# Questions

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

	Yes	No
Tax Return Delivery/Signature  In an effort to support our environment, we will be utilizing SafeSend Returns as a means of electronically delivering tax returns and obtaining the required signature(s). As part of that conservation effort, we will no longer provide a paper copy of your tax return, unless specifically requested.		
Do you want to receive a paper copy of your tax return for your records? Please note, your answer will not affect your cost for the 2020 tax year.	_	_
Personal Information		
Did your marital status change during the year?		
If yes, explain:  Did your address change from last year?  Can you be claimed as a dependent by another taxpayer?  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	0	
to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	_	
Do you, your spouse (if applicable), and any dependents have a taxpayer		
identification number (SSN, ITIN, or ATIN)?  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.  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.	0	
COVID-19 Information		
Did you receive an Economic Impact Payment (EIP) as reported on Notice 1444? Did you receive a Paycheck Protection Program (PPP) loan? If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?		
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state? Did you receive emergency leave sick pay?  Did you receive emergency family leave wages?	0	
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?		
If you are self-employed, were you unable to perform your self-employed activities	_	_
due to coronavirus related care you needed? If you are self-employed, were you unable to perform your self-employed activities		
due to coronavirus related care you provided to your son or daughter under the age of 18?		
If you are self-employed, were you unable to perform your self-employed activities	_	п
due to coronavirus related care you provided to another?		
Dependent Information	_	_
Were there any changes in dependents from the prior year?  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?  Do you have dependents who must file a tax return?		
Did you provide over half the support for any other person(s) other than your dependent children during the year?  Did you pay for child care while you worked, looked for work, or while a		
full-time student?  Did you pay any expenses related to the adoption of a child during the year?  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?  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.  Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?  Did you sell, exchange, or purchase any assets used in your trade or business?  Did you acquire a new or additional interest in a partnership or S corporation?  Did you sell, exchange, or purchase any real estate during the year?  Did you purchase or sell a principal residence during the year?  Did you foreclose or abandon a principal residence or real property during the year?  Did you acquire or dispose of any stock during the year?  Did you take out a home equity loan this year?  Did you refinance a principal residence or second home this year?  Did you sell an existing business, rental, or other property this year?  Did you lend money with the understanding of repayment and this year it became totally uncollectable?  Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?  Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	000000000000000000000000000000000000000	000000000000000000000000000000000000000
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 any Medicaid waiver payments as difficulty of care 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?	0000000	0000000
Did you receive any income considered to be nonemployee compensation?  Do you expect a large fluctuation in income, deductions, or withholding next year?  Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services?	0	00
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 yes, were any withdrawals due to a Federally declared disaster or COVID-19?		
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2020?  Did you receive any lump-sum payments from a pension, profit sharing or		
Did you receive any lump-sum payments from a pension, profit snaring of 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, a anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 109 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	A? <b>□</b>	
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)	0	
account? If yes, attach any Form(s) 5498-QA you received.  Did you receive any withdrawals from an ABLE (Achieving a Better Life Experier 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 done organization, a		000
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?		0
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?		
M	iscellaneous 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		п
	foreign country?  Do you have any foreign financial accounts, foreign financial assets, or hold	_	
	interest in a foreign entity?	п	П
	Did you receive correspondence from the State or the IRS?		П
	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.

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-		Wages and salaries	10, 12

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.

Form ID: INDX

Form ID: 1040		Persoi	nal Informat	ion			1
Filing (Marital)	status code (1 = Single, 2 = Married filing	joint, 3 = Married filing separa	ate, 4 = Head of hous	ehold, 5 = Qualifyin	g widow(er))		[1]
,	re married but living apart all year	, ,			. , ,		[2]
-	nresident alien spouse does not h	ave an Individual Taxp	ayer Identification	on Number (ITI	N)		[3]
			Taxpayer			Sp	ouse
Social security	number			[4]			[5]
First name				[6]			[7]
Last name	-			[8]			[9]
Occupation				[10]			[11]
-	0 to the presidential election camp	oaign fund? (1 = Yes, 2 = N	No, 3 = Blank)	2 [12]			[14]
	ent of another taxpayer	10 10 - 00 full time -	tudantO az xo	[15]			[16]
Mark if legally l	income less than 1/2 support age	18 or 19 - 23 Iuii-time s	student? (Y, N)	[17]			70.43
Date of birth	Jillia			[20] [22]			[21] [24]
Date of death		_		[26]		0	[24]
	elephone number/ext number	_	[28]	[29]		[30	
-	telephone number			[32]			[33]
	ze us to discuss your return with th	ie IRS? (Y, N)		<u>Y</u> [34]			,,,,
		Present	Mailing Add	dross			
Addess		i leselit	Mailing Aut	11633			
Address	hor						[40]
Apartment num	al code, zip code				[42]	[42]	[41]
Foreign country					[42]	[43]	[44] [46]
Foreign phone							[40]
In care of addre							[50]
							1007
		Depend	ent Informat	tion			
	(*P	lease refer to Depend	lent Codes loca	ated at the bot	tom)	Months*** D	Care expenses
						_	des paid for
First Name	E[51] Last Name	Date of Birth	Social Secur	ity No.	Relationship	home *	** dependent
							_
		-					
	vho lived with you but is not your d	ependent					[52]
Social security	number of qualifying person						[53]
		Dep	endent Codes				
*Basic	1 = Child who lived with you		**Other	1 = Student (	Age 19 - 23)		
	2 = Child who did not live with	you due to divorce/s	eparation	2 = Disabled			
	3 = Other dependent			3 = Depende	nt who is both a	student and dis	sabled
	4 = Other dependents, but do	not qualify for Credit	for Other Depe	ndents (ODC)			
	5 = Qualifying child for Earned	-					
1	6 = Children who lived with yo						
1	7 = Children who lived with yo						
	8 = Children who lived with yo		for Child Tax C	redit/Credit fo	r Other Depende	nts/Earned Inc	ome Credit
***Months	77 = Reported on odd year ret						1
	88 = Reported on even year re	turn					
	99 = Not reported on return						

#### **Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related question	s) (Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address Spouse email address		[9] [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:		·
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[26]

Form ID: Bank

#### 3

Form ID: Bank

#### **Direct Deposit/Electronic Funds Withdrawal Information**

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.  Primary account:  Financial institution routing transit number  Name of financial institution  Your account number  Type of account (1 = Savings, 2 = Checking, 3 = IRA*)  Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)  Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)  Enter the maximum dollar amount, or percentage of total refund  Dollar	_[1][3][4][5][6][9][10][12]
Secondary account #1:  Financial institution routing transit number  Name of financial institution  Your account number  Type of account (1 = Savings, 2 = Checking, 3 = IRA*)  Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)  Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)  Enter the maximum dollar amount, or percentage of total refund  Dollar  [13] or Percent (xxx.xx)	[27] [28] [29] [30] [31] [32] [14]
Secondary account #2:  Financial institution routing transit number  Name of financial institution  Your account number  Type of account (1 = Savings, 2 = Checking, 3 = IRA*)  Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)  Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)  Enter the maximum dollar amount, or percentage of total refund  Dollar  [17] or Percent (xxx.xx)  *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.	[33] [34] [35] [36] [37] [38] [18]
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 to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following inform Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's 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 (xxxx.xx)	ation.
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  Owner's name (First Last)  Co-owner or beneficiary (First Last)  Mark if the name listed above is a beneficiary	[20] [41] [43]
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  Owner's name (First Last)  Co-owner or beneficiary (First Last)  Mark if the name listed above is a beneficiary	[24] [46] [48]

GENERAL

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electrocomply 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.	tronically.
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)  If 1 or 2, please provide email address on Organizer Form ID: Info	2 [2]
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]

**Electronic Filing** 

#### NOTES/QUESTIONS:

Form ID: ELF

Form ID: IDAuth Identity A	ıthentication	7
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]

Form ID: Est	Estimated Taxes	8
Maria harrana	weart of 2020 tower do you want the avecas	
	ment of 2020 taxes, do you want the excess:	
Refunded		[52]
* * *	estimated tax liability	[53]
	derable change in your 2021 income? (Y, N)	[54]
If yes, please explain a	ny diπerences:	
		[55]
		[57]
De you expect a consid	derable change in your deductions for 2021? (Y, N)	[58]
If yes, please explain a		[59]
ii yes, piease expiairi a	ny differences.	1001
		[60]
		[61] [62]
		[63]
Do you expect a consid	derable change in the amount of your 2021 withholding? (Y, N)	[64]
If yes, please explain a		[04]
you, product express.		[65]
		[66]
		[67]
		[68]
Do you expect a change	e in the number of dependents claimed for 2021? (Y, N)	[69]
If yes, please explain a	ny differences:	
		[70]
		[71]
		[72]
		[73]
Mark if you use the Elec	ctronic Federal Tax Payment System (EFTPS) to pay your estimated taxes	[74]
	2020 Federal Estimated Tax Payments	
2019 overpayment app		[1]
Mark if you paid the cal	culated amounts on the dates due indicated below. Skip the remaining fields.	[5]
•	ents were not made on the date due or were for an amount other than the calculated amount below, please enter	
the actual date and amo	эипт раід.	
	Date Due Date Paid if After Date Due Amount Paid Calculated Amount Meth	- d*
1st quarter payment	-11-10-	loa"
2nd quarter payment		—
3rd quarter payment		
4th quarter payment	9/15/20[10] +[11]	
Additional payment	[14] + [15]	
raditional paymont		
ĺ	*Method of payment indicated in prior year	
	EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System	
l	Voucher = Form 1040-ES estimated tax payment voucher	
NOTES/QUESTIO	NS:	

Control Totals +

PAYMENTS

Form ID: Est

Form ID: SumRep	Income Summary	10

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A
	_		
	_		
	_		
	_		
	_		
	_		
	_		
	- —		
			_

	Form ID: SumRep

Form ID: W2	Wages and Salaries #1	12

Taxpayer/Spouse (T, S)[1] Employer name	Please provi	ide all copies of Form W-2.	
Employer name [3]  Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) [5]  Mark if this is your current employer [6]  Federal wages and salaries (Box 1) + [10]  Federal tax withheld (Box 2) + [12]  Social security wages (Box 3) (if different than federal wages) + [14]  Medicare wages (Box 5) (if different than federal wages) + [18]  Medicare wages (Box 5) (if different than federal wages) + [21]  SS tips (Box 7) + [23]  Allocated tips (Box 8) + [25]  Dependent care benefits (Box 10) + [27]  Box 13 -  Statutory employee [29]  Retirement plan [30]  Third-party sick pay [31]  State postal code (Box 15) [32]  State wages (Box 16) (if different than federal wages) + [34]  State wages (Box 17) + [36]		2020 Information	Prior Year Information
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)       [5]         Mark if this is your current employer       [6]         Federal wages and salaries (Box 1)       + [10]         Federal tax withheld (Box 2)       + [12]         Social security wages (Box 3) (if different than federal wages)       + [14]         Medicare wages (Box 5) (if different than federal wages)       + [18]         Medicare tax withheld (Box 6)       + [21]         Stips (Box 7)       + [23]         Allocated tips (Box 8)       + [25]         Dependent care benefits (Box 10)       + [27]         Box 13 - Statutory employee       [29]         Retirement plan       [30]         Third-party sick pay       [31]         State postal code (Box 15)       [32]         State wages (Box 16) (if different than federal wages)       + [34]         State wages (Box 16) (if different than federal wages)       + [34]	Taxpayer/Spouse (T, S)	_[1]	
Mark if this is your current employer       [6]         Federal wages and salaries (Box 1)       + [10]         Federal tax withheld (Box 2)       + [12]         Social security wages (Box 3) (If different than federal wages)       + [14]         Social security tax withheld (Box 4)       + [16]         Medicare wages (Box 5) (If different than federal wages)       + [18]         Medicare tax withheld (Box 6)       + [21]         Stips (Box 7)       + [23]         Allocated tips (Box 8)       + [25]         Dependent care benefits (Box 10)       + [27]         Box 13 -       [29]         Statutory employee       [29]         Retirement plan       [30]         Third-party sick pay       [31]         State postal code (Box 15)       [32]         State wages (Box 16) (if different than federal wages)       + [34]         State wages (Box 16) (if different than federal wages)       + [34]	Employer name	[3]	
Federal wages and salaries (Box 1)	Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming	g / Fishing, 4 = National Guard)[5]	
Federal tax withheld (Box 2)  Social security wages (Box 3) (if different than federal wages)  Social security tax withheld (Box 4)  Medicare wages (Box 5) (if different than federal wages)  Medicare tax withheld (Box 6)  SS tips (Box 7)  Allocated tips (Box 8)  Dependent care benefits (Box 10)  Box 13 -  Statutory employee  Retirement plan  Third-party sick pay  State postal code (Box 15)  State wages (Box 16) (if different than federal wages)  +	Mark if this is your current employer	[6]	
Social security wages (Box 3) (If different than federal wages)	Federal wages and salaries (Box 1)	+[10]	
Social security tax withheld (Box 4)	Federal tax withheld (Box 2)	+[12]	
Medicare wages (Box 5) (If different than federal wages)       +       [18]         Medicare tax withheld (Box 6)       +       [21]         SS tips (Box 7)       +       [23]         Allocated tips (Box 8)       +       [25]         Dependent care benefits (Box 10)       +       [27]         Box 13 -       -       [29]         Retirement plan       [30]       [31]         Third-party sick pay       [31]       [31]         State postal code (Box 15)       [32]       [34]         State wages (Box 16) (If different than federal wages)       +       [34]         State tax withheld (Box 17)       +       [36]	Social security wages (Box 3) (If different than federal wages)	+[14]	
Medicare tax withheld (Box 6)       +       [21]         SS tips (Box 7)       +       [23]         Allocated tips (Box 8)       +       [25]         Dependent care benefits (Box 10)       +       [27]         Box 13 -       -       -         Statutory employee       [29]       -         Retirement plan       [30]       -         Third-party sick pay       [31]       -         State postal code (Box 15)       [32]         State wages (Box 16) (If different than federal wages)       +       [34]         State tax withheld (Box 17)       +       [36]	Social security tax withheld (Box 4)	+[16]	
SS tips (Box 7)  Allocated tips (Box 8)  Dependent care benefits (Box 10)  Box 13 -  Statutory employee  Retirement plan  Third-party sick pay  State postal code (Box 15)  State wages (Box 16) (If different than federal wages)  State tax withheld (Box 17)  +	Medicare wages (Box 5) (If different than federal wages)	+[18]	
Allocated tips (Box 8)	Medicare tax withheld (Box 6)	+[21]	
Dependent care benefits (Box 10)	SS tips (Box 7)	+[23]	
Box 13 -	Allocated tips (Box 8)	+[25]	
Statutory employee       _[29]         Retirement plan       _[30]         Third-party sick pay       _[31]         State postal code (Box 15)       _[32]         State wages (Box 16) (If different than federal wages)       +       _[34]         State tax withheld (Box 17)       +       _[36]	Dependent care benefits (Box 10)	+[27]	
Retirement plan       [30]         Third-party sick pay       [31]         State postal code (Box 15)       [32]         State wages (Box 16) (If different than federal wages)       +       [34]         State tax withheld (Box 17)       +       [36]	Box 13 -		
Third-party sick pay[31] State postal code (Box 15)[32] State wages (Box 16) (If different than federal wages) +[34] State tax withheld (Box 17) +[36]	Statutory employee	[29]	
State postal code (Box 15)       [32]         State wages (Box 16) (If different than federal wages)       +       [34]         State tax withheld (Box 17)       +       [36]	Retirement plan	_[30]	
State wages (Box 16) (If different than federal wages)       +       [34]         State tax withheld (Box 17)       +       [36]	Third-party sick pay	[31]	
State tax withheld (Box 17) +[36]	State postal code (Box 15)	[32]	
	State wages (Box 16) (If different than federal wages)	+[34]	
ocal wages (Box 18) + 138	State tax withheld (Box 17)	+[36]	
[00]	Local wages (Box 18)	+[38]	
Local tax withheld (Box 19) +[40]	Local tax withheld (Box 19)	+[40]	
Name of locality (Box 20)	Name of locality (Box 20)	[43]	
	•		

# Control Totals +

# Wages and Salaries #2 Please provide all copies of Form W-2.

	2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_[1]	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming	g / Fishing, 4 = National Guard)[5]	
Mark if this your current employer	_[6]	
Federal wages and salaries (Box 1)	+[10]	
Federal tax withheld (Box 2)	+[12]	
Social security wages (Box 3) (If different than federal wages)	+[14]	
Social security tax withheld (Box 4)	+[16]	
Medicare wages (Box 5) (If different than federal wages)	+[18]	
Medicare tax withheld (Box 6)	+[21]	
SS tips (Box 7)	+[23]	
Allocated tips (Box 8)	+[25]	
Dependent care benefits (Box 10)	+[27]	
Box 13 -		
Statutory employee	[29]	
Retirement plan	_[30]	
Third-party sick pay	[31]	
State postal code (Box 15)	[32]	
State wages (Box 16) (If different than federal wages)	+[34]	
State tax withheld (Box 17)	+[36]	
Local wages (Box 18)	+[38]	
Local tax withheld (Box 19)	+[40]	
Name of locality (Box 20)	[43]	

Control Totals +	

INCOME Form ID: W2

Form ID: B-1		40
	Interest Income	13

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 cod	ies below)	Interest [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer	+			T	I	T	
		Amounts Payer							
	2	Amounts	+						
	3	Payer				_			
		Amounts	+						
	4		+			T		T	
	_	Amounts							
	5	Amounts	+11						
	6	Payer				T			
		Amounts	*						
	7	Payer Amounts	+						
	8	Payor							
		Amounts	+						
	9	1	+			T		Τ	
		Amounts					1		
	10	Amounts	+						

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

Control Totals +	TNCOME	Form ID: B-1
	INCOME	

Form	ID:	B-2	

Dividend Income

14

#### 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.

						ounts. Enter personnas		• /						
T S Typ J Co		codes below)	Ordinary Dividends	[2]	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
		Payer												
	1	Amounts	+											
		Payer												
	2	Amounts	+											
	T	Payer												
	3	Amounts	+											
		Payer												
	4	Amounts	+											
		Payer												
	5	Amounts	+											
		Payer									_			
	6	Amounts	+											
		Payer												
	7	Amounts	+											
		Payer												
	8	Amounts												
		Payer												
	9	Amounts												
		Payer												
	10	Amounts	٠											

**Dividend Codes					
Blank = Other	3 = Nominee				

		Control Totals +	INCOME	Form ID: B-2	
--	--	------------------	--------	--------------	--

Form ID: D	Sales of Stocks,	Securities, and Other	Investment l	Property	17
Did you have	Please provany securities become worthless during 2020?	vide copies of all Forms 10	99-B and 1099-S		ro1
•	any debts become uncollectible during 2020?				[9] [10]
•	any commodity sales, short sales, or straddles?				_[10] _[11]
•	ange any securities or investments for somethin				_[13]
•	ve, sell, send, exchange, or otherwise acquire a	=	rtual currency? (Y,	N)	_[3]
T/S/J	Description of Property [1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
_				+	+
				+	+
				+	+
				+	+
				+	+
_				+	+
_				+	+
_				+	+
_				+	+
_				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				±	+
_				+	+

INCOME

Form ID: D

Control Totals +

Form ID: Income		C	Other Income			18
State and local income tax re	funds			2020 Information	Prior Y	ear Information
Alimony received		T/S As	greement Date	2020 Information	[3] Prior Y	ear Information
**If you received unemployme are taxable income and shou You may need to go to your s	ld be reported on your return	. Your 1099	-G should show bot	h the amount received an		
Unemployment compensation	<b>]</b> **		axpayer	Spouse +		ear Information
Unemployment compensation Unemployment compensation Unemployment compensation Alaska Permanent Fund divide	n federal withholding n state withholding n repaid	+	[9] -1 [9] -1 [12] -1	+	[10] [10] [13]	
Self- Employment Income ? T/S/J (Y, N)				2020 Information	Prior	Year Information
Othe	er income, such as: Commis		-	·		
= = =				<u> </u>		
				-		
= = =				-		
= = =						
				-		
= = =				·		
= = =						
			+			
= = =			+	<u> </u>		
= = =						
			+			
NOTES/QUESTIONS:						
	Control Totals	ş +		INCOME		Form ID: Income

# Pension, Annuity, and IRA Distributions #1

Please	provide all Forms 10		
		2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)		_[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+		
Taxable amount received (Box 2a)	+	·[7] ·[9]	
Federal withholding (Box 4)	+	[11]	Commence and the second second
Distribution code (Box 7)		[14]	A SHOW SERVICES
Mark if distribution is from an IRA, SEP, SIMPLE retirement pla	n	_[16]	
State withholding (Box 14)	+	[17]	
Local withholding (Box 17)		[19]	
Amount of rollover	·		
	T	[21]	
Mark if distribution was due to a pre-retirement age disability		_[23]	
	T		
	Control Totals +		
Pension, Ann	uity, and IRA Dis	tributions #2	
Please	provide all Forms 10		<b>.</b>
Townswer/Chause (7.0)		2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)		_[1]	Service Control of the service of th
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+	[7]	
Taxable amount received (Box 2a)	+	[9]	
Federal withholding (Box 4)	+	[11]	
Distribution code (Box 7)		[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement pla	n	[16]	
State withholding (Box 14)	+	[17]	
Local withholding (Box 17)	+	[19]	
Amount of rollover	+	[21]	
Mark if distribution was due to a pre-retirement age disability		[23]	
	Control Totals +		
Pension, Ann	uity, and IRA Dis	tributions #3	
Please	provide all Forms 10	99-R.	
		2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)		_[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+	[7]	
Taxable amount received (Box 2a)	+	[9]	
Federal withholding (Box 4)	+	[11]	
Distribution code (Box 7)		[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement pla	n	[16]	
State withholding (Box 14)	+	[17]	
Local withholding (Box 17)	+	[19]	GASSTAL CONTRACTOR
Amount of rollover	+	[21]	
Mark if distribution was due to a pre-retirement age disability		[23]	
The state of the s		_[20]	
	Control Totals +		
NOTES/QUESTIONS:			

RETIREMENT

Form ID: 1099R

Form ID: SSA-1099 Social Security, Tier 1 I	Railroad Benefits	25			
Please provide a copy of Form(s)	SSA-1099 or RRB-1099				
Taxpayer/Spouse (T, S) State postal code	_[1] [2]				
Social Security	Benefits				
If you received a Form SSA - 1099, please complete the following information:  Net Benefits for 2020 (Box 3 minus Box 4) (Box 5)  Voluntary Federal Income Tax Withheld (Box 6)  From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:  Medicare premiums  Prescription drug (Part D) premiums	#[8]  +[10]  +[12]  +[14]	Prior Year Information			
Tier 1 Railroad	Benefits				
If you received a Form RRB - 1099, please complete the following information:  Net Social Security Equivalent Benefit:  Portion of Tier 1 Paid in 2020 (Box 5)  Federal Income Tax Withheld (Box 10)  Medicare Premium Total (Box 11)	2020 Information  +	Prior Year Information			
Additional Information About Benefits Received					
Additional information about the benefits received not reported above. For example benefits in 2020. This information will be reported in the SSA-1099 DESCRIPTION		,, ,			

[41] [42] [43]

Preparer use only				
		2020 Inform	ation	Prior Year Information
Taxpayer/Spouse/Joint (τ, s, J)			_[2]	
Employer identification number			[3]	
Business name			[5]	
Principal business/profession	-		[6]	
Business code		_	[12]	
Business address, if different from home a Address	ddress on Organizer Form ID: 1040		[15]	
City/State/Zip				
Accounting method (1 = Cash, 2 = Accrual, 3 = O			[19]	
If other:			[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)			_[22]	
If other enter explanation:				
			[24]	
Enter an explanation if there was a change	e in determining your inventory:			
			[25]	
Did you "materially participate" in this busing			_[26]	
If not, number of hours you did signific			[28]	
Mark if you began or acquired this busines			<b>—</b> [30]	
Did you make any payments in 2020 that r		N)	<b>—</b> [31]	
If "Yes", did you or will you file all requ			<b>_</b> [33]	
Mark if this business is considered related	•	•	<b>—</b> <sup>[35]</sup>	
Did you receive wages as a statutory emp		nployee, 2 = Minister)	_[37]	
Medical insurance premiums paid by this a		+	[40]	
Long-term care premiums paid by this activate		+	[44]	
Amount of wages received as a statutory e	employee	+	[47]	
	Business	Income		
	Business	Income 2020 Inform	ation	Prior Year Information
Gross receipts and sales	Business		ation	Prior Year Information
Gross receipts and sales	Business	2020 Inform		Prior Year Information
Gross receipts and sales	Business	2020 Inform	[52]	Prior Year Information
Gross receipts and sales	Business	2020 Inform	[52]	
Gross receipts and sales	Business	2020 Inform	[52]	
Gross receipts and sales  Returns and allowances	Business	2020 Inform	[52]	
	Business	2020 Inform	[52] 	
Returns and allowances	Business	2020 Inform	[52]  [55]	
Returns and allowances	Business	2020 Inform + + + + + + +	[52]  [55]	
Returns and allowances	Business	2020 Inform + + + + + + +	[52]  [55]	
Returns and allowances	Business	2020 Inform + + + + + + +	[52]  [55]	
Returns and allowances	Cost of Go	2020 Inform  +	[52]  [55]	
Returns and allowances		2020 Inform  +	[52] [55] [57]	
Returns and allowances Other income:		2020 Inform  +	[52] [55] [57]	
Returns and allowances		2020 Inform  +	[52] [55] [57]	
Returns and allowances Other income:  Beginning inventory		2020 Inform  +	[52] [55] [57]	
Returns and allowances Other income:  Beginning inventory Purchases		2020 Inform  + + + + + + + + + + + + + + + 2020 Inform + + + + + + + + + + + + + + + + + + +	[52] [55] [57] ation [59]	
Returns and allowances Other income:  Beginning inventory Purchases		2020 Inform  +	[52] [55] [57] ation [59] [61]	
Returns and allowances Other income:  Beginning inventory Purchases		2020 Inform  + + + + + + + + + + + + + + + 2020 Inform + + + + + + + + + + + + + + + + + + +	[52] [55] [57] ation [59] [61]	
Returns and allowances Other income:  Beginning inventory Purchases Labor:		2020 Inform  +	[52] [55] [57] ation [59] [61]	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2020 Inform  +	[52] [55] [57] ation [59] [61] [63]	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2020 Inform  +	[52] [55] [57]  ation [59] [61] [63] [65]	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2020 Inform  +	[52] [55] [57]  ation [59] [61] [63] [65]	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2020 Inform  +	[52] [55] [57]  ation [59] [61] [63] [65]	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2020 Inform  +	[52] [55] [57]  ation [59] [61] [63] [65]	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials Other costs:		2020 Inform  +	[52] [55] [57] [61] [63] [65] [67]	

20	

Form ID: C-2

# Schedule C - Expenses

Principal business or profession			
Thropar business of profession		2020 Information	Prior Year Information
Advertising		+[6	
Car and truck expenses		+	The second secon
Commissions and fees		+[1	0]
Contract labor		+[1	2]
Depletion		+[1	4]
Depreciation		+[1	6]
Employee benefit programs (Include Small	Employer Health Ins Premiums credit):		
		+[1	8]
Insurance (Other than health):			A STATE OF BUILDING
		+[2	0]
		+	
Interest:			
Mortgage (Paid to banks, etc.)		+ 12	21
		+[2	
		+	
Other:			
		+[2	4]
. <del> </del>		+	
Legal and professional services		+[2	
Office expense Pension and profit sharing:		+[2	9]
		+[3	11
		+	
Rent or lease:			
Vehicles, machinery, and equipment		+[3	3]
Other business property		+[3	5]
Repairs and maintenance		+[3	7)
Supplies		+[3	9]
Taxes and licenses:			
		+[4	
		+	
		+	Section 12 to 18 t
		+	
Travel and meals:			
Travel		+[4	
Meals (Enter 100% subject to 50% limit	•	+[4	
Meals (Enter 100% subject to DOT 80%	% limit)	+[4	The same of the sa
Utilities		+[5	1]
Wages (Less employment credit):		+ 15	21
		+[5	3)
Other expenses:			
		+[5	5]
		+	
		+	
K		+	
		+	
		+	
	-	+	
		+	
		+	
	Control Totals +		Form ID: C-2

Form ID: C-3	Schedule C - Carryovers	30

Preparer use only	
Principal business or profession	

Preparer use only						
Carryovers	Non-QBI & Ta	ax		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]

Form ID: Rent
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#### **Rent and Royalty Property - General Information**

-	a

	Rent and Royalty Prop	erty - General IIIIo	Tillation	
Preparer use only		202	0 Information	Prior Year Information
Description		State posta	[2]	
Taxpayer/Spouse/Joint (T, S, J)[3]				
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-te	rm, 4=Commercial, 5=Land, 6=Royalty,	7=Self-rental, 8=Other, 9=Perso	onal ppty)[14]	
Description of other type (Type code #8)			[15]	
Did you make any payments in 2020 that requ	ire 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 va	cation home percentage)		[24]	
	Rent and R	oyalty Income		
Rents and royalties		2020 Information		Prior Year Information
	+ ,		[33]	
	Rent and Ro	yalty Expenses		
		2020 Information	Percent if not 100%	Prior Year Information
Advertising	<u>†</u> –	[	[36]	
Auto	<u>†</u> –		[39]	
Travel	+-		41][42]	
Cleaning and maintenance	+ -	[4	14][45]	
Commissions:				
		[4	47][49]	
Insurance:				
insulance.	_		EO1 (EO1	
		[5	50][52]	
Legal and professional fees			54][55]	
Management fees:	· <del>-</del>		J4][55]	
Wanagement rees.	+		571 (50)	
			57][59]	
Mortgage interest paid to banks, etc (Form 10	98)			
ggg	+	91	60] [62]	
	+	•		
Other mortgage interest	+	[6	63][65]	
Qualified mortgage insurance premiums	+	[6	[67]	
Other interest:	_			
	+ _	[6	[71] <u> </u>	
	+			
Repairs	+ _	[7	72][73]	
Supplies	+ _	[7	75][76]	
Taxes:				
	+_	[7	78][80]	
Utilities	+ _	[8	31][82]	
Depreciation	+ _	3]	34][85]	
Depletion	+ -		37][88]	
Other expenses:				
-		[6	90]	
	<del></del>			
* 1	Control Totals +	RENT	' & ROYALTY	Form ID: Rent

Preparer use only						Form ID: Rent-2 Rent and Royalty Properties - Refinancing Points, Vacation Home, Passive Information 32				
Preparer use only Description										
Refinancing Points										
	Preparer - Enter	on Screen Ren	t			,				
Refinancing points paid - 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 Refinancing points paid - 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 Refinancing points paid Points deemed as paid in current year Refinancing points paid - 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	(Preparer use only)  (Preparer use only)			[92]	Prior Year Infor	mation				
	Vacation Home	Informatio	n							
	Preparer - Enter	on Screen Ren	t-3							
Number of days home was used personal Number of days home was rented Number of day home owned, if not 366 Carryover of disallowed operating expensional Carryover of disallowed depreciation exp	ally ses into 2020		2020 Inform	[5] [7] [9] [21]	Prior Year Infor	mation				
	Passive and O	ther Informa								
	Preparer - Enter									
D	i lepaiei - Liitei	on ourself ivell	• -							
Preparer use only Carryovers	Non-QBI and Tax	For QB	I & Tax		AMT					
Operating	+ [25]	+	[26]	+	[27]					
Short-term capital		+	[28]	+	[29]					
Long-term capital		+	[30]	+	[31]					
28% rate capital	и	+	[32]	+	[33]					
Section 1231 loss Ordinary business gain/loss	+ [34]	+	[35]	+	[36]					
Section 179	+ [37] + [40]	+	[38]	+	[39]					
NOTES/QUESTIONS:	Control Totals +					m ID: Rent-2				

_			
Form	ID:	KI	-

# **Partnerships and S Corporations**

38

Please	nrovide co	nies of	Schedules	K-1	showing	income	from	nartnarchi	ne and	I S-cor	noratione
riease	pi ovide co	pies oi	Scriedules	L/- I	SHOWING	micome	11 0111	partifersing	ps and	1 3-601	porations.

Taxpayer/Spouse/Joint (T, S, J)	_[2]
Employer identification number	[6]
Name of entity	[13]
State postal code	[14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded p	artnership)[17]

	Preparer use only			
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter	Operating	[16]	[17]	[18]
on K1-7	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J)	_[2]
Employer identification number	[6]
Name of entity	[13
State postal code	[14
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)	[17]

	Preparer use only			
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter	Operating	[16]	[17]	[18]
on K1-7	Short-term capital		[19]	. [20]
	Long-term capital		[21]	[22]
	28% rate capital	图 计记录记录 对 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图	[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

Taxpayer/Spouse/Joint (T, S, J)	_[2]
Employer identification number	[6]
Name of entity	
State postal code	[14
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership)	[17

	Preparer use only ——			
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter	Operating	[16]	[17]	[18]
on K1-7	Short-term capital		[19]	[20]
	Long-term capital		[21]	[22]
	28% rate capital		[23]	[24]
	Section 1231 loss	[25]	[26]	[27]
	Ordinary business gain/loss	[28]	[29]	[30]
	Other losses - 1040 Sch 1	[31]	[32]	[33]
	Section 179	[34]	[35]	[36]

K1	1065,	1120S	Form ID: K1-1

Form	ID:	A-1

# **Schedule A - Medical and Dental Expenses**

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees,	
· · · · · · · · · · · · · · · · · · ·	
Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received	
† <del></del>	
+	
+	
+	
Medical insurance premiums you paid:	POWER WARRANT STORY
Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for y	/our
self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.	
+ +	
+ +	
+	
Long-term care premiums you paid:	Andrew transferred
Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for y	our
self-employed business (Sch C, Sch F, Sch K-1, etc.)	
	[8]
+ Prescription medicines and drugs:	
	[44]
+ + +	-111
3] Miles driven for medical items	[14]
Schedule A - Tax Expenses	
2020 Information	Prior Year Information
State/local income taxes paid:	
+	[19]
+	
+	
+	
+	
2019 state and local income taxes paid in 2020:	
1) +	[22]
Real estate taxes paid:	
#] +	[25]
+	
+	
Personal property taxes:	Personal Agency Control of the
] +	[28]
+	
Other taxes, such as: foreign taxes and State disability taxes	
+	[31]
+	
+	
Sales tax paid on major purchases:	
+	[37]
+	
Sales tax paid on actual expenses:	
	[0.1]
<u> </u>	The residence of the second second
+ + + + + + + + + + + + + + + + + + + +	The residence of the second second
	The residence of the second second

Form ID: A-2	Interest Expenses	<b>;</b>			58
T/S/J Home mortgage interest: From Form 1098	2020 Interest Paid [2]	2020 Points Paid	Type* Mort	2020 gage Ins. iums Paid	Prior Year Informati
_[1]			+		使气态型标志的
_	++		+		
	<u>+</u> +		· †		
_	<u>†</u> †		· - <u>†</u>		
	·		·		
	+ + +				
	++		+		
	++		+		
	*Mortgage Types				
Blank = Used to buy, build or improve main/qualified sec	ond home 1 = N	ot used to buy,	build, improv	e home or	investment
T/S/J Payee's Name	SSN or EIN	1 2026	0 Information	D.	
Other, such as: Home mortgage interest paid to indivi					rior Year Information
[4]		+		[5]	
Address City, state and zip code					
City, State and zip code		1+			
Address					
City, state and zip code					
	4000 5 1 1 41 11 11				
[/S/J Name and address of other person who received Form				-	
Charact Address				-[/J	
City/State/Zip code				- 188	
-				-	
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					
TIOL		0000	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
T/S/J	V 1.	2020	) Information	Pr	ior Year Information
Investment interest expense, other than on Schedule(s)		+		[16]	
_[15]				All Control of the Co	
				7.00	
				25000	
				. 107527 August - Co.	
		+			
_		+		19,23	
_		+			
		TTOTMTC		~	

Form ID: A-3	Charitable Contributi	ons	59
Any contribution	nade by cash or check (including out-of-pocket expenses) on of cash, a check or other monetary gift requires a written record of the contribu		-
_[2]		+	
	Miscellaneous Dedu	ctions	
Gambling losse	es: (Enter only if you have gambling income)	2020 Information  +[13] + + + + +	
_[15]		+[16] + +	

Control Totals +	ITEMIZED DEDUCTIONS	Form ID: A-3
------------------	---------------------	--------------

Form	

#### Miscellaneous Itemized Deductions (State Use Only)

59a

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

J	2020 Information	Prior Year Informati
Unreimbursed expenses, such as: Uniforms, Professional dues,		
Business publications, Job seeking expenses, Educational expenses		
1	[2]	
-	-	
-	-	
	-	
4	-	
-	-	
	-	
	+	
Union dues, other than amounts reported on Form W-2:		
·	[5]	
	-	Esperante de la compansión de la compans
4	-	
Tax preparation fees		
· · ·	[8]	
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees		
)] +	[11]	
+		
+		
+		
+	-	
+		
+		
+		
+		
Safe deposit box rental +	[14]	
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:		
5] +	[17]	
_		
+		
+	-	
+		

#### **Employee Business Expenses**

Preparer use only		2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)		_[2]	
Occupation in which expenses were incurr State postal code		[3]	
If the employee expenses were from an oc	cupation listed below, enter the applicable	[5] le code[6]	
	airment-related work expenses, 3 = Fee-		
Parking fees and tolls		+[18]	
Local transportation		+[20]	
Travel expenses		+[23]	
Other business expenses:		+ 100	
		+[26] +	
		+	<b>对代码是对社会社会</b>
		+	
		+	
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		+	THE STATE OF THE S
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		+	
Nonvehicle depreciation		+[29]	
Meals Meals for individuals subject to DOT hours	of service limitation (certain state returns	+[32] +[34]	
Wedle for marvedale subject to be i flours	or service initiation (certain state returns	[34]	
	Employer Reimburg		
	Enter Reimbursements not enter	2020 Information	Prior Year Information
Reimbursements for other expenses not in		+[61]	
Reimbursements for meals not included on		+[63]	
Reimbursements for meals for DOT service	limitation not included on Form W-2	+[65]	
	Control Totals +		Form ID: 2106

			Employee B	usiness Ex	penses			50
Taxpayer/Spouse (T, S) Occupation in which ex State postal code	-	urred				_[2] [3] [4]		
			Vehicle	Questions	5			
If you used your automo Was the vehicle ava Was another vehicl Do you have evider	ailable for off-duty e available for pe	y personal use? ersonal use? (Y, N	(Y, N, Blank = Not applie	cable)		_[5] _[7] _[9]	Prior Year I	nformation — —
			Vehicle	Information	n			
Vehicle 1 -	Date placed in Description Comments	n service					_	
Vehicle 2 -	Date placed in Description	n service					_	
Vehicle 3 -	Date placed in Description Comments	n service					_	
Vehicle 4 -	Date placed in Description Comments	service						
Vehicle 4 -	Description	i service	Vehicles A	ctual Expe	nses			
	Description Comments  Vehicle 1	Prior Year Information	Vehicles A	ctual Expe Prior Year Information	nses Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Informatio
otal mileage for the year	Description Comments  Vehicle 1	Prior Year	Vehicle 2 [69]	Prior Year	Vehicle 3		[163]	
otal mileage for the year Business mileage	Description Comments  Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3			
otal mileage for the year susiness mileage verage daily round trip	Vehicle 1	Prior Year	Vehicle 2 [69] [71]	Prior Year	Vehicle 3[116]		[163] [165]	
otal mileage for the year Business mileage Everage daily round trip Commuting mileage	Vehicle 1  [20]  [24]	Prior Year	Vehicle 2[69][71]	Prior Year	Vehicle 3[116][118]		[163] [165]	
otal mileage for the year Business mileage Everage daily round trip Commuting mileage Total commuting mileage	Vehicle 1  [20] [24]	Prior Year	Vehicle 2[69][71][73][75]	Prior Year	Vehicle 3[116][118][120][122]		[163] [165] [167] [169]	
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage	Vehicle 1  [20] [24]  [26] [28]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77]	Prior Year	Vehicle 3[116][118][120][122] +[124]		[163] [165] [167] [169] [171]	
Total mileage for the year Business mileage exerage daily round trip commuting mileage exotal co	Vehicle 1  [20] [24]  [28] [30]	Prior Year	Vehicle 2 [69] [71] [73] [75] + [77] + [79]	Prior Year	Vehicle 3[116][118][120][122] +[124] +[126]		[163] [165] [167] [169] + [171] + [173]	
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Basoline CREPAIRS	Vehicle 1  [20] [24]  [28] [30] [32]	Prior Year	Vehicle 2  [69] [71]  [73] [75]  [77]  [77]  [79]	Prior Year	Vehicle 3[116][118][120][122] +[124] +[126] +[128]		[163][165][167][169] +[171] +[173] +[175]	
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline Dil Repairs Alaintenance	Vehicle 1  [20] [24] [28] [30] [32] [34]	Prior Year	Vehicle 2  [69] [71]  [73] [75]  + [77]  + [81]  + [83]	Prior Year	Vehicle 3 [116][118] [120][122] +[124] +[126] +[128] +[130]		[163] [165] [167] [169] + [171] + [173] + [177]	
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline Capairs Alaintenance Tires -	Vehicle 1  [20] [24] [28] [30] [32] [34] [36]	Prior Year	Vehicle 2  [69] [71]  [73] [75]  + [79]  + [81]  + [83]  + [85]	Prior Year	Vehicle 3 [116][118][120][122] +[124] +[126] +[130] +[132]		[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]	
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Basoline Capairs Adaintenance Car washes	Vehicle 1  [20] [24]  [28] [30] [32] [34] [36] [38]	Prior Year	Vehicle 2  [69] [71]  [73] [75]  + [77]  + [81]  + [83]  + [85]  + [87]	Prior Year	Vehicle 3 [116][120][122] +[124] +[126] +[130] +[130] +[132] +[134]		[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]  + [179]	
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline Capairs Maintenance Car washes Asurance	Vehicle 1  [20] [24]  [26] [28] [30] [32] [34] [36] [38] [40]	Prior Year	Vehicle 2  [69] [71]  [73] [75]  + [77]  + [81]  + [83]  + [85]  + [87]  + [89]	Prior Year	Vehicle 3 [116][120][122] +[124] +[126] +[130] +[132] +[134] +[136]		[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]  + [179]  + [181]  + [183]	
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Basoline Capairs Adaintenance Car washes Asurance Average Car Mashes Asurance Asurance Average Car Mashes Asurance A	Vehicle 1  [20] [24]  [26] [28] [30] [32] [34] [36] [38] [40] [42]	Prior Year	Vehicle 2  [69] [71]  [73] [75]  + [79]  + [81]  + [85]  + [87]  + [89]  + [91]	Prior Year	Vehicle 3 [116][120][122] +[124] +[126] +[130] +[134] +[134] +[134] +[136] +[138]		[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]  + [178]  + [181]  + [183]  + [185]	
Total mileage for the year susiness mileage experience daily round trip commuting mileage for all commuting mileage for the year subject to all commuting mileage for the year subject to all commuting mileage for all commuting	Vehicle 1  [20] [24]  [26] [28] [30] [32] [34] [36] [38] [40] [42]	Prior Year	Vehicle 2  [69] [71]  [73] [75]  [77]  [77]  [81]  [83]  [85]  [87]  [89]  [91]  [93]	Prior Year	Vehicle 3 [116][120][122] +[124] +[136] +[134] +[134] +[134] +[136] +[138] +[140]		[163]	
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline Fotal commuting mileage Gasoline Fotal commuting mileage Gasoline Fotal commuting mileage Fotal commutes	Vehicle 1  [20] [24]  [26] [28] [30] [32] [34] [36] [38] [40] [42] [42]	Prior Year	Vehicle 2  [69] [71]  [73] [75]  [77]  [79]  [81]  [83]  [85]  [87]  [87]  [89]  [91]  [93]	Prior Year	Vehicle 3 [116][120][122] +[124] +[136] +[134] +[136] +[136] +[136] +[140] +[142]		[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]  + [181]  + [183]  + [185]  + [187]	
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline Capairs Maintenance Car washes Car	Vehicle 1  [20] [24]  [26] [28] [30] [32] [34] [36] [38] [40] [42] [42] [44] [46] [48] [48]	Prior Year	Vehicle 2  [69] [71]  [73] [75]  [77]  [79]  [81]  [83]  [85]  [87]  [89]  [91]  [93]  [95]	Prior Year	Vehicle 3 [116][120][122] +[124] +[136] +[130] +[134] +[134] +[136] +[140] +[144] +[144]		[163] [165]  [167] [169]  + [171]  + [175]  + [177]  + [181]  + [183]  + [185]  + [189]  + [191]	
Total mileage for the year Business mileage Average daily round trip commuting mileage Total commuting mileage Gasoline Capairs Maintenance Car washes Car	Vehicle 1  [20] [24]  [26] [28] [30] [32] [34] [36] [38] [40] [42] [44] [46] [48] [48] [50] [50]	Prior Year	Vehicle 2  [69] [71]  [73] [75]  [77]  [79]  [81]  [85]  [85]  [87]  [91]  [91]  [95]  [97]	Prior Year	Vehicle 3		[163] [165]  [167] [169]  + [171]  + [175]  + [177]  + [181]  + [183]  + [185]  + [189]  + [191]	
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline Fotal Carlos	Vehicle 1  [20] [24]  [26] [28] [30] [32] [34] [36] [38] [40] [40] [42] [44] [46] [48] [48] [50] [50]	Prior Year	Vehicle 2  [69] [71]  [73] [75]  [77]  [79]  [81]  [85]  [87]  [91]  [91]  [95]  [97]	Prior Year	Vehicle 3		[163]   [165]	
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline Dil Gasoline Di	Vehicle 1  [20] [24]  [26] [28] [30] [32] [36] [36] [38] [40] [42] [44] [46] [48] [48] [50] [50]	Prior Year	Vehicle 2  [69] [71]  [73] [75]  [77]  [79]  [81]  [85]  [85]  [87]  [91]  [91]  [95]  [97]	Prior Year	Vehicle 3		[163] [165]  [167] [169]  + [171]  + [175]  + [177]  + [181]  + [183]  + [185]  + [189]  + [191]	
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline  Dil	Vehicle 1  [20] [24] [26] [28] [30] [32] [34] [36] [40] [42] [42] [44] [46] [48] [50] [50] [52]	Prior Year	Vehicle 2  [69] [71]  [73] [75]  [77]  [77]  [81]  [85]  [85]  [87]  [91]  [91]  [95]  [97]  [99]  [101]	Prior Year	Vehicle 3 [116][120][122] +[124] +[126] +[130] +[134] +[134] +[144] +[144] +[144] +[146] +[148] +[148] +[148] +[150]		[163] [165]  [167] [169]  + [171]  + [173]  + [175]  + [177]  + [181]  + [183]  + [185]  + [187]  + [189]  + [191]  + [193]  + [195]	
Fotal mileage for the year Business mileage Average daily round trip commuting mileage Fotal commuting mileage Gasoline Dil Gasoline Di	Vehicle 1  [20] [24]  [26] [28] [30] [32] [34] [36] [38] [40] [40] [42] [44] [46] [48] [48] [50] [50]	Prior Year	Vehicle 2  [69] [71]  [73] [75]  [77]  [79]  [81]  [85]  [87]  [91]  [91]  [95]  [97]  [99]	Prior Year	Vehicle 3		[163]   [165]	

Control Totals +

Form ID: 2106-2

# Noncash Contributions Exceeding \$500

For donated securities, include the company name	e and number of shares in the donated property description, below
Taxpayer/Spouse/Joint (T, S, J)	[4]
Donated according to a significan	_[1]
Name of dense organization	[4]
Address of dones organization	
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, I	<b>-</b>
Donor's cost or basis Fair market value	+[13]
Method used to determine fair market value (A = Appraisal, C = Catalog, T =	+[14]
If other:	
ii otilei.	[16]
	Control Totals +
	Sont of Potato
Noncash Co	ntributions Exceeding \$500
For donated securities, include the company name	e and number of shares in the donated property description, below
Taxpayer/Spouse/Joint (T, S, J)	_[1]
	[4]
	[5]
	[6]
City	[7]
State postal code	
Zip code	[9]
Date contributed	[10]
Date acquired by donor	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, I	
Donor's cost or basis	+[13]
Fair market value	+[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T =	
If other:	[16]
	Control Totals +
Noncash Co	ntributions Exceeding \$500
For donated securities, include the company name	e and number of shares in the donated property description, below
Taxpayer/Spouse/Joint (T, S, J)	_[1]
Donated property description	
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	
Donor's cost or basis	+[13]
Fair market value	+[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T =	
If other:	[16]
	Control Totals +

ITEMIZED DEDUCTIONS Form ID: 8283

1			Auto	Workshee	Œ						68
	If you used y	our automobi	ile for business pu	rposes, plea	ase com	plete the	followin	g informa	tion.		
	Preparer	use only									
Description of bu	siness or profession										[3]
			٧	ehicles							
Vehicle 1 -	Date placed in service										[4
1	Description										[5
	Comments										
	Date placed in service										[
	Description Comments										[1
	Date placed in service										[1
	Description										[1
	Comments										
Vehicle 4 -	Date placed in service										[1
[	Description										[2
(	Comments										
			Vehicle	e Questio	ns						
				Vehicle	Prior	Vehicle	Prior	Vehicle	Prior	Vehicl	e Prior
				1	Year	2	Year	3	Year	4	Year
If you used your au	tomobile for work purp									í	
		nersonal use? .	(Y, N)	[60]	_	<b>—</b> <sup>[62]</sup>	_	_ [64]	_	_[66	2000
Was the vehicle	available for off-duty					1701	# 150 DINES	[72]	ALCOHOLDS SALES	[74	300932000
Was the vehicle Was another ve	ehicle available for pers	sonal use? (Y, N		<b>-</b> [68]	_	<b>-</b> [70]			10 E -		
Was the vehicle Was another ve Do you have ev	chicle available for personicle available for personic	sonal use? (Y, N		<b>_</b> [76]	Ξ	_ [78]	-	_[80]		[82	
Was the vehicle Was another ve	chicle available for personicle available for personic	sonal use? (Y, N		[68] [76] [84]	=	[78] [86]		[80] [88]	_		
Was the vehicle Was another ve Do you have ev	chicle available for personicle available for personic	sonal use? (Y, N		<b>_</b> [76]	-	_ [78]	-	_[80]	- -	[82	
Was the vehicle Was another ve Do you have ev	chicle available for personicle available for personic	sonal use? (Y, N	N)	<b>_</b> [76]	- - -	_ [78]	-	_[80]		[82	
Was the vehicle Was another ve Do you have ev	chicle available for personicle available for personic	sonal use? (Y, N	N)	[76] [84]	- - -	_ [78]		_[80]	-	[82	
Was the vehicle Was another ve Do you have ev	ehicle available for pers vidence to support your e written? (Y, N)	sonal use? (Y, N deduction? (Y, Prior Year	Vehicl	e Expens		[78] [86]		_[80] _[88]		[82 [90	Prior Year
Was the vehicle Was another ve Do you have ex Is this evidence	ehicle available for personidence to support your swritten? (Y, N)	esonal use? (Y, N deduction? (Y, Prior Year Informatior	Vehicl	<sup>[76]</sup> <sup>[84]</sup> e Expens		_[78] _[86]	infor	[80] [88]	Vehicle	[82 _ [90	1
Was the vehicle Was another ve Do you have ex Is this evidence	ehicle available for personidence to support your swritten? (Y, N)  Vehicle 1	Prior Year	Vehicl  Vehicle 2	e Expens		[78] [86] hicle 3	infor	_[80] _[88]	Vehicle	[82 _ [90	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence  Total miles for year Commuting miles	ehicle available for persidence to support your written? (Y, N)  Vehicle 1  [32]	Prior Year Information	Vehicle 2 [34] [44]	e Expens		[78] [86] hicle 3 [36	infor	_[80] _[88]	Vehicle		Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence  Total miles for year Commuting miles Business miles	vehicle available for personidence to support your written? (Y, N)  Vehicle 1  [32]  [42]  [52]	Prior Year Information	Vehicle 2 [34] [44] [54]	e Expens		[78] [86] hicle 3 [36	Infor	_[80] _[88]	Vehicle		Prior Year
Was the vehicle Was another ve Do you have even Is this evidence  Total miles for year Commuting miles Business miles Parking fees	vehicle available for personal vidence to support your written? (Y, N)  Vehicle 1  [32] [42] [42] [52] + [92]	Prior Year Information	Vehicle 2  [34] [44] [54] [94]	e Expens		[78] [86] hicle 3 [36 [56	Infor	_[80] _[88]	Vehicle		Prior Year
Was the vehicle Was another ve Do you have even Is this evidence  Total miles for year Commuting miles Business miles Parking fees Tolls	vehicle available for personal	Prior Year Information	Vehicle 2  [34] [44] [54] + [94] + [102]	e Expens		[78] [86] hicle 3 [36 [56 [96	infor	_[80] _[88]	Vehicle		Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence  Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline	Vehicle 1  Vehicle 1  [32]  [42]  + [92]  + [100]	Prior Year Information	Vehicle 2  [34] [44] [54] + [94] + [102] + [110]	e Expens		[78] [86] hicle 3 [36 [46 [16]	infor	_[80] _[88]	Vehicle	4   [90 4   [18] [18] [18] [18] [18] [18] [18] [18] [18]	Prior Year
Was the vehicle Was another ve Do you have ex Is this evidence  Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil	Vehicle 1  Vehicle 1  [32]  [42]  [42]  [42]  [52]  + [92]  + [100]  + [116]	Prior Year Information	Vehicle 2  [34] [44] [54] + [94] + [102] + [110] + [118]	e Expens		[78] [86] hicle 3 [36 [44 [56 [10 [11]	infor	_[80] _[88]	Vehicle	[82] [90] [90] [90] [90] [90] [90] [90] [90	Prior Year
Was the vehicle Was another ve Do you have ex Is this evidence  Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs	Vehicle 1  Vehicle 1  [32]  [42]  + [92]  + [106]  + [116]  + [124]	Prior Year Information	Vehicle 2    (34)   (44)   (54)   (102)   (110)   (118)   (126	e Expens		[78] [86] hicle 3 [36 [44 [56 [10 [11] [12]	infor	_[80] _[88]	Vehicle	[82][90] 4	Prior Year
Was the vehicle Was another ve Do you have ex Is this evidence  Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance	Vehicle 1  Vehicle 1  [32]  [42]  [42]  [42]  [52]  + [92]  + [100]  + [116]	Prior Year Information	Vehicle 2  [34] [44] [54] + [94] + [102] + [110] + [118]	e Expens		[78] [86] hicle 3 [36 [44 [56 [10 [11]	infor [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	_[80] _[88]	Vehicle	4   [82	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence  Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires	Vehicle 1  Vehicle 1  [32]  [42]  [52]  + [100]  + [116]  + [116]  + [124]	Prior Year Information	Vehicle 2  Vehicle 2  [34] [44] [54] [54] [102] [110] [118] [126] [134]	e Expens		[78] [86] hicle 3 [36 [46 [56 [10] [17] [12] [12] [12]	infor [	_[80] _[88]	Vehicle	[82][90] 4	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence  Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes	Vehicle 1  Vehicle 1  [32]  [42]  [52]  + [100]  + [116]  + [114]  + [124]  + [124]  + [132]	Prior Year Information	Vehicle 2  Vehicle 2  [34] [44] [54] [54] [102] [110] [118] [126] [134] [142]	e Expens		[78] [86] hicle 3 [36 [46 [56 [96 [10] [11] [12] [12] [13]	infor [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	_[80] _[88]	Vehicle	4   [82	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence  Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance	Vehicle 1  Vehicle 1  [32]  [42]  [52]  + [100]  + [116]  + [114]  + [124]  + [132]  + [144]  + [146]	Prior Year Information	Vehicle 2  Vehicle 2  [34] [44] [54] + [102] + [110] + [118] + [126] + [134] + [142] + [150]	e Expens		[78] [86] hicle 3 [36 [46 [56 [96 [10] [12] [12] [13] [14 [14]	infor [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	_[80] _[88]	Vehicle	4 [82] [90] 4 [18] [18] [18] [18] [18] [18] [106] [114] [122] [130] [138] [146] [154]	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence  Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest	Vehicle 1  Vehicle 1  [32]  [42]  [52]  + [100]  + [116]  + [124]  + [132]  + [140]  + [144]  + [146]  + [156]	Prior Year Information	Vehicle 2    [34]	e Expens		[78] [86] hicle 3 [36 [46 [56 [16] [17] [17] [17] [18] [18]	infor [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	_[80] _[88]	Vehicle	4 [82] [90] 4 [18] [18] [18] [18] [18] [18] [106] [114] [122] [130] [138] [146] [154] [162]	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence  Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration	Vehicle 1  Vehicle 1  [32]  [42]  [52]  + [100]  + [116]  + [132]  + [144]  + [146]  + [146]  + [156]  + [164]	Prior Year Information	Vehicle 2  [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [150] [158] [166]	e Expens		[78] [86] hicle 3 [36] [46] [16] [17] [17] [18] [18] [18]	infor [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	_[80] _[88]	Vehicle	4 [82] [90] 4 [18] [18] [18] [18] [18] [18] [18] [106] [114] [122] [130] [138] [146] [154] [162] [170]	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence  Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses	Vehicle 1  Vehicle 1  [32]  [42]  [52]  + [106]  + [116]  + [146]  + [146]  + [156]  + [164]  + [164]  + [172]	Prior Year Information	Vehicle 2  [34] [44] [54] + [94] + [102] + [110] + [118] + [126] + [134] + [150] + [158] + [166] + [174]	e Expens		[78] [86] hicle 3 [36] [46] [16] [17] [17] [18] [18] [18] [18] [18]	infor [	_[80] _[88]	Vehicle	4 [82] [90] [148] [148] [148] [148] [148] [146] [154] [154] [154] [162] [170] [178] [178]	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence  Total miles for year Commuting miles Business miles Parking fees Tolls Gasoline Oil Repairs Maintenance Tires Car washes Insurance Interest Registration Licenses Property taxes	Vehicle 1  Vehicle 1  [32]  [42]  [42]  [100]  + [100]  + [116]  + [146]  + [146]  + [146]  + [146]  + [156]  + [164]  + [164]  + [172]  + [180]  + [180]	Prior Year Information	Vehicle 2  [34] [44] [54] + [102] + [110] + [118] + [156] + [150] + [150] + [150] + [150] + [166] + [174] + [182]	e Expens		[78] [86] hicle 3 [36] [44 [16] [17] [18] [18] [18] [18] [18]	infor [	_[80] _[88]	Vehicle	4   [82]	Prior Year
Was the vehicle Was another ve Do you have ev	Vehicle 1  Vehicle 1  [32]  [42]  [42]  [100]  + [100]  + [116]  + [146]  + [146]  + [146]  + [146]  + [156]  + [164]  + [164]  + [172]  + [180]  + [180]	Prior Year Information	Vehicle 2  [34] [44] [54] [54] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174] [174] [182]	e Expens		[78] [86] hicle 3 [44 [56 [10] [11] [12] [13] [14] [18] [18] [18]	infor	_[80] _[88]	Vehicle	4   [90   [90   ] [90	Prior Year
Was the vehicle Was another ve Do you have ev Is this evidence Interest Insurance Interest Registration Licenses Property taxes Other vehicle exper	Vehicle 1  Vehicle 1  [32]  [42]  [42]  [100]  + [108]  + [144]  + [144]  + [144]  + [156]  + [164]  + [172]  + [186]  + [188]  sses + [196]  + [204]	Prior Year Information	Vehicle 2  [34] [44] [54] [54] [102] [110] [118] [126] [134] [142] [150] [158] [174] [174] [182] [198]	e Expens		[78] [86] hicle 3 [44 [56 [44 [16 [16] [17] [18] [18] [18] [18] [18] [18] [18]	infor	_[80] _[88]	Vehicle	[82][90][148][146][154][162][170][178][178][186][174][178][186][194][202][202]	Prior Year

Form ID: Auto

Control Totals +

Form ID: Coverage	69			
	2	020 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]	
	+	+		

#### **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 b		+[3]	+[4]
Employer-provided dependent care benefit	ts that were forfeited in 2020	+[5]	+[6]
Total qualified expenses incurred in 2020			[9]
Were you or your spouse a full time studer	nt or disabled? (Yes or No)	[10	D][11
Did you provide care expenses for any per	rson(s) who is not listed as a dependent?	(Y, N)	[12
During a series of annuiton			
Business name of provider			
First and last name of provider			
Street address of provider			
City, State and Zip code			
Social security number OR Employer ident			
Tax Exempt / LAFCP / Due Diligence (1 = T	ax Exempt, 2 = Living Abroad Foreign Care Provider,	3 = Provider moved and unable to get TIN, 4 = Pro	vider refuses to give TIN)
Amount paid to care provider in 2020			+[7]
Foreign province or state of provider			
Foreign country and Foreign postal code o	f provider		
Business name of provider			
First and last name of provider			
Street address of provider			
City, State and Zip code	Water and the same of the same	Maria de la companya	
Social security number OR Employer ident	ification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax		0. Building of the 14.4	
	ax Exempt, 2 = Living Abroad Foreign Care Provider,	3 = Provider moved and unable to get TIN, 4 = Pro-	vider refuses to give TIN)
Amount paid to care provider in 2020			+
Foreign province or state of provider			
Foreign country and Foreign postal code o	f provider		
Business name of provider			
First and last name of provider			7
Street address of provider			
City, State and Zip code			
Social security number OR Employer ident	ification number		
Tax Exempt / LAFCP / Due Diligence (1 = Ta		3 = Provider moved and unable to get TIN 4 - Pro-	vider refuses to give TINI)
Amount paid to care provider in 2020	ax Exempt, 2 - Living Abroad Foreign Gare Frovider,	5 - Flovider moved and unable to get file, 4 - Flo	- vider refuses to give riny
Foreign province or state of provider			Technology of the Control of the Con
Foreign country and Foreign postal code o	f 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 ident	ification number		
Tax Exempt / LAFCP / Due Diligence (1 = Ta		3 = Provider moved and unable to get TIN 4 = Prov	vider refuses to give TIN)
Amount paid to care provider in 2020		- · · · · · · · · · · · · · · · · · · ·	+
Foreign province or state of provider			
Foreign country and Foreign postal code of	f 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 ident	ification number		
Tax Exempt / LAFCP / Due Diligence (1 = Ta		3 = Provider moved and unable to get TIN, 4 = Prov	vider refuses to give TIN)
Amount paid to care provider in 2020		-	+
Foreign province or state of provider			
Foreign country and Foreign postal code of	f provider		
	Control Totals +	CREDITS	Form ID: 2441

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Form	ID.	CO

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Folinib. CO	Carryover Information -	Preparer Use Only		90	
Qualified Business Income Deduction Carryo	overs 2019 to 2020 Amounts	Indefinite Carryovers	2019 to 2	020 Amounts	
Qualified business loss (QBID)	+[1]	Minimum tax credit	+	[3]	
Qualified REIT dividends and PTP loss	+[2]	Investment interest	+	[4]	
		Investment interest - AMT	+	[5]	
		Short-term capital loss	+	[6]	
		Short-term capital loss - AMT	+	[7]	
Instructions		Long-term capital loss	+	[8]	
Enter carryovers from prior year(s) as positive ne	umbers.	Long-term capital loss - AMT	+	[9]	
Enter utilizations from prior year(s) as negative r	numbers.	Residential energy credit	+	[10	
		D.C. first-time homebuyer credit	+	[11	
		Tax credit bonds	+	[12	
	Section 1231 Nonrec	aptured Losses			
	ection 1231 tured Losses	•			

	Section 1231 Nonrecaptured Losses			AMT Section 1231 Nonrecaptured Losses		
2015	+_	[13]	+	[18]		
2016	+ _	[14]	+	[19]		
2017	+	[15]	+	[20]		
2018	+	[16]	+	[21]		

Prior C/O Year	-	0% ibutions	Co	50% ntributions	Co	30% ontributions		50/30% Gain Prop	C	20% ontributions
2015			+	[25]	+	[30]	+	[35]	+	[40]
2016			+	[26]	+	[31]	+	[36]	+ _	[41]
2017			+	[27]	+	[32]	+	[37]	+	[42]
2018	+	[23]	+	[28]	+	[33]	+	[38]	+	[43]
2019	+	[24]	+	[29]	+	[34]	+	[39]	+ _	[44]

# AMT Charitable Contribution Carryover Items

Prior C/O Year		6 AMT ibutions		6 AMT ibutions		% AMT ributions		9% AMT Bain Prop		0% AMT ntributions
2015			+	[47]	+	[52]	+	[57]	+	[62]
2016			+	[48]	+	[53]	+	[58]	+	[63]
2017			+	[49]	+	[54]	+	[59]	+	[64]
2018	+	[45]	+	[50]	+	[55]	+	[60]	+	[65]
2019	+	[46]	+	[51]	+	[56]	+	[61]	+	[66]

Control Totals +	CARRYOVERS	Form ID: CO

Form ID: Notes	Notes to Preparer	
	Submit questions and provide additional information to your tax return preparer here.	
Taxpayer name(s)		
Social security number		
		l
		Form ID: Notes