

## 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 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.

### 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?

☐ ☐

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 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?	<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"/>

### **Purchases, Sales and Debt Information**

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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Medicaid waiver payments as difficulty of care during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive tip income not reported to your employer this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income considered to be nonemployee compensation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>

### **Retirement Information**

Are you an active participant in a pension or retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any withdrawals due to a Federally declared disaster or COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2020?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?	<input type="checkbox"/>	<input type="checkbox"/>
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 ABL (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 ABL (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received. ☐ ☐

Did you receive any withdrawals from an ABL (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.)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous Information**

Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

## 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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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

1

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)

2 [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)

Y [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 [51]

Last Name

Date of Birth

Social Security No.

Relationship

Months  
in  
homeDep  
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

## \*Basic

1 = Child who lived with you

## \*\*Other

1 = Student (Age 19 - 23)

2 = Child who did not live with you due to divorce/separation

2 = Disabled dependent

3 = Other dependent

3 = Dependent who is both a student and disabled

4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)

5 = Qualifying child for Earned Income Credit only

6 = Children who lived with you, but do not qualify for Earned Income Credit

7 = Children who lived with you, but do not qualify for Child Tax Credit

8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit

## \*\*\*Months

77 = Reported on odd year return

88 = Reported on even year return

99 = Not reported on return

## 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:

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]



**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 [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]

**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
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]

Calculated Amount	Method*
_____	_____
_____	_____
_____	_____
_____	_____

**\*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:

Control Totals +

PAYMENTS

Form ID: Est

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.

[illegible]

## 2020 Information

### Prior Year Information

[illegible]

Control Totals +

## Wages and Salaries #2

## 2020 Information

### Prior Year Information

[illegible]

Control Totals +

Form ID: W2

## 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 codes below)		Interest Income	(1)	Tax Exempt Income	Penalty on Early Withdrawal	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	+							

## \*\*Interest Codes

Blank = Regular Interest

4 = Accrued Interest

6 = ABP Adjustment

3 = Nominee Distribution

5 = OID Adjustment

7 = Series EE &amp; I Bond

Control Totals +

INCOME

Form ID: B-1

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	[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	+									
		Payer										
	3	Amounts	+									
		Payer										
	4	Amounts	+									
		Payer										
	5	Amounts	+									
		Payer										
	6	Amounts	+									
		Payer										
	7	Amounts	+									
		Payer										
	8	Amounts	+									
		Payer										
	9	Amounts	+									
		Payer										
	10	Amounts	+									

**Dividend Codes	
Blank = Other	3 = Nominee

Control Totals +

INCOME

[9]

—[10]

        [11]

—[13]

—[3]

Form ID: D



Form ID: Income

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

24

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 (**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 plan \_\_\_\_\_ [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, 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 (**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 plan \_\_\_\_\_ [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, 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 (**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 plan \_\_\_\_\_ [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 +****NOTES/QUESTIONS:****RETIREMENT****Form ID: 1099R**

**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****2020 Information****Prior Year Information**

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

Net Benefits for 2020 (Box 3 minus Box 4) **(Box 5)**

+ [8]

Voluntary Federal Income Tax Withheld **(Box 6)**

+ [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****2020 Information****Prior Year Information**

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)**

+ [22]

Federal Income Tax Withheld **(Box 10)**

+ [25]

Medicare Premium Total **(Box 11)**

+ [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:**

☐ **Preparer use only**
**2020 Information****Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Business name \_\_\_\_\_ [5]  
 Principal business/profession \_\_\_\_\_ [6]  
 Business code \_\_\_\_\_ [12]  
 Business address, if different from home address on Organizer Form ID: 1040  
 Address \_\_\_\_\_ [15]  
 City/State/Zip \_\_\_\_\_ [16] \_\_\_\_\_ [17] \_\_\_\_\_ [18]  
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) \_\_\_\_\_ [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 in determining your inventory: \_\_\_\_\_ [25]  
 \_\_\_\_\_  
 Did you "materially participate" in this business? (Y, N) \_\_\_\_\_ [26]  
 If not, number of hours you did significantly participate \_\_\_\_\_ [28]  
 Mark if you began or acquired this business in 2020 \_\_\_\_\_ [30]  
 Did you make any payments in 2020 that require you to file Form(s) 1099? (Y, N) \_\_\_\_\_ [31]  
 If "Yes", did you or will you file all required Forms 1099? (Y, N) \_\_\_\_\_ [33]  
 Mark if this business is considered related to qualified services as a minister or religious worker \_\_\_\_\_ [35]  
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) \_\_\_\_\_ [37]  
 Medical insurance premiums paid by this activity + \_\_\_\_\_ [40]  
 Long-term care premiums paid by this activity + \_\_\_\_\_ [44]  
 Amount of wages received as a statutory employee + \_\_\_\_\_ [47]

**Business Income****2020 Information****Prior Year Information**

Gross receipts and sales  
 \_\_\_\_\_ + \_\_\_\_\_ [52]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Returns and allowances  
 \_\_\_\_\_ + \_\_\_\_\_ [55]  
 Other income:  
 \_\_\_\_\_ + \_\_\_\_\_ [57]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

**Cost of Goods Sold****2020 Information****Prior Year Information**

Beginning inventory + \_\_\_\_\_ [59]  
 Purchases + \_\_\_\_\_ [61]  
 Labor:  
 \_\_\_\_\_ + \_\_\_\_\_ [63]  
 \_\_\_\_\_ + \_\_\_\_\_  
 Materials + \_\_\_\_\_ [65]  
 Other costs:  
 \_\_\_\_\_ + \_\_\_\_\_ [67]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_  
 Ending inventory + \_\_\_\_\_ [69]

**Control Totals +****BUSINESS****Form ID: C-1**

Principal business or profession

### Prior Year Information

[illegible]

☐ **Preparer use only**

Principal business or profession \_\_\_\_\_

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

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]

## Rent and Royalty Income

## Rents and royalties

## 2020 Information

## Prior Year Information

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

## 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]  
 \_\_\_\_\_ + \_\_\_\_\_  
 \_\_\_\_\_ + \_\_\_\_\_

Control Totals +

RENT &amp; ROYALTY

Form ID: Rent

☐ Preparer use only

Description \_\_\_\_\_

### Refinancing Points

Preparer - Enter on Screen Rent

## 2020 Information

## Prior Year Information

## Refinancing points paid -

Recipient's/Lender's name \_\_\_\_\_ [92]  
 Date of refinance \_\_\_\_\_  
 Total # Payments \_\_\_\_\_  
 Reported on 1098 in 2020 \_\_\_\_\_  
 Total points paid \_\_\_\_\_  
 Points deemed as paid in current year (Preparer use only) \_\_\_\_\_

## 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) \_\_\_\_\_

## 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) \_\_\_\_\_

### Vacation Home Information

Preparer - Enter on Screen Rent-3

## 2020 Information

## Prior Year Information

Number of days home was used personally \_\_\_\_\_ [5]  
 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

Preparer use only Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
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:

Control Totals +

Form ID: Rent-2



Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

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 on K1-7	Operating	[16]	[17]	[18]
	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 on K1-7	Operating	[16]	[17]	[18]
	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 on K1-7	Operating	[16]	[17]	[18]
	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]

T/S/J

2020 Information

Prior Year Information

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

[1]	_____	+	_____ [2]
-	_____	+	_____
-	_____	+	_____
-	_____	+	_____
-	_____	+	_____
-	_____	+	_____

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4]	_____	+	_____ [5]
-	_____	+	_____
-	_____	+	_____
-	_____	+	_____

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7]	_____	+	_____ [8]
-	_____	+	_____

Prescription medicines and drugs:

[10]	_____	+	_____ [11]
-	_____	+	_____
-	_____	+	_____

[13]	Miles driven for medical items		_____ [14]
------	--------------------------------	--	------------

## Schedule A - Tax Expenses

T/S/J

2020 Information

Prior Year Information

State/local income taxes paid:

[18]	_____	+	_____ [19]
-	_____	+	_____
-	_____	+	_____
-	_____	+	_____
-	_____	+	_____

2019 state and local income taxes paid in 2020:

[21]	_____	+	_____ [22]
-	_____	+	_____
-	_____	+	_____

Real estate taxes paid:

[24]	_____	+	_____ [25]
-	_____	+	_____
-	_____	+	_____

Personal property taxes:

[27]	_____	+	_____ [28]
-	_____	+	_____

Other taxes, such as: foreign taxes and State disability taxes

[30]	_____	+	_____ [31]
-	_____	+	_____
-	_____	+	_____

Sales tax paid on major purchases:

[36]	_____	+	_____ [37]
-	_____	+	_____

Sales tax paid on actual expenses:

[39]	_____	+	_____ [40]
-	_____	+	_____
-	_____	+	_____

Control Totals +

ITEMIZED DEDUCTIONS

Form ID: A-1

## Interest Expenses

58

T/S/J	2020 Interest Paid [2]	2020 Points Paid	Type*	2020 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[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	SSN or EIN	2020 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

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

Control Totals +

ITEMIZED DEDUCTIONS

Form ID: A-2

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:

Control Totals +

ITEMIZED DEDUCTIONS

Form ID: A-3

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.

T/S/J

2020 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues,  
Business publications, Job seeking expenses, Educational expenses

[1]		+		[2]
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		

Union dues, other than amounts reported on Form W-2:

[4]		+		[5]
-		+		
-		+		
-		+		

[7]	Tax preparation fees	+		[8]
-----	----------------------	---	--	-----

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

[10]		+		[11]
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		

[13]	Safe deposit box rental	+		[14]
------	-------------------------	---	--	------

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

[16]		+		[17]
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		

NOTES/QUESTIONS:

Control Totals +

ITEMIZED DEDUCTIONS

Form ID: A-St

### Prior Year Information

Nonvehicle depreciation	+	[29]
Meals	+	[32]
Meals for individuals subject to DOT hours of service limitation (certain state returns)	+	[34]

**Enter Reimbursements not entered on Screen W2, Box 12, Code L**

### Prior Year Information

Reimbursements for other expenses not included on Form W-2	+	<u>                    </u>	[61]
Reimbursements for meals not included on Form W-2	+	<u>                    </u>	[63]
Reimbursements for meals for DOT service limitation not included on Form W-2	+	<u>                    </u>	[65]

Form ID: 2106

**Preparer use only**

Taxpayer/Spouse (T, S)

[2]

Occupation in which expenses were incurred

[3]

State postal code

[4]

**Vehicle Questions****2020 Information****Prior Year Information**

If you used your automobile for work purposes, please answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)

[5]

Was another vehicle available for personal use? (Y, N)

[7]

Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)

[9]

**Vehicle Information**

Vehicle 1 -	Date placed in service		[11]
	Description		[12]
	Comments		
Vehicle 2 -	Date placed in service		[62]
	Description		[63]
	Comments		
Vehicle 3 -	Date placed in service		[109]
	Description		[110]
	Comments		
Vehicle 4 -	Date placed in service		[156]
	Description		[157]
	Comments		

**Vehicles Actual Expenses**

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	[20]		[69]		[116]		[163]	
Business mileage	[24]		[71]		[118]		[165]	
Average daily round trip commuting mileage	[26]		[73]		[120]		[167]	
Total commuting mileage	[28]		[75]		[122]		[169]	
Gasoline	+ [30]		+ [77]		+ [124]		+ [171]	
Oil	+ [32]		+ [79]		+ [126]		+ [173]	
Repairs	+ [34]		+ [81]		+ [128]		+ [175]	
Maintenance	+ [36]		+ [83]		+ [130]		+ [177]	
Tires	+ [38]		+ [85]		+ [132]		+ [179]	
Car washes	+ [40]		+ [87]		+ [134]		+ [181]	
Insurance	+ [42]		+ [89]		+ [136]		+ [183]	
Interest	+ [44]		+ [91]		+ [138]		+ [185]	
Registration	+ [46]		+ [93]		+ [140]		+ [187]	
Licenses	+ [48]		+ [95]		+ [142]		+ [189]	
Property taxes (Plates, tags, etc)	[50]		+ [97]		+ [144]		+ [191]	
Vehicle rentals	+ [52]		+ [99]		+ [146]		+ [193]	
Inclusion amt (Preparer only)	+ [54]		+ [101]		+ [148]		+ [195]	
Other vehicle expenses	+ [56]		+ [103]		+ [150]		+ [197]	
Value of employer provided vehicle	+ [58]		+ [105]		+ [152]		+ [199]	
Depreciation	+ [60]		+ [107]		+ [154]		+ [201]	

**Control Totals +****Form ID: 2106-2**

**Noncash Contributions Exceeding \$500****61****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]

**Control Totals +****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]

**Control Totals +****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]

**Control Totals +****ITEMIZED DEDUCTIONS****Form ID: 8283**



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]	___	___ [62]	___	___ [64]	___	___ [66]	___
Was another vehicle available for personal use? (Y, N)	___ [68]	___	___ [70]	___	___ [72]	___	___ [74]	___
Do you have evidence to support your deduction? (Y, N)	___ [76]	___	___ [78]	___	___ [80]	___	___ [82]	___
Is this evidence written? (Y, N)	___ [84]	___	___ [86]	___	___ [88]	___	___ [90]	___

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

Control Totals +

Form ID: Auto

	2020 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
	+	+	
	+	+	
Self-employed long-term care premiums: (Not entered elsewhere)			
	+	+	
	+	+	

NOTES/QUESTIONS:

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 \_\_\_\_\_

Control Totals +

CREDITS

Form ID: 2441

**Qualified Business Income Deduction Carryovers 2019 to 2020 Amounts**

Qualified business loss (QBID) + \_\_\_\_\_ [1]  
 Qualified REIT dividends and PTP loss + \_\_\_\_\_ [2]

**Indefinite Carryovers**

Minimum tax credit + \_\_\_\_\_ [3]  
 Investment interest + \_\_\_\_\_ [4]  
 Investment interest - AMT + \_\_\_\_\_ [5]  
 Short-term capital loss + \_\_\_\_\_ [6]  
 Short-term capital loss - AMT + \_\_\_\_\_ [7]  
 Long-term capital loss + \_\_\_\_\_ [8]  
 Long-term capital loss - AMT + \_\_\_\_\_ [9]  
 Residential energy credit + \_\_\_\_\_ [10]  
 D.C. first-time homebuyer credit + \_\_\_\_\_ [11]  
 Tax credit bonds + \_\_\_\_\_ [12]

**Instructions**

Enter carryovers from prior year(s) as positive numbers.

Enter utilizations from prior year(s) as negative numbers.

**Section 1231 Nonrecaptured Losses**

	<b>Section 1231 Nonrecaptured Losses</b>	<b>AMT Section 1231 Nonrecaptured Losses</b>
2015	+ _____ [13]	+ _____ [18]
2016	+ _____ [14]	+ _____ [19]
2017	+ _____ [15]	+ _____ [20]
2018	+ _____ [16]	+ _____ [21]
2019	+ _____ [17]	+ _____ [22]

**Charitable Contribution Carryover Items**

<b>Prior C/O Year</b>	<b>60% Contributions</b>	<b>50% Contributions</b>	<b>30% Contributions</b>	<b>50/30% Cap Gain Prop</b>	<b>20% Contributions</b>
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**

<b>Prior C/O Year</b>	<b>60% AMT Contributions</b>	<b>50% AMT Contributions</b>	<b>30% AMT Contributions</b>	<b>50/30% AMT Cap Gain Prop</b>	<b>20% AMT Contributions</b>
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]

**NOTES/QUESTIONS:**

Control Totals +

CARRYOVERS

Form ID: CO

Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s)

Social security number