Social security number \_\_\_\_\_ [11]  
 First name \_\_\_\_\_ [12]  
 Last name \_\_\_\_\_ [13]

	<b>2020 Information</b>	<b>Prior Year Information</b>				
Amount contributed in current year	+ _____ [14]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
Basis of this account at 12/31/19	+ _____ [17]					
Value of this account at 12/31/20	+ _____ [19]					
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]					

**Payments from Qualified Education Programs**

	<b>2020 Information</b>	<b>Prior Year Information</b>										
Gross distribution ( <b>Box 1</b> )	+ _____ [30]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>										
Earnings ( <b>Box 2</b> )	+ _____ [32]											
Basis ( <b>Box 3</b> )	+ _____ [34]											
Trustee-to-trustee rollover ( <b>Box 4</b> )	_____ [36]											
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]											
<b>Box 5 -</b>												
Private QTP	_____ [39]											
State QTP	_____ [40]											
Coverdell ESA	_____ [41]											
Check if the recipient is not the designated beneficiary ( <b>Box 6</b> )	_____ [42]											
Qualified education expenses	+ _____ [43]											
Elementary and secondary education expenses	+ _____ [45]											

**NOTES/QUESTIONS:**





### Interest Expenses

T/S/J	Home mortgage interest: From Form 1098	2020 Interest Paid <sup>[2]</sup>	2020 Points Paid	Type*	2020 Mortgage Ins. Premiums Paid	Prior Year Information
[1]		+	+	+	+	
		+	+	+	+	
		+	+	+	+	
		+	+	+	+	
		+	+	+	+	
		+	+	+	+	
		+	+	+	+	
		+	+	+	+	
		+	+	+	+	
		+	+	+	+	

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home      1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name Other, such as: Home mortgage interest paid to individuals	SSN or EIN	2020 Information	Prior Year Information
[4]			+	[5]
	<b>Address</b>			
	<b>City, state and zip code</b>			
			+	
	<b>Address</b>			
	<b>City, state and zip code</b>			

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2020 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2020 (**Preparer use only**) \_\_\_\_\_ + \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2020 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2020 (**Preparer use only**) \_\_\_\_\_ + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2020 \_\_\_\_\_

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	2020 Information	Prior Year Information
[15]		+	[16]
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

T/S/J	2020 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.		
Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.		
[2] _____	+ _____ [3]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[5] Volunteer miles driven _____ [6]		
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8] _____	+ _____ [9]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**Miscellaneous Deductions**

T/S/J	2020 Information	Prior Year Information
Other expenses		
[12] _____	+ _____ [13]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Gambling losses: (Enter only if you have gambling income)		
[15] _____	+ _____ [16]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

**NOTES/QUESTIONS:**



Complete this section if either of the following applies:

- You have home acquisition/improvement debt over \$750,000 for loans taken out in 2018 or later
- You have home acquisition/improvement debt over \$1,000,000 for loans taken out in 2017 or earlier

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

	2020 Information	
Description of loan/property _____		[2]
Taxpayer/Spouse/Joint (T, S, J) _____		[3]
Loan origination date _____		[4]
If refinanced debt, date of initial loan _____		[5]
Fair market value of home + _____		[6]
Number of months loan was outstanding in 2020, if not 12 _____		[8]
Number of months home was a qualifying home _____		[10]
(If different from number of months loan was outstanding)		
Principal paid in 2020 + _____		[12]
Interest paid during 2020 + _____		[14]
Points reported on Form 1098 for 2020 + _____		[17]
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____		[20]
Recipient SSN or EIN _____		[21]
Recipient address _____		[22]
Recipient city, state, zip code _____ [23] _____ [24] _____		[25]
Grandfather debt as of 12/31/19 (or first day mortgage was outstanding) + _____		[26]
Grandfather debt as of 12/31/20 (or last day mortgage was outstanding) + _____		[28]
Home acquisition/improvement debt as of 12/31/19 (or first day mortgage was outstanding) + _____		[30]
Home acquisition/improvement debt as of 12/31/20 (or last day mortgage was outstanding) + _____		[32]
Home equity debt as of 12/31/19*** (or first day mortgage was outstanding) + _____		[34]
Home equity debt as of 12/31/20*** (or last day mortgage was outstanding) + _____		[36]
*** ONLY portion of loan proceeds used to buy, build, or improve qualified residence		
Average balance in 2020 of grandfather debt + _____		[41]
Average balance in 2020 of home acquisition/improvement debt + _____		[43]
Average balance for 2020 all types of debt + _____		[45]

Prior Year Information

NOTES/QUESTIONS:

### Noncash Contributions Exceeding \$500

**For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____	[12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____	[15]
If other:	_____	[16]

	<b>Control Totals +</b>	
--	-------------------------	--

### Noncash Contributions Exceeding \$500

**For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____	[12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____	[15]
If other:	_____	[16]

	<b>Control Totals +</b>	
--	-------------------------	--

### Noncash Contributions Exceeding \$500

**For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J)		__ [1]
Donated property description	_____	[4]
Name of donee organization	_____	[5]
Address of donee organization	_____	[6]
City	_____	[7]
State postal code	_____	[8]
Zip code	_____	[9]
Date contributed	_____	[10]
Date acquired by donor	_____	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____	[12]
Donor's cost or basis	+ _____	[13]
Fair market value	+ _____	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____	[15]
If other:	_____	[16]

	<b>Control Totals +</b>	
--	-------------------------	--

**Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]

Donee's name \_\_\_\_\_ [4]

State postal code \_\_\_\_\_ [3]

Date of contribution **(Box 1)** \_\_\_\_\_ [9]

Odometer mileage **(Box 2a)** \_\_\_\_\_ [10]

Year of vehicle **(Box 2b)** \_\_\_\_\_ [11]

Make of vehicle **(Box 2c)** \_\_\_\_\_ [12]

Model of vehicle **(Box 2d)** \_\_\_\_\_ [13]

Vehicle or other identification number **(Box 3)** \_\_\_\_\_ [14]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party **(Box 4a)** \_\_\_\_\_ [15]

Date of sale **(Box 4b)** \_\_\_\_\_ [16]

Gross proceeds from sale **(Box 4c)** + \_\_\_\_\_ [17]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use **(Box 5a)** \_\_\_\_\_ [18]

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose **(Box 5b)** \_\_\_\_\_ [19]

Detailed description of material improvements or significant intervening use and duration of use **(Box 5c)** \_\_\_\_\_ [20]

\_\_\_\_\_ [20]

\_\_\_\_\_ [20]

\_\_\_\_\_ [20]

Did you provide goods or services in exchange for the vehicle? **(Box 6a)** Yes \_\_\_ [21] No \_\_\_ [22]

Value of goods and services provided in exchange for the vehicle **(Box 6b)** + \_\_\_\_\_ [23]

Donee certifies that the goods and services consisted solely of intangible religious benefits **(Box 6c)** \_\_\_\_\_ [24]

Description of goods and services **(Box 6c)** \_\_\_\_\_ [25]

\_\_\_\_\_ [25]

\_\_\_\_\_ [25]

\_\_\_\_\_ [25]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked **(Box 7)** \_\_\_\_\_ [26]

**Other Information for Donated Property**

Overall physical condition of property \_\_\_\_\_ [31]

Date property was acquired by donor \_\_\_\_\_ [32]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [33]

Donor's cost or basis + \_\_\_\_\_ [34]

Fair market value on date of contribution + \_\_\_\_\_ [35]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [36]

If other: \_\_\_\_\_ [37]

Bargain sale amount received \_\_\_\_\_ [38]

Donee's address, and ZIP code \_\_\_\_\_ [42]

\_\_\_\_\_ [43] \_\_\_\_\_ [44] \_\_\_\_\_ [45]

Donee's telephone number \_\_\_\_\_ [46]

**NOTES/QUESTIONS:**

**Preparer use only**

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [7]

**Casualty and Theft - Business/Income Producing Properties**

Description of casualty or theft - Property A \_\_\_\_\_ [10]  
 Description of casualty or theft - Property B \_\_\_\_\_ [23]  
 Description of casualty or theft - Property C \_\_\_\_\_ [36]  
 Description of casualty or theft - Property D \_\_\_\_\_ [49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	____ [13]	____ [26]	____ [39]	____ [52]
Date acquired	____ [17]	____ [30]	____ [43]	____ [56]
Cost or other basis of property	+ ____ [18]	+ ____ [31]	+ ____ [44]	+ ____ [57]
Insurance or other reimbursement	+ ____ [19]	+ ____ [32]	+ ____ [45]	+ ____ [58]
Fair market value before casualty	+ ____ [20]	+ ____ [33]	+ ____ [46]	+ ____ [59]
Fair market value after casualty	+ ____ [21]	+ ____ [34]	+ ____ [47]	+ ____ [60]

**Business/Income Use Replacement Information**

Description of replacement property A \_\_\_\_\_ [61]  
 Description of replacement property B \_\_\_\_\_ [65]  
 Description of replacement property C \_\_\_\_\_ [69]  
 Description of replacement property D \_\_\_\_\_ [73]

	A	B	C	D
Mark if property was acquired from a related party	____ [62]	____ [66]	____ [70]	____ [74]
Date acquired	____ [63]	____ [67]	____ [71]	____ [75]
Cost of replacement property	+ ____ [64]	+ ____ [68]	+ ____ [72]	+ ____ [76]

**NOTES/QUESTIONS:**



**Preparer use only**

Occurrence description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Date of casualty or theft \_\_\_\_\_ [8]  
 Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government \_\_\_\_\_ [9]  
 FEMA disaster declaration number (ex. DR-4399) \_\_\_\_\_ [10] - \_\_\_\_\_ [11]

**Casualty and Theft - Personal Use Properties**

Type of property	City	State	Zip code	
Property A _____ [19]	_____ [20]	_____ [21]	_____ [22]	
Property B _____ [36]	_____ [37]	_____ [38]	_____ [39]	
Property C _____ [53]	_____ [54]	_____ [55]	_____ [56]	
Property D _____ [70]	_____ [71]	_____ [72]	_____ [73]	
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Date acquired _____ [27]	_____ [44]	_____ [61]	_____ [78]	
Cost or other basis of property + _____ [28]	+ _____ [45]	+ _____ [62]	+ _____ [79]	
Insurance or other reimbursement + _____ [29]	+ _____ [46]	+ _____ [63]	+ _____ [80]	
Fair market value before casualty + _____ [31]	+ _____ [48]	+ _____ [64]	+ _____ [81]	
Fair market value after casualty + _____ [32]	+ _____ [49]	+ _____ [65]	+ _____ [82]	

**Personal Use Replacement Information**

Description of replacement property A \_\_\_\_\_ [85]  
 Description of replacement property B \_\_\_\_\_ [89]  
 Description of replacement property C \_\_\_\_\_ [93]  
 Description of replacement property D \_\_\_\_\_ [97]

	A	B	C	D
Mark if property was acquired from a related party _____ [86]	_____ [90]	_____ [94]	_____ [98]	
Date acquired _____ [87]	_____ [91]	_____ [95]	_____ [99]	
Cost of replacement property + _____ [88]	+ _____ [92]	+ _____ [96]	+ _____ [100]	

**NOTES/QUESTIONS:**

**Preparer use only**

Principal business or profession \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

**Business Use of Home**

	2020 Information	Prior Year Information
Total area of home	_____ [14]	<div style="border: 1px solid black; padding: 5px;">                     _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                 </div>
Area used exclusively for business	_____ [16]	
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	
Total hours used this year, if less than 8784	_____ [20]	
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	
Area used partly for day-care business	_____ [24]	

**List as direct expenses any expenses which are attributable only to the business part of your home.**  
**List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.**

	2020 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	<div style="border: 1px solid black; padding: 5px;">                     _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                      _____                 </div>
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	
Real estate taxes:	+ _____ [37]	+ _____ [39]	
Excess mortgage interest	+ _____ [42]	+ _____ [43]	
Insurance	+ _____ [48]	+ _____ [50]	
Rent	+ _____ [54]	+ _____ [55]	
Repairs & maintenance	+ _____ [57]	+ _____ [58]	
Utilities	+ _____ [60]	+ _____ [61]	
Other expenses, such as: Supplies & Security system	+ _____ [63]	+ _____ [64]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
_____	+ _____	+ _____	
Excess casualty losses		+ _____ [66]	
Carryovers:			
Operating expenses		+ _____ [67]	
Casualty losses		+ _____ [68]	
Depreciation		+ _____ [70]	
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [71]	
Depreciation		+ _____ [75]	

**NOTES/QUESTIONS:**

**If you used your automobile for business purposes, please complete the following information.**

**Preparer use only**

Description of business or profession \_\_\_\_\_ [3]

**Vehicles**

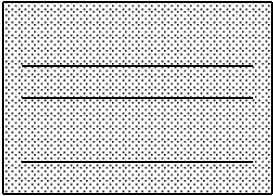
Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

**Vehicle Questions**

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

**Vehicle Expenses**

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<input type="checkbox"/>	_____ [34]	<input type="checkbox"/>	_____ [36]	<input type="checkbox"/>	_____ [38]	<input type="checkbox"/>
Commuting miles	_____ [42]	<input type="checkbox"/>	_____ [44]	<input type="checkbox"/>	_____ [46]	<input type="checkbox"/>	_____ [48]	<input type="checkbox"/>
Business miles	_____ [52]	<input type="checkbox"/>	_____ [54]	<input type="checkbox"/>	_____ [56]	<input type="checkbox"/>	_____ [58]	<input type="checkbox"/>
Parking fees	+ _____ [92]	<input type="checkbox"/>	+ _____ [94]	<input type="checkbox"/>	+ _____ [96]	<input type="checkbox"/>	+ _____ [98]	<input type="checkbox"/>
Tolls	+ _____ [100]	<input type="checkbox"/>	+ _____ [102]	<input type="checkbox"/>	+ _____ [104]	<input type="checkbox"/>	+ _____ [106]	<input type="checkbox"/>
Gasoline	+ _____ [108]	<input type="checkbox"/>	+ _____ [110]	<input type="checkbox"/>	+ _____ [112]	<input type="checkbox"/>	+ _____ [114]	<input type="checkbox"/>
Oil	+ _____ [116]	<input type="checkbox"/>	+ _____ [118]	<input type="checkbox"/>	+ _____ [120]	<input type="checkbox"/>	+ _____ [122]	<input type="checkbox"/>
Repairs	+ _____ [124]	<input type="checkbox"/>	+ _____ [126]	<input type="checkbox"/>	+ _____ [128]	<input type="checkbox"/>	+ _____ [130]	<input type="checkbox"/>
Maintenance	+ _____ [132]	<input type="checkbox"/>	+ _____ [134]	<input type="checkbox"/>	+ _____ [136]	<input type="checkbox"/>	+ _____ [138]	<input type="checkbox"/>
Tires	+ _____ [140]	<input type="checkbox"/>	+ _____ [142]	<input type="checkbox"/>	+ _____ [144]	<input type="checkbox"/>	+ _____ [146]	<input type="checkbox"/>
Car washes	+ _____ [148]	<input type="checkbox"/>	+ _____ [150]	<input type="checkbox"/>	+ _____ [152]	<input type="checkbox"/>	+ _____ [154]	<input type="checkbox"/>
Insurance	+ _____ [156]	<input type="checkbox"/>	+ _____ [158]	<input type="checkbox"/>	+ _____ [160]	<input type="checkbox"/>	+ _____ [162]	<input type="checkbox"/>
Interest	+ _____ [164]	<input type="checkbox"/>	+ _____ [166]	<input type="checkbox"/>	+ _____ [168]	<input type="checkbox"/>	+ _____ [170]	<input type="checkbox"/>
Registration	+ _____ [172]	<input type="checkbox"/>	+ _____ [174]	<input type="checkbox"/>	+ _____ [176]	<input type="checkbox"/>	+ _____ [178]	<input type="checkbox"/>
Licenses	+ _____ [180]	<input type="checkbox"/>	+ _____ [182]	<input type="checkbox"/>	+ _____ [184]	<input type="checkbox"/>	+ _____ [186]	<input type="checkbox"/>
Property taxes	+ _____ [188]	<input type="checkbox"/>	+ _____ [190]	<input type="checkbox"/>	+ _____ [192]	<input type="checkbox"/>	+ _____ [194]	<input type="checkbox"/>
Other vehicle expenses	+ _____ [196]	<input type="checkbox"/>	+ _____ [198]	<input type="checkbox"/>	+ _____ [200]	<input type="checkbox"/>	+ _____ [202]	<input type="checkbox"/>
Vehicle rentals	+ _____ [204]	<input type="checkbox"/>	+ _____ [206]	<input type="checkbox"/>	+ _____ [208]	<input type="checkbox"/>	+ _____ [210]	<input type="checkbox"/>
Inclusion amt (Preparer only)	_____ [212]	<input type="checkbox"/>	+ _____ [214]	<input type="checkbox"/>	+ _____ [216]	<input type="checkbox"/>	+ _____ [218]	<input type="checkbox"/>
Depreciation	+ _____ [220]	<input type="checkbox"/>	+ _____ [222]	<input type="checkbox"/>	+ _____ [224]	<input type="checkbox"/>	+ _____ [226]	<input type="checkbox"/>

	2020 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
_____ + _____ [2]	+ _____ [3]		
_____ + _____	+ _____		
Self-employed long-term care premiums: (Not entered elsewhere)			
_____ + _____ [5]	+ _____ [6]		
_____ + _____	+ _____		

**NOTES/QUESTIONS:**

Please provide all Forms 5498-SA.

	<b>2020 Information</b>	<b>Prior Year Information</b>
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Indicate type of health or medical savings account:		
HSA	_____ [6]	
Archer MSA	_____ [7]	
MA (Medicare Advantage) MSA	_____ [9]	
Total HSA/MSA contributions made		
for 2020 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [12]	
Number of months in qualified high deductible health plan in 2020	_____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [14]	
Total HSA/MSA contribution to be made for 2020	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2019 taken as constructive contributions for 2020	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

**Complete this section if your account is an Archer MSA or MA MSA**

Amount of annual deductible	+ _____ [24]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2020? (Y, N) \_\_\_\_\_ [33]

**NOTES/QUESTIONS:**

## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2020 Information	
Taxpayer/Spouse (T, S)	_____	[1]
Name of Trustee _____	_____	[4]
State postal code _____	_____	[2]
Gross distributions received <b>(Box 1)</b>	+ _____	[7]
Earnings on excess contributions <b>(Box 2)</b>	+ _____	[9]
Distribution code <b>(Box 3)</b>	_____	[11]
Fair Market Value on date of death <b>(Box 4)</b>	+ _____	[12]
<b>Box 5 -</b>		
HSA	_____	[13]
Archer MSA	_____	[14]
MA MSA	_____	[15]
All distributions were used to pay unreimbursed qualified medical expenses	_____	[17]
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2020	+ _____	[19]
Withdrawal of excess contributions by the due date of the return	+ _____	[21]
Amount of distribution rolled over for 2020	+ _____	[23]
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____	[26]
If MA (Medicare Advantage) MSA, enter value of account on 12/31/ 19	+ _____	[27]
For HSA accounts:		
Was the high deductible health plan coverage started in 2019 and in effect for the month of December 2019? (Y, N)	_____	[29]
Was the high deductible health plan coverage ended before 12/31/ 20? (Y, N)	_____	[30]

**Prior Year Information**

## Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2020 Information	
Name of the insured chronically ill individual _____	_____	[39]
Social security number of insured _____	_____	[40]
Gross long-term care (LTC) benefits paid <b>(Box 1)</b>	+ _____	[42]
Accelerated death benefits paid <b>(Box 2)</b>	+ _____	[44]
<b>Check one (Box 3)</b>		
Per diem	_____	[46]
Reimbursed amount	_____	[47]
Qualified contract <b>(Box 4)</b>	_____	[48]
<b>Check, if applicable (Box 5)</b>		
Chronically ill	_____	[49]
Terminally ill	_____	[50]
Are there other individuals who received LTC payments during 2020? (Y, N)	_____	[52]
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	_____	[53]
Number of days during the long-term care period _____	_____	[54]
Cost incurred for qualified long-term care services during the long-term care period	+ _____	[55]

**Prior Year Information**

**NOTES/QUESTIONS:**



### Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.  
 \*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.  
 Complete a separate Organizer Form ID: 8814 for each child.

Child's social security number \_\_\_\_\_ [1]  
 Child's date of birth \_\_\_\_\_ [2]  
 Child's name \_\_\_\_\_ [4]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]

Type Code (**See codes below)	Payer		Interest Income [6]	Tax Exempt Income	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
—	_____	+	_____	_____	_____	_____	_____ _____ _____ _____ _____
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	
—	_____	+	_____	_____	_____	_____	

<b>**Interest Codes</b>
Blank = Regular Interest    3 = Nominee Distribution    4 = Accrued Interest    5 = OID Adjustment    6 = ABP Adjustment

### Children's Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting child's dividend income.

Type Code (** See codes below)	Ordinary [8] Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Prior Year Information
1	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
2	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
3	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
4	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
5	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	
6	Payer	_____	_____	_____	_____	_____	_____	_____	_____	
	Amounts +	_____	_____	_____	_____	_____	_____	_____	_____	

<b>**Dividend Codes</b>
Blank = Other                      3 = Nominee

Alaska Permanent Fund dividends:		2020 Information <sup>[10]</sup>	Prior Year Information
_____	+	_____	_____ _____
_____	+	_____	



Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S)	_____	[1]
Employer identification number	_____	[2]
Total cash wages subject to social security taxes	+ _____	[4]
Total cash wages subject to Medicare taxes	+ _____	[5]
Total cash wages subject to Additional Medicare Tax withholding	+ _____	[6]
Federal income tax withheld	+ _____	[7]
State disability plan social security & Medicare withheld	+ _____	[8]
Did you:		
(A) pay any household employee cash wages of \$2200 or more in 2020? (Y, N)	_____	[9]
(B) withhold Federal income tax for any household employee? (Y, N)	_____	[10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2019 or 2020? (Y, N)	_____	[11]

### Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.  
 Complete only items marked with an asterisk (\*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax	+ _____	[12]
State #1 information		
State postal code where you have to pay unemployment contributions *	_____	[14]
State reporting number as shown on state unemployment tax return	_____	[15]
Taxable wages (as defined in state act)	+ _____	[16]
State experience rate period:		
From	_____	[17]
To	_____	[18]
State experience rate (xxx.xx)	_____	[19]
Contributions paid to state unemployment fund *	+ _____	[20]
Contributions for 2020 paid after 04/15/21	+ _____	[21]
State #2 information		
State postal code where you have to pay unemployment contributions	_____	[22]
State reporting number as shown on state unemployment tax return	_____	[23]
Taxable wages (as defined in state act)	+ _____	[24]
State experience rate period:		
From	_____	[25]
To	_____	[26]
State experience rate (xxx.xx)	_____	[27]
Contributions paid to state unemployment fund	+ _____	[28]
Contributions for 2020 paid after 04/15/21	+ _____	[29]

### NOTES/QUESTIONS:

**You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, you do not have to repay the credit.**

Principal residence address, if different from home address on Organizer Form ID: 1040

Address \_\_\_\_\_ [1]

City/State/Zip code \_\_\_\_\_ [2] \_\_\_\_ [3] \_\_\_\_\_ [4]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) \_\_\_\_\_ [5]

Purchase price of the home \_\_\_\_\_ [6]

Date the home was sold or ceased being used as principal residence \_\_\_\_\_ [13]

If you sold your home, enter the selling price \_\_\_\_\_ [14]

If you sold your home, enter the expense of sale \_\_\_\_\_ [15]

Were you and your spouse married on the purchase date? (Y, N) \_\_\_\_ [18]

If your home was transferred to your ex-spouse due to a divorce settlement,  
enter his or her full name \_\_\_\_\_ [19]

If you own the principal residence with another person enter their name and allocation percentage  
Other owner name \_\_\_\_\_ [22]

Allocation percentage \_\_\_\_\_

---

**NOTES/QUESTIONS:**

## Recovery Rebate Credit (Economic Impact Payment)

**Please provide copies of all Notice(s) 1444 and 1444-B**

Due to the COVID-19 (Coronavirus) pandemic, the federal government has issued two Economic Impact Payments, EIP1 and EIP2 for qualifying individuals. The payments are also referred to as "stimulus payments or checks." Refer to Notice 1444 and Notice 1444-B for the amounts and how the payment was made (i.e. check, direct deposit, pre-paid debit card).

The EIPs were an advance on a 2020 tax credit. The payments will be used to determine if you qualify for an additional recovery rebate credit on your 2020 return. The EIPs will not increase the total amount of tax you pay but may reduce the amount owed or increase a tax refund.

	<b>Taxpayer/Joint</b>	<b>Spouse</b>
Economic impact payment (EIP). Enter a zero (0) if none was received:		
EIP no. 1 reported on Notice 1444	+ _____ [1]	+ _____ [2]
EIP no. 2 reported on Notice 1444-B	+ _____ [5]	+ _____ [6]

Mark if taxpayer, or spouse (if filing jointly) was a member of the US Armed Forces in 2020 \_\_ [3]

**NOTES/QUESTIONS:**

### Child and Dependent Care Expenses

**Please enter all amounts paid in 2020 for the care of one or more dependents which enables you to work or attend school.  
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2019 employer-provided dependent care benefits used during 2020 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2020	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2020		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2020 \_\_\_\_\_ + \_\_\_\_\_ [7]

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2020 \_\_\_\_\_ + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2020 \_\_\_\_\_ + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2020 \_\_\_\_\_ + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2020 \_\_\_\_\_ + \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

**Complete this form if you are self-employed and received paid sick or family leave in 2020 due to COVID-19**

Taxpayer/Spouse (T, S)

\_\_\_\_[1]

**Sick Leave for Self-Employed Individuals**

Number of days unable to perform self-employment activities due to COVID-19 \_\_\_\_\_[2]

Number of days unable to perform self-employment activities due to COVID-19 care provided to another \_\_\_\_\_[3]

Sick leave pay subject to \$511 per day limit

+ \_\_\_\_\_[5]

Sick leave pay subject to \$200 per day limit

+ \_\_\_\_\_[6]

**Family Leave for Self-Employed Individuals**

Number of days unable to perform self-employment activities due to COVID-19 care for son/daughter \_\_\_\_\_[7]

Family leave wages received

+ \_\_\_\_\_[8]

**NOTES/QUESTIONS:**

**The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.**

Taxpayer/Spouse/Joint (T, S, J)		__[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		__[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		__[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____	[5]
Enter the total amount of costs for exterior windows	+ _____	[7]
Enter the total amount of costs for exterior doors	+ _____	[9]
Enter the total amount of costs for qualified metal roofs	+ _____	[11]
Enter the total amount of costs for energy-efficient building property	+ _____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____	[10]
Enter the total amount of costs for qualified solar electric property	+ _____	[12]
Enter the total amount of costs for qualified solar water heating property	+ _____	[14]
Enter the total amount of costs for qualified small wind energy property	+ _____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[13]
Enter the total amount of costs for qualified fuel cell property	+ _____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____ [17]

**NOTES/QUESTIONS:**

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2020.

Preparer use only

Description \_\_\_\_\_ [3]  
 Taxpayer/Spouse (T, S) \_\_\_\_\_ [9]  
 Category of income\* \_\_\_\_\_ [11]  
 Description of income \_\_\_\_\_ [12]

*Category of Income	
A = Section 951A income	E = Section 901(j) income
B = Foreign Branch income	F = Certain income re-sourced by treaty
C = Passive income	G = Lump-sum distributions
D = General income	

**Foreign Income or Loss**

Country code \_\_\_\_\_ [19]  
 Country name \_\_\_\_\_ [20]

	Regular	AMT, if different
Foreign gross income	+ _____ [23]	+ _____ [24]
Definitely related expenses:		
_____	+ _____ [31]	+ _____ [32]
_____	+	_____
_____	+	_____
_____	+	_____
Foreign source losses	+ _____ [45]	+ _____ [46]

**Foreign Taxes Paid or Accrued**

Foreign taxes paid or accrued:		
Date paid or accrued		_____ [47]
In foreign currency - taxes withheld on:		
Dividends		+ _____ [48]
Rents & royalties		+ _____ [49]
Interest		+ _____ [50]
Other foreign taxes		+ _____ [51]
In US dollars - taxes withheld on:		
Dividends		+ _____ [53]
Rents & Royalties		+ _____ [54]
Interest		+ _____ [55]
Other foreign taxes		+ _____ [56]

**NOTES/QUESTIONS:**

**Complete this form if you paid qualified adoption expenses in 2020. Indicate if the adoption was final in or before 2020. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home. Please provide copies of legal documents approving the adoption.**

	Child 1 [1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '02 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2019 for this child	_____	_____	_____
Employer-provided benefits received in 2019 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2020 for this child	_____	_____	_____
Employer-provided benefits received in 2020 for this child	_____	_____	_____
Adoption final in (1 = '20, 2 = Pre '20)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '02 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2019 for this child	_____	_____	_____
Employer-provided benefits received in 2019 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2020 for this child	_____	_____	_____
Employer-provided benefits received in 2020 for this child	_____	_____	_____
Adoption final in (1 = '20, 2 = Pre '20)	_____	_____	_____

If the adoption was incomplete or unsuccessful please provide information below:

\_\_\_\_\_ [9]  
 \_\_\_\_\_ [10]  
 \_\_\_\_\_ [11]

**NOTES/QUESTIONS:**



\*Select the Type of Use codes from the chart below

	Type of Use*	Rate	Gallons
<b>Nontaxable use of gasoline -</b>			
Off-highway business use		\$0.183	+ _____ [1]
Use on a farm		0.183	+ _____ [2]
Other nontaxable use	____ [3]	0.183	+ _____ [4]
Exported		0.184	+ _____ [5]
<b>Nontaxable use of aviation gasoline -</b>			
Commercial aviation		0.15	+ _____ [6]
Other nontaxable use	____ [7]	0.193	+ _____ [8]
Exported		0.194	+ _____ [9]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [10]
<b>Nontaxable use of undyed diesel fuel -</b>			
Explanation of evidence of dyes:			_____ [11]
			_____
Other nontaxable use	____ [12]	0.243	+ _____ [13]
Use on a farm		0.243	+ _____ [14]
Trains		0.243	+ _____ [15]
Intercity / local bus		0.17	+ _____ [16]
Exported		0.244	+ _____ [17]
<b>Nontaxable use of undyed kerosene (other than aviation) -</b>			
Explanation of evidence of dyes:			_____ [18]
			_____
Other nontaxable use	____ [19]	0.243	+ _____ [20]
Use on a farm		0.243	+ _____ [21]
Intercity / local buses		0.17	+ _____ [22]
Exported		0.244	+ _____ [23]
Other nontaxable use taxed at \$.044	____ [24]	0.043	+ _____ [25]
Other nontaxable use taxed at \$.219	____ [26]	0.218	+ _____ [27]
<b>Kerosene used in aviation -</b>			
Kerosene taxed at \$.244		0.200	+ _____ [28]
Kerosene taxed at \$.219		0.175	+ _____ [29]
Other nontaxable use taxed at \$.244	____ [30]	0.243	+ _____ [31]
Other nontaxable use taxed at \$.219/.044	____ [32]	0.218	+ _____ [33]
Leaking underground storage tank (LUST) tax		0.001	+ _____ [34]

*Type of Use	
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

NOTES/QUESTIONS:

**\*Select the Type of Use codes from the chart below**

Type of Use*	Rate	Gallons
<b>Sales by registered ultimate vendors of undyed diesel fuel -</b>		
Registration Number		_____ [1]
Explanation of evidence of dyes:		_____ [2]
_____ [2]		
_____ [2]		
State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
<b>Sales by registered ultimate vendors of undyed kerosene -</b>		
Registration Number		_____ [5]
Explanation of evidence of dyes:		_____ [6]
_____ [6]		
_____ [6]		
Use by state/local government	0.243	+ _____ [7]
Sales from a blocked pump	0.243	+ _____ [8]
Intercity / local buses	0.17	+ _____ [9]
<b>Sales by registered ultimate vendors of kerosene in aviation -</b>		
Registration Number		_____ [10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]
Other nontaxable uses taxed at \$.244 _____ [14]	0.243	+ _____ [15]
Other nontaxable uses taxed at \$.219/.044 _____ [16]	0.218	+ _____ [17]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [18]

*Type of Use	
<p><b>1 = Farming purposes</b></p> <p><b>2 = Off highway business use</b></p> <p><b>3 = Export</b></p> <p><b>4 = Commercial fishing</b></p> <p><b>5 = Intercity/local bus</b></p> <p><b>6 = In a qualified local bus</b></p> <p><b>7 = School bus</b></p>	<p><b>8 = Diesel &amp; Kerosene fuel other than train or highway vehicle</b></p> <p><b>9 = Foreign trade</b></p> <p><b>10 = Certain helicopter and fixed wing air ambulance uses</b></p> <p><b>11 = Aviation fuel other than propulsion engines</b></p> <p><b>13 = Exclusive use by a nonprofit educational organization</b></p> <p><b>14 = Exclusive use by a state, political subdivision or DC</b></p> <p><b>15 = In an aircraft or vehicle owned by an aircraft museum</b></p>

**NOTES/QUESTIONS:**

**\*Select the Type of Use codes from the chart below**

	Type of Use*	Rate	Gallons
<b>Nontaxable use of alternative fuel -</b>			
Liquefied petroleum gas (LPG)	____ [1]	0.183	+ _____ [2]
"P Series" fuels	____ [3]	0.183	+ _____ [4]
Compressed natural gas (CNG)	____ [5]	0.183	+ _____ [6]
Liquefied hydrogen	____ [7]	0.183	+ _____ [8]
Any liquid fuel derived from coal through the Fischer-Tropsch process	____ [9]	0.243	+ _____ [10]
Liquid hydrocarbons derived from biomass	____ [11]	0.243	+ _____ [12]
Liquefied natural gas (LNG)	____ [13]	0.243	+ _____ [14]
Liquefied gas derived from biomass	____ [15]	0.183	+ _____ [16]
<b>Alternative fuel credit and alternative fuel mixture credit -</b>			
Registration Number			_____ [17]
Liquefied hydrogen		0.50	+ _____ [18]
<b>Registered credit card users -</b>			
Registration Number			_____ [19]
Diesel for state / local government		0.243	+ _____ [20]
Kerosene for state / local government		0.243	+ _____ [21]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044		0.218	+ _____ [22]
<b>Nontaxable use of a diesel-water fuel emulsion -</b>			
Other nontaxable use	____ [23]	0.197	+ _____ [24]
Exported		0.198	+ _____ [25]
<b>Diesel-water fuel emulsion blending -</b>			
Registration Number			_____ [26]
Blender credit		0.046	+ _____ [27]
<b>Exported dyed fuels -</b>			
Exported dyed diesel fuel		0.001	+ _____ [28]
Exported dyed kerosene		0.001	+ _____ [29]

*Type of Use	
<p><b>1 = Farming purposes</b></p> <p><b>2 = Off highway business use</b></p> <p><b>3 = Export</b></p> <p><b>4 = Commercial fishing</b></p> <p><b>5 = Intercity/local bus</b></p> <p><b>6 = In a qualified local bus</b></p> <p><b>7 = School bus</b></p>	<p><b>8 = Diesel &amp; Kerosene fuel other than train or highway vehicle</b></p> <p><b>9 = Foreign trade</b></p> <p><b>10 = Certain helicopter and fixed wing air ambulance uses</b></p> <p><b>11 = Aviation fuel other than propulsion engines</b></p> <p><b>13 = Exclusive use by a nonprofit educational organization</b></p> <p><b>14 = Exclusive use by a state, political subdivision or DC</b></p> <p><b>15 = In an aircraft or vehicle owned by an aircraft museum</b></p>

**NOTES/QUESTIONS:**

General: 1040 **Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_

Mark if you were married but living apart all year \_\_\_\_\_ Mark if your nonresident alien spouse does not have an ITIN \_\_\_\_\_

**Taxpayer** **Spouse**

Social security number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Occupation \_\_\_\_\_

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) \_\_\_\_\_

Mark if legally blind \_\_\_\_\_

Mark if dependent of another taxpayer \_\_\_\_\_

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

Work/daytime telephone number/ext number \_\_\_\_\_

Do you authorize us to discuss your return with the IRS (Y, N) \_\_\_\_\_

General: 1040, Contact **Present Mailing Address**

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City/State postal code/Zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Foreign phone number \_\_\_\_\_

Home/evening telephone number \_\_\_\_\_

Taxpayer email address \_\_\_\_\_

Spouse email address \_\_\_\_\_

General: 1040 **Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:

Business name \_\_\_\_\_

First and Last name \_\_\_\_\_

Street address \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) \_\_\_\_\_

Amount paid to care provider in 2020 \_\_\_\_\_

**Taxpayer** **Spouse**

Employer-provided dependent care benefits that were forfeited \_\_\_\_\_

Credits: Rebate

**Economic Impact Payment (EIP)/Stimulus Payment**

Please provide all copies of Notices 1444 and 1444-B that you receive.

	<b>Taxpayer</b>	<b>Spouse</b>
Economic impact payment(s) (EIP) received (also known as the stimulus payment)	EIP 1 _____	_____
	EIP 2 _____	_____
Mark if taxpayer or spouse, if married, was member of US Armed Forces in 2020 _____		

Income: W2

**Salary and Wages**

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement: 1099R

**Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: K1, K1T

**Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: W2G

**Gambling Income**

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____

Educate: 1099Q

**Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable
_____	_____	_____	_____
_____	_____	_____	_____



Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT or other statements reporting interest income.

T/S/J	Payer Name	Interest Income	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income: B3 **Seller Financed Mortgage Interest**

T, S, J \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Payer's address, city, state, zip code \_\_\_\_\_  
 Amount received in 2020 \_\_\_\_\_ Amount received in 2019 \_\_\_\_\_

Income: B2 **Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Income: Income **Other Income**

Please provide copies of all supporting documentation.

State and local income tax refunds			2020 Information	Prior Year Information
			_____	_____
Alimony received	T/S	Agreement Date	2020 Information	Prior Year Information
	_____	_____	_____	_____
		Taxpayer	Spouse	Prior Year Information
Unemployment compensation		_____	_____	_____
Unemployment compensation repaid		_____	_____	_____
Social security benefits		_____	_____	_____
Medicare premiums to be reported on Schedule A		_____	_____	_____
Railroad retirement benefits		_____	_____	_____
T/S/J			2020 Information	Prior Year Information
Other Income:			_____	_____
_____			_____	_____
_____			_____	_____





Preparer use only

Activity name \_\_\_\_\_

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
<b>EXAMPLE</b>		2020 Model T - (EXAMPLE ASSET)	03/09/20	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1	Comments:			
2	Comments:			
3	Comments:			
4	Comments:			
5	Comments:			
6	Comments:			
7	Comments:			
8	Comments:			
9	Comments:			
10	Comments:			
11	Comments:			
12	Comments:			
13	Comments:			
14	Comments:			
15	Comments:			
16	Comments:			
17	Comments:			
18	Comments:			
19	Comments:			
20	Comments:			
21	Comments:			
22	Comments:			
23	Comments:			
24	Comments:			
25	Comments:			

### Kentucky General Information

National Guard member - taxpayer \_\_\_\_\_[1]  
 National Guard member - spouse \_\_\_\_\_[2]  
 Enter your state of residency at the end of the tax year (Part-year and Nonresident only) \_\_\_\_\_[3]

### Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller	_____	_____	_____ [4]
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

### Contributions

**Amount of political and charitable contributions you wish to make to:**  
**Political Contributions**

	<b>Spouse</b>	<b>Taxpayer</b>
Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	_____ [5]	_____ [6]

### Charitable Contributions

Nature and Wildlife Fund	_____ [7]
Child Victims' Trust Fund	_____ [8]
Veterans' Program Trust Fund	_____ [9]
Breast Cancer Research and Education Trust Fund	_____ [10]
Farms to Food Banks Trust Fund	_____ [11]
Local History Trust Fund	_____ [12]
Special Olympics Kentucky	_____ [13]
Pediatric Cancer Research Trust Fund	_____ [14]
Rape Crisis Center Trust Fund	_____ [15]
Court Appointed Special Advocate Trust Fund	_____ [16]
YMCA Youth Association Fund	_____ [17]

### Part-year Resident Information

**If you were a part-year resident during the tax year, enter the dates you lived in Kentucky**

Part-year residency dates:

From	_____	_____ [18]
To	_____	_____ [19]
State moved from	_____	_____ [20]
State moved to	_____	_____ [21]

### Nonresident Information

	<b>Spouse</b>	<b>Taxpayer</b>
Mark if:		
Commuted daily to Kentucky employment (VA resident)	_____ [22]	_____ [23]
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	_____ [24]	_____ [25]
Resident of state(s)		
Taxpayer	IL _____ [26]	IN _____ [27]
Spouse	MI _____ [28]	OH _____ [29]
	VA _____ [30]	WV _____ [31]
	WI _____ [32]	
	IL _____ [33]	IN _____ [34]
	MI _____ [35]	OH _____ [36]
	VA _____ [37]	WV _____ [38]
	WI _____ [39]	

**NOTES/QUESTIONS:**