

Thoresen Diaby Helle Condon & Dodge, Inc
600 Hwy 169 S, Suite 1960
Minneapolis, MN 55426

2020 Client Organizer

Thoresen Diaby Helle Condon & Dodge, Inc
600 Hwy 169 S, Suite 1960
Minneapolis, MN 55426
763-545-2353

Dear valued client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2020 federal and state income tax returns along with calculating your 2020 estimated tax from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Fees for our tax return preparation service will be billed upon completion of your returns at the appropriate rate for the level and value of services rendered, plus out-of-pocket expenses. Fees are due and payable upon presentation of our invoice to you. Amounts not paid within thirty days from the invoice date will be subject to a late payment charge of 1.5% per month (18% per year). If for any reason the account is turned over to an

attorney for collection, an additional charge of 33 1/3% will be added to cover collection costs.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Thoresen Diaby Helle Condon & Dodge, Inc.

Thoresen Diaby Helle Condon & Dodge, Inc

Accepted By: _____

Date: _____



STEVEN J. THORESEN, CPA
KATHY C. DIABY, CPA, MBT, CVA
STEPHEN D. HELLE, CPA
MICHAEL J. CONDON, CPA
RACHEL A. PETERS, CPA, CFE
JONATHAN B. DODGE, CPA of counsel

PRIVACY POLICY

CPAs like all providers of personal financial services are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.



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Portal Information

We are offering you the opportunity to receive your copy of the 2020 income tax returns either electronically or as a traditional paper copy. If you choose to receive your copy electronically, you will be provided a links to register for a portal account that gives you access to your returns (in PDF format).

Please indicate your preference for receiving copies of your 2020 return by choosing one of these options:

Yes, I would like to receive my copy of the 2020 tax returns electronically. I understand that I will not be provided a paper copy of my returns. Thoresen Diaby Helle Condon & Dodge, Inc. will send me an email when my copy is ready to access on the firm's portal.

Email address: _____
Mandatory for electronic portal transmission

I prefer to continue receiving a paper copy of my tax return.

If you have received a paper copy of the tax organizer and would like to receive a PDF or electronic fillable (web) version please contact our office at 763-545-2353 and we will assist in this matter.

Please return this sheet with your completed organizer. Feel free to contact us if you have any questions.

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763-545-2353

Dear valued client:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2020 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2019 personal income tax return included in the column labeled "Prior Year Information".

In order to meet the April 15, 2021 filing deadline for your 2020 income tax return, your completed tax organizer and all tax documents need to be received by our office no later than March 15, 2021. Any information received after that date will require an extension of time be filed for your return. If you know at this time that you would like to extend your tax return from the statutory deadline of April 15, 2021 to the extended deadline of October 15, 2021, please contact your service partner for information required.

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as ***-**-6789, an account number as *****6789, and a date of birth as **/**/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

Enter 2020 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage Form 1099 consolidated statements showing investment transactions for stocks, bonds, virtual currencies, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).

- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Notice 1444 showing the amount of the Economic Impact Payment (EIP) you received.
- Six-digit Identity Protection PIN if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

PLEASE NOTE: All pages of each tax document should be included; your tax return may be delayed if information is missing. Original documents should be provided to our office when possible.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

Thoresen Diaby Helle Condon & Dodge, Inc

Questions

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

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Information		
Did you receive an Economic Impact Payment (EIP) as reported on Notice 1444?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency leave sick pay?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency family leave wages?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or		

have they been a victim of identity theft? If yes, attach the IRS letter.

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?

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?

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)?

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 401(k) plan?

Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses

Did anyone in your family receive a scholarship of any kind during the year?

If yes, were any of the scholarship funds used for expenses other than tuition,

- such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?
- Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.

Itemized Deduction Information

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

Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member

- | | | |
|--|--------------------------|--------------------------|
| of the Armed Forces on active duty? | <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. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Personal Information

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

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

Present Mailing Address

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

Dependent Information

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

First Name ^{51]}	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

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

Dependent Codes

- | | |
|---|---|
| <p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you due to divorce/separation 3 = Other dependent 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 <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|---|---|

Preparer - Enter on Screen Contact

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

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [19]

Mobile telephone number _____ [12] _____ [20]

Mobile telephone #2 number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

 Telephone number _____ [16] _____ [24]

 Extension _____ [17] _____ [25]

Preferred method of contact: _____ [18] _____ [26]
 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

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 _____[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 _____[23] or Percent (xxx.xx) _____[24]

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

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

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

Nonresident Alien - General Information

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

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

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

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:			
_____	_____	_____ [21]	_____
Dividends paid by foreign corporations:			
_____	_____	_____ [23]	_____
Interest received on mortgages:			
_____	_____	_____ [27]	_____
Interest paid by foreign corporations:			
_____	_____	_____ [29]	_____
Other Interest received:			
_____	_____	_____ [31]	_____
Industrial royalties (patents, trademarks, etc.)			
_____	_____	_____ [33]	_____
Motion picture or T.V. copyright royalties			
_____	_____	_____ [35]	_____
Other royalties (copyrights, recording, publishing, etc.)			
_____	_____	_____ [37]	_____
Real property income and natural resources royalties			
_____	_____	_____ [39]	_____
Pensions and annuities:			
_____	_____	_____ [41]	_____
Gambling - Residents of Canada only:			
Winnings _____ [42] Losses _____ [44]			_____ [43]
Gambling - Residents of countries other than Canada:			
_____	_____	_____ [47]	_____
Other income:			
_____	_____	_____ [49]	_____

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

Description of Property [42]	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Control Totals

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

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

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

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

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

Date you first entered U.S. _____ [7]

If you've ever changed your visa types (nonimmigrant status) or U.S. immigration status:
 Date of visa change _____ [9]
 Nature of your visa change _____ [10]

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

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

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

Enter the total number of days (including vacation, nonworkdays, partial work days) you were present in the U.S. during:
 2018 _____ [13]
 2019 _____ [14]
 2020 _____ [15]

Latest U.S. income tax return you filed prior to 2020:
 Year filed _____ [16]
 Type of return filed _____ [17]

Did you receive total compensation of \$250,000 or more during 2020 (Y, N) _____ [18]
 If "Yes" did you use an alternative method to determine the source of the compensation? (Y, N) _____ [20]
 If you used an alternative method to determine the source of the compensation, provide details in the space below.

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

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

Were you subject to tax in a foreign country on any of the income entered in the "Exempt income 2020" column (Y, N) _____ [22]
 Are you claiming treaty benefits pursuant to a Competent Authority determination. If yes, attach a copy of the determination (Y, N) _____ [23]

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

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

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

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

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

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

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

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

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

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

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

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

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
State postal code _____ [2]

Amount paid with 2019 return _____ [3]
 2019 overpayment applied to '20 estimates _____ [4]
 Treat calculated amounts as paid _____ [8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____ [9]	_____ [10]	
2nd quarter payment	_____ [11]	_____ [12]	
3rd quarter payment	_____ [13]	_____ [14]	
4th quarter payment	_____ [15]	_____ [16]	
Additional payment	_____ [17]	_____ [18]	

2020 City Estimated Tax Payments

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

<table border="1" style="width: 100%;"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [37]</td> <td>_____ [38]</td> </tr> <tr> <td>2nd quarter payment _____ [39]</td> <td>_____ [40]</td> </tr> <tr> <td>3rd quarter payment _____ [41]</td> <td>_____ [42]</td> </tr> <tr> <td>4th quarter payment _____ [43]</td> <td>_____ [44]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [37]	_____ [38]	2nd quarter payment _____ [39]	_____ [40]	3rd quarter payment _____ [41]	_____ [42]	4th quarter payment _____ [43]	_____ [44]	<table border="1" style="width: 100%;"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [59]</td> <td>_____ [60]</td> </tr> <tr> <td>2nd quarter payment _____ [61]</td> <td>_____ [62]</td> </tr> <tr> <td>3rd quarter payment _____ [63]</td> <td>_____ [64]</td> </tr> <tr> <td>4th quarter payment _____ [65]</td> <td>_____ [66]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [59]	_____ [60]	2nd quarter payment _____ [61]	_____ [62]	3rd quarter payment _____ [63]	_____ [64]	4th quarter payment _____ [65]	_____ [66]
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1st quarter payment _____ [37]	_____ [38]																				
2nd quarter payment _____ [39]	_____ [40]																				
3rd quarter payment _____ [41]	_____ [42]																				
4th quarter payment _____ [43]	_____ [44]																				
Date Paid	Amount Paid																				
1st quarter payment _____ [59]	_____ [60]																				
2nd quarter payment _____ [61]	_____ [62]																				
3rd quarter payment _____ [63]	_____ [64]																				
4th quarter payment _____ [65]	_____ [66]																				

Calculated Amount

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

Calculated Amount

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

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

<table border="1" style="width: 100%;"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [81]</td> <td>_____ [82]</td> </tr> <tr> <td>2nd quarter payment _____ [83]</td> <td>_____ [84]</td> </tr> <tr> <td>3rd quarter payment _____ [85]</td> <td>_____ [86]</td> </tr> <tr> <td>4th quarter payment _____ [87]</td> <td>_____ [88]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [81]	_____ [82]	2nd quarter payment _____ [83]	_____ [84]	3rd quarter payment _____ [85]	_____ [86]	4th quarter payment _____ [87]	_____ [88]	<table border="1" style="width: 100%;"> <thead> <tr> <th>Date Paid</th> <th>Amount Paid</th> </tr> </thead> <tbody> <tr> <td>1st quarter payment _____ [103]</td> <td>_____ [104]</td> </tr> <tr> <td>2nd quarter payment _____ [105]</td> <td>_____ [106]</td> </tr> <tr> <td>3rd quarter payment _____ [107]</td> <td>_____ [108]</td> </tr> <tr> <td>4th quarter payment _____ [109]</td> <td>_____ [110]</td> </tr> </tbody> </table>	Date Paid	Amount Paid	1st quarter payment _____ [103]	_____ [104]	2nd quarter payment _____ [105]	_____ [106]	3rd quarter payment _____ [107]	_____ [108]	4th quarter payment _____ [109]	_____ [110]
Date Paid	Amount Paid																				
1st quarter payment _____ [81]	_____ [82]																				
2nd quarter payment _____ [83]	_____ [84]																				
3rd quarter payment _____ [85]	_____ [86]																				
4th quarter payment _____ [87]	_____ [88]																				
Date Paid	Amount Paid																				
1st quarter payment _____ [103]	_____ [104]																				
2nd quarter payment _____ [105]	_____ [106]																				
3rd quarter payment _____ [107]	_____ [108]																				
4th quarter payment _____ [109]	_____ [110]																				

Calculated Amount

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

Calculated Amount

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

Wages and Salaries #1

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 / 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]	
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

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 / 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

Interest Income

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

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

T/S/J	Type Code <small>(**See codes below)</small>	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 & I Bond

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

Consolidated Broker Statement

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

Preparer use only

T/S/J _____	Employer identification number _____
Broker Name _____	Margin interest _____
Account number _____	Investment management/advisory fees _____

*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.

Type Code	1099-INT	Interest Income	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							

Type Code	1099-DIV	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	US Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Tax Paid	Prior Year Information
1	Payer											
	Amounts											
2	Payer											
	Amounts											
3	Payer											
	Amounts											
4	Payer											
	Amounts											
5	Payer											
	Amounts											

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price <small>(Less expenses of sale)</small>	Cost or Other Basis
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Description of Account - Aggregate profit/-loss on contracts	-Loss/Gain Entire Yr	1099-B Adjustment	Net 1256 loss carryback
_____	_____	_____	_____

State and local income tax refunds	2020 Information	Prior Year Information
	_____ [5]	

Alimony received	T/S	Agreement Date	2020 Information	Prior Year Information
	___	_____	_____ [3]	
	___	_____	_____ [3]	

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

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

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

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

--	--

Preparer use only

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

_____ [51]

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

State postal code _____ [6]

Name of creditor/lender _____ [3]

Form 1099-C Cancellation of DebtDate of identifiable event **(Box 1)** _____ [10]Amount of debt discharged **(Box 2)** _____ [11]Interest if included in box 2 **(Box 3)** _____ [12]Personally liable for repayment of the debt (if checked) **(Box 5)** _____ [13]Identifiable event code **(Box 6)** (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) _____ [14]

Fair market value of property **(Box 7)** _____ [15]**Form 1099-A Acquisition or Abandonment of Secured Property**Date of lender's acquisition or knowledge of abandonment **(Box 1)** _____ [16]Balance of principal outstanding **(Box 2)** _____ [17]Fair market value of property **(Box 4)** _____ [18]Personally liable for repayment of the debt (if checked) **(Box 5)** _____ [19]

	Control Totals	
--	-----------------------	--

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

--	--

Preparer use only

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

_____ [51]

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

State postal code _____ [6]

Name of creditor _____ [3]

Form 1099-C Cancellation of DebtDate of identifiable event **(Box 1)** _____ [10]Amount of debt discharged **(Box 2)** _____ [11]Interest if included in box 2 **(Box 3)** _____ [12]Personally liable for repayment of the debt (if checked) **(Box 5)** _____ [13]Identifiable event code **(Box 6)** (A = Bankruptcy, B = Other judicial debt relief, C = Statute of limitations, D = Foreclosure, E = Debt relief from probate

F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) _____ [14]

Fair market value of property **(Box 7)** _____ [15]**Form 1099-A Acquisition or Abandonment of Secured Property**Date of lender's acquisition or knowledge of abandonment **(Box 1)** _____ [16]Balance of principal outstanding **(Box 2)** _____ [17]Fair market value of property **(Box 4)** _____ [18]Personally liable for repayment of the debt (if checked) **(Box 5)** _____ [19]

	Control Totals	
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NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2020 Information

Prior Year Information

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

Control Totals

Gambling Winnings #2

Please provide all copies of Form W-2G.

2020 Information

Prior Year Information

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

Control Totals

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
RIC or REIT name	_____ [3]	
State postal code	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	_____ [9]	
Unrecaptured section 1250 gain (Box 1b)	_____ [11]	
Section 1202 gain (Box 1c)	_____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		
	_____ [15]	
Collectibles (28%) gain (Box 1d)	_____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____ [19]	

	Control Totals	
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Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
RIC or REIT name	_____ [3]	
State postal code	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	_____ [9]	
Unrecaptured section 1250 gain (Box 1b)	_____ [11]	
Section 1202 gain (Box 1c)	_____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		
	_____ [15]	
Collectibles (28%) gain (Box 1d)	_____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____ [19]	

	Control Totals	
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Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
RIC or REIT name	_____ [3]	
State postal code	_____ [4]	
Total undistributed long-term capital gains (Box 1a)	_____ [9]	
Unrecaptured section 1250 gain (Box 1b)	_____ [11]	
Section 1202 gain (Box 1c)	_____ [13]	
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		
	_____ [15]	
Collectibles (28%) gain (Box 1d)	_____ [17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	_____ [19]	

	Control Totals	
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NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2020 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____ [1]
 Name of payer _____ [3]
 State postal code _____ [5]
 Gross distributions received (**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 12**) _____ [17]
 Local withholding (**Box 15**) _____ [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 12**) _____ [17]
 Local withholding (**Box 15**) _____ [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 12**) _____ [17]
 Local withholding (**Box 15**) _____ [19]
 Amount of rollover _____ [21]
 Mark if distribution was due to a pre-retirement age disability _____ [23]

Control Totals

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

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

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

Social Security Benefits

	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:

Traditional IRA

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

Roth IRA

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

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

NOTES/QUESTIONS:

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Preparer use only

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

Catch-up Contributions

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

Elective Deferrals

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

NOTES/QUESTIONS:

Preparer use only

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

Schedule C - Expenses

Preparer use only

Principal business or profession _____

2020 Information

Prior Year Information

Advertising	_____	[6]	_____
Car and truck expenses	_____	[8]	_____
Commissions and fees	_____	[10]	_____
Contract labor	_____	[12]	_____
Depletion	_____	[14]	_____
Depreciation	_____	[16]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit):			
_____	_____	[18]	_____
_____	_____		_____
Insurance (Other than health):			
_____	_____	[20]	_____
_____	_____		_____
Interest:			
Mortgage (Paid to banks, etc.)			
_____	_____	[22]	_____
_____	_____		_____
_____	_____		_____
Other:			
_____	_____	[24]	_____
_____	_____		_____
Legal and professional services	_____	[26]	_____
Office expense	_____	[29]	_____
Pension and profit sharing:			
_____	_____	[31]	_____
_____	_____		_____
Rent or lease:			
Vehicles, machinery, and equipment	_____	[33]	_____
Other business property	_____	[35]	_____
Repairs and maintenance	_____	[37]	_____
Supplies	_____	[39]	_____
Taxes and licenses:			
_____	_____	[41]	_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
Travel and meals:			
Travel	_____	[43]	_____
Meals (Enter 100% subject to 50% limitation)	_____	[45]	_____
Meals (Enter 100% subject to DOT 80% limit)	_____	[47]	_____
Utilities	_____	[51]	_____
Wages (Less employment credit):			
_____	_____	[53]	_____
_____	_____		_____
Other expenses:			
_____	_____	[55]	_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____		_____

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 _____	
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

	2020 Information	Prior Year Information
Rents and royalties _____	[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

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:

Please provide all Forms 1099-K

Preparer use only

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

Schedule F Income

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

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

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

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

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

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

Control Totals

Preparer use only

Description

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

Preparer use only

Description _____

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

NOTES/QUESTIONS:

Preparer use only

	2020 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
State postal code	_____ [5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	_____ [6]	

Income Items

	2020 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
_____	_____ [15]	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total cooperative distributions you received	_____ [17]	
Taxable cooperative distributions you received	_____ [19]	

	2020 Total	2020 Taxable	Prior Year Information
Agricultural program payments:			
_____	_____ [21]	_____ [22]	
_____	_____	_____	
_____	_____	_____	

	2020 Information	Prior Year Information
Commodity credit loans reported under election:		
_____	_____ [24]	
_____	_____	
Total commodity credit loans forfeited	_____ [26]	
Taxable commodity credit loans forfeited	_____ [28]	

	2020 Total	2020 Taxable	Prior Year Information
Crop insurance proceeds you received in 2020			
_____	_____ [30]	_____ [31]	
_____	_____	_____	
_____	_____	_____	

	2020 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2021	_____ [33]	_____
Crop insurance proceeds deferred from 2019	_____ [35]	
Other income:		
_____	_____ [38]	

Preparer use only

Description

2020 Information

Prior Year Information

Car and truck expenses	[6]	
Chemicals	[8]	
Conservation expenses	[10]	
Carryover from prior years	[12]	
Custom hire (machine work)	[14]	
Depreciation	[16]	
Employee benefit programs	[18]	
Feed purchased	[20]	
Fertilizers and lime	[22]	
Freight and trucking	[24]	
Gasoline, fuel, and oil	[26]	
Insurance (Other than health):	[28]	
_____	_____	_____
_____	_____	_____
Mortgage interest (Paid to banks, etc.):	[30]	
_____	_____	_____
_____	_____	_____
Other interest	[33]	
Labor hired (Less employment credit)	[35]	
Pension and profit sharing	[37]	
Rent - vehicles, machinery, and equipment	[39]	
Rent - other	[41]	
Repairs and maintenance	[43]	
Seed and plants purchased	[45]	
Storage and warehousing	[47]	
Supplies purchased	[49]	
Taxes:	[51]	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Utilities	[53]	
Veterinary, breeding, and medicine	[55]	
Other expenses:	[57]	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Preproductive period expenses	[59]	

Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Operating	[68]	[69]	[70]
Short-term capital		[72]	[73]
Long-term capital		[74]	[75]
28% rate capital		[76]	[77]
Section 1231 loss	[78]	[79]	[80]
Ordinary business gain/loss	[82]	[83]	[84]
Section 179	[87]	[88]	[89]

Control Totals

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]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[17]	[18]	[19]
	Short-term capital		[20]	[21]
	Long-term capital		[22]	[23]
	28% rate capital		[24]	[25]
	Section 1231 loss	[26]	[27]	[28]
	Ordinary business gain/loss	[29]	[30]	[31]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[17]	[18]	[19]
	Short-term capital		[20]	[21]
	Long-term capital		[22]	[23]
	28% rate capital		[24]	[25]
	Section 1231 loss	[26]	[27]	[28]
	Ordinary business gain/loss	[29]	[30]	[31]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[17]	[18]	[19]
	Short-term capital		[20]	[21]
	Long-term capital		[22]	[23]
	28% rate capital		[24]	[25]
	Section 1231 loss	[26]	[27]	[28]
	Ordinary business gain/loss	[29]	[30]	[31]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating	[17]	[18]	[19]
	Short-term capital		[20]	[21]
	Long-term capital		[22]	[23]
	28% rate capital		[24]	[25]
	Section 1231 loss	[26]	[27]	[28]
	Ordinary business gain/loss	[29]	[30]	[31]

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

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

Form 6252 - Current Year Installment Sale

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

Form 6252 - Related Party Installment Sale Information

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

NOTES/QUESTIONS:

Alimony Paid:

	T/S	Date*	2020 Information	Prior Year Information									
			[4]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> </table>									
	Recipient name and SSN												
	Address												
	City, state and zip code												
	Recipient name and SSN												
	Address												
	City, state and zip code												
	Recipient name and SSN												
	Address												
	City, state and zip code												

* Date of divorce/separation agreement

	2020 Information																						
	Taxpayer	Spouse	Prior Year Information																				
Educator expenses:	[6]	[7]	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td></tr> </table>																				
Other adjustments:	[9]	[10]																					

NOTES/QUESTIONS:

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

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

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

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

Preparer - Enter on Screen Educate2

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

Institution Information

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

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

Tuition Paid and Related Information

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

Enter the amount actually paid during 2020.

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

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

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

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2020 Information	
Amount contributed in current year	_____ [14]	<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">Prior Year Information</div> _____ _____ _____
Basis of this account at 12/31/19	_____ [17]	
Value of this account at 12/31/20	_____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	_____ [24]	

Payments from Qualified Education Programs

	2020 Information	
Gross distribution (Box 1)	_____ [30]	<div style="text-align: center; font-weight: bold; margin-bottom: 5px;">Prior Year Information</div> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	_____ [32]	
Basis (Box 3)	_____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	_____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]	
Qualified education expenses	_____ [43]	
Elementary and secondary education expenses	_____ [45]	

NOTES/QUESTIONS:

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

Interest Expenses

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] _____	_____	_____	_____	_____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>								
_____	_____	_____	_____										
_____	_____	_____	_____										
_____	_____	_____	_____										
_____	_____	_____	_____										
_____	_____	_____	_____										
_____	_____	_____	_____										

***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]				
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] _____		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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] _____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area

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:

Miscellaneous Itemized Deductions (State Use Only)

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]

Tax preparation fees

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

__ [7] _____ [8]
 _____ [10]

_____ [11]

Safe deposit box rental

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

__ [13] _____ [14]
 _____ [16]

_____ [17]

NOTES/QUESTIONS:

Preparer use only

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

Casualty and Theft - Business/Income Producing Properties

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

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

Business/Income Use Replacement Information

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

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

NOTES/QUESTIONS:

Preparer use only

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

Casualty and Theft - Personal Use Properties

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

Personal Use Replacement Information

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

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

NOTES/QUESTIONS:

Preparer use only

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

Business Use of Home

	2020 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8784	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

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

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

NOTES/QUESTIONS:

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

Preparer use only

Description of business or profession _____ [3]

Vehicles

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

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
--	------------------	-------------------	------------------	-------------------	------------------	-------------------	------------------	-------------------

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

Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="text"/>	___ [62]	<input type="text"/>	___ [64]	<input type="text"/>	___ [66]	<input type="text"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="text"/>	___ [70]	<input type="text"/>	___ [72]	<input type="text"/>	___ [74]	<input type="text"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="text"/>	___ [78]	<input type="text"/>	___ [80]	<input type="text"/>	___ [82]	<input type="text"/>
Is this evidence written? (Y, N)	___ [84]	<input type="text"/>	___ [86]	<input type="text"/>	___ [88]	<input type="text"/>	___ [90]	<input type="text"/>

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]	

2020 Information
Taxpayer Spouse

Prior Year Information

Self-employed health insurance premiums: (Not entered elsewhere)

_____	_____ [2]	_____ [3]	 _____ _____ _____
_____	_____	_____	

Self-employed long-term care premiums: (Not entered elsewhere)

_____	_____ [5]	_____ [6]	 _____ _____ _____
_____	_____	_____	

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2020 Monthly Premium Amount	Prior Year Information	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2020 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	_____ [12]	_____	_____ [25]	_____ [38]	_____
February	_____ [13]	_____	_____ [26]	_____ [39]	_____
March	_____ [14]	_____	_____ [27]	_____ [40]	_____
April	_____ [15]	_____	_____ [28]	_____ [41]	_____
May	_____ [16]	_____	_____ [29]	_____ [42]	_____
June	_____ [17]	_____	_____ [30]	_____ [43]	_____
July	_____ [18]	_____	_____ [31]	_____ [44]	_____
August	_____ [19]	_____	_____ [32]	_____ [45]	_____
September	_____ [20]	_____	_____ [33]	_____ [46]	_____
October	_____ [21]	_____	_____ [34]	_____ [47]	_____
November	_____ [22]	_____	_____ [35]	_____ [48]	_____
December	_____ [23]	_____	_____ [36]	_____ [49]	_____
Annual total	_____ [24]	_____	_____ [37]	_____ [50]	_____

Control Totals

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2020 Monthly Premium Amount	Prior Year Information	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2020 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	_____ [12]	_____	_____ [25]	_____ [38]	_____
February	_____ [13]	_____	_____ [26]	_____ [39]	_____
March	_____ [14]	_____	_____ [27]	_____ [40]	_____
April	_____ [15]	_____	_____ [28]	_____ [41]	_____
May	_____ [16]	_____	_____ [29]	_____ [42]	_____
June	_____ [17]	_____	_____ [30]	_____ [43]	_____
July	_____ [18]	_____	_____ [31]	_____ [44]	_____
August	_____ [19]	_____	_____ [32]	_____ [45]	_____
September	_____ [20]	_____	_____ [33]	_____ [46]	_____
October	_____ [21]	_____	_____ [34]	_____ [47]	_____
November	_____ [22]	_____	_____ [35]	_____ [48]	_____
December	_____ [23]	_____	_____ [36]	_____ [49]	_____
Annual total	_____ [24]	_____	_____ [37]	_____ [50]	_____

Control Totals

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

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

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

Amount of annual deductible	_____[24]	
Enter compensation from employer maintaining high deductible health plan	_____[27]	
If self-employed, enter earned income from business under which plan was established	_____[31]	

Complete this section if your account is an HSA

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

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

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

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

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

NOTES/QUESTIONS:

ABLE Account Information #1

Please provide all Forms 1099-QA and 5498-QA

2020 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Payer name	_____	[3]	
State postal code	_____	[4]	
Recipient's Social Security Number	_____	[7]	
Recipient's Name	_____ [8]	[9]	
Gross distribution (Form 1099-QA Box 1)	_____	[10]	
Earnings (Form 1099-QA Box 2)	_____	[12]	
Basis (Form 1099-QA Box 3)	_____	[14]	
Program-to-program transfer (Form 1099-QA Box 4)	_____	[16]	
Check if ABLE account terminated in 2020 (Form 1099-QA Box 5)	_____	[17]	
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	_____	[18]	
Qualified disability expenses	_____	[19]	
Amount of rollover	_____	[21]	
Amount contributed in 2020 (Form 5498-QA Box 1)	_____	[23]	
Value of account on 12/31/20 (Form 5498-QA Box 4)	_____	[25]	

	Control Totals	
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ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

2020 Information

Prior Year Information

Taxpayer/Spouse (T, S)	_____	[1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Payer name	_____	[3]	
State postal code	_____	[4]	
Recipient's Social Security Number	_____	[7]	
Recipient's Name	_____ [8]	[9]	
Gross distribution (Form 1099-QA Box 1)	_____	[10]	
Earnings (Form 1099-QA Box 2)	_____	[12]	
Basis (Form 1099-QA Box 3)	_____	[14]	
Program-to-program transfer (Form 1099-QA Box 4)	_____	[16]	
Check if ABLE account terminated in 2020 (Form 1099-QA Box 5)	_____	[17]	
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	_____	[18]	
Qualified disability expenses	_____	[19]	
Amount of rollover	_____	[21]	
Amount contributed in 2020 (Form 5498-QA Box 1)	_____	[23]	
Value of account on 12/31/20 (Form 5498-QA Box 4)	_____	[25]	

	Control Totals	
--	-----------------------	--

NOTES/QUESTIONS:

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2020.

	2020 Information	Spouse	Prior Year Information
	Taxpayer		
Total cash and charge tips under \$20 per month and not reported to employer	_____ [3]	_____ [4]	

Complete if you received cash/charge tips of \$20 or more in a month and did not report all of those tips to your employer.

	Employer identification number	Total tips received in 2020	Total tips reported in 2020
Employer name			
Taxpayer information [1]			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Spouse information [2]			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(**Please refer to Reason Codes located at the bottom)

	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Firm name					
Taxpayer information [6]					
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
Spouse information [7]					
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____
_____	_____	-	_____	-	_____

**** Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
 C = I received other correspondence from the IRS that states I am an employee.
 G = I filed Form SS-8 with the IRS and have not received a reply.
 H = I received a Form W-2 and a Form 1099-MISC from this firm for 2020. The amount on Form 1099-MISC should have been included as wages on Form W-2.

State postal code **Taxpayer** _____[1] **Spouse** _____[2]

	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, please complete the following information:			
Fair rental value of parsonage provided by church	_____ [5]	_____ [6]	_____
Actual parsonage utilities expense	_____ [11]	_____ [12]	_____
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance	_____ [17]	_____ [18]	_____
Actual parsonage expense	_____ [20]	_____ [21]	_____
Fair rental value of home	_____ [23]	_____ [24]	_____
Actual utilities expense	_____ [26]	_____ [27]	_____
Mark if you have claimed exemption from self-employment tax by filing Form 4361 with the IRS			
	_____ [29]	_____ [30]	_____
If you are a self-employed minister, enter any tax-deductible contributions to a 403(b) retirement plan			
	_____ [33]	_____ [34]	_____
Unreimbursed Business Expenses - net reimbursed and after 50% Meals & Entertainment reduction:			
_____	_____ [36]	_____ [37]	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTES/QUESTIONS:

Children's Interest Income

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

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

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

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

Children's Dividend Income

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

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

**Dividend Codes
Blank = Other 3 = Nominee

Alaska Permanent Fund dividends:	2020 Information ^{10]}	Prior Year Information
_____	_____	_____
_____	_____	_____

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

Taxpayer/Spouse (T, S) _____ [1]
 Employer identification number _____ [2]

Total cash wages subject to social security taxes _____ [4]
 Total cash wages subject to Medicare taxes _____ [5]
 Total cash wages subject to Additional Medicare Tax withholding _____ [6]
 Federal income tax withheld _____ [7]
 State disability plan social security & Medicare withheld _____ [8]

Did you:
 (A) pay any household employee cash wages of \$2200 or more in 2020? (Y, N) _____ [9]
 (B) withhold Federal income tax for any household employee? (Y, N) _____ [10]
 (C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2019 or 2020? (Y, N) _____ [11]

Federal Unemployment (FUTA) Tax

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

Total cash wages subject to FUTA tax _____ [12]

State #1 information
 State postal code where you have to pay unemployment contributions * _____ [14]
 State reporting number as shown on state unemployment tax return _____ [15]
 Taxable wages (as defined in state act) _____ [16]
 State experience rate period:
 From _____ [17]
 To _____ [18]
 State experience rate (xxx.xx) _____ [19]
 Contributions paid to state unemployment fund * _____ [20]
 Contributions for 2020 paid after 04/15/21 _____ [21]

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

NOTES/QUESTIONS:

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

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

Address _____ [1]

City/State/Zip code _____ [2] ____ [3] _____ [4]

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

Purchase price of the home _____ [6]

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

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

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

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

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

If you own the principal residence with another person enter their name and allocation percentage

Other owner name _____ [22]

Allocation percentage _____

NOTES/QUESTIONS:

Recovery Rebate Credit (Economic Impact Payment)**Please provide copies of all Notice(s) 1444.**

Economic Impact Payments (EIP), also referred to as a "stimulus payment", were sent to eligible taxpayers as part of the Coronavirus Aid, Relief and Economic Security (CARES) Act. EIP distribution began in April, 2020. The IRS mailed letter **Notice 1444** about 15 days after the EIP was sent/deposited. Notice 1444 will indicate the amount of the EIP and how the payment was made (i.e. check, direct deposit, pre-paid debit card).

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

	Taxpayer/Joint	Spouse
Economic impact payment received in 2020. Enter a zero (0) if none was received _____[1]	_____ [2]	_____ [2]
Mark if taxpayer, or spouse (if filing jointly) was a member of the US Armed Forces in 2020 _____[3]		___[3]

NOTES/QUESTIONS:

Child and Dependent Care Expenses

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

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

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2020 _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2020 _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2020 _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2020 _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Business name of provider _____

First and last name of provider _____

Street address of provider _____

City, State and Zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2020 _____

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

Control Totals

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

Taxpayer/Spouse (T, S)

____ [1]

Sick Leave for Self-Employed Individuals

Number of days unable to perform self-employment activities due to COVID-19

____ [2]

Number of days unable to perform self-employment activities due to COVID-19 care provided to another

____ [3]

Sick leave pay subject to \$511 per day limit

____ [5]

Sick leave pay subject to \$200 per day limit

____ [6]

Family Leave for Self-Employed Individuals

Number of days unable to perform self-employment activities due to COVID-19 care for son/daughter

____ [7]

Family leave wages received

____ [8]

NOTES/QUESTIONS:

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2020, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

Taxpayer

Spouse

Nontaxable disability/pension income received in 2020

_____ [7]

_____ [8]

Taxable disability income received in 2020

_____ [9]

_____ [10]

NOTES/QUESTIONS:

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

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

NOTES/QUESTIONS:

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

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

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

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

_____ [9]
 _____ [10]
 _____ [11]

NOTES/QUESTIONS:

Qualified Business Income Deduction Carryover 2019 to 2020 Amounts

Qualified business loss (QBID) _____ [1]
 Qualified REIT dividends and PTP loss _____ [2]

Instructions

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

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]

2019 to 2020 Amounts

Section 1231 Nonrecaptured Losses

Section 1231 Nonrecaptured Losses **AMT Section 1231 Nonrecaptured Losses**

2015 _____ [13] _____ [18]
 2016 _____ [14] _____ [19]
 2017 _____ [15] _____ [20]
 2018 _____ [16] _____ [21]
 2019 _____ [17] _____ [22]

Charitable Contribution Carryover Items

Prior C/O Year	60% Contributions	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions
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	60% AMT Contributions	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions
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:

Preparer use only

Activity name _____

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

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

Mark if you or your spouse are disabled _____ [1]
 Welfare amounts received _____ [2]

Contributions

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

State campaign fund (Enter the appropriate code for the \$5 political party contribution on Form M1 or Form M1PR from the list below) Taxpayer _____ [3] Spouse _____ [4]

Political Parties		
11 = Republican	14 = Grassroots-Legalize Cannabis Party	17 = Legalize Marijuana Now Party
12 = Democratic Farmer-Labor	15 = Green Party of Minnesota	99 = General Campaign Fund
13 = Independent	16 = Libertarian	

Charitable Contribution

Nongame Wildlife Fund _____ [5]

Credits and Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) _____ [6]
 Name of insurance company (Spouse) _____ [7]
 Policy Number (Taxpayer) _____ [8]
 Policy Number (Spouse) _____ [9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
_____ [10]	_____ [11]	_____ [12]	_____ [13]	_____ [14]	_____ [15]	_____ [16]	_____ [17]
_____ [18]	_____ [19]	_____ [20]	_____ [21]	_____ [22]	_____ [23]	_____ [24]	_____ [25]
_____ [26]	_____ [27]	_____ [28]	_____ [29]	_____ [30]	_____ [31]	_____ [32]	_____ [33]

	Child One	Child Two	Child Three
Class name _____ [34]	_____ [34]	_____ [35]	_____ [36]
Class type _____ [37]	_____ [37]	_____ [38]	_____ [39]
Ind. instr name _____ [40]	_____ [40]	_____ [41]	_____ [42]
Ind. instr type _____ [43]	_____ [43]	_____ [44]	_____ [45]
Music ins type _____ [46]	_____ [46]	_____ [47]	_____ [48]
Musical ins cost _____ [49]	_____ [49]	_____ [50]	_____ [51]
Type of school attended _____ [52]	_____ [52]	_____ [53]	_____ [54]
Transp provider _____ [55]	_____ [55]	_____ [56]	_____ [57]

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

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

Part-year residency dates: Taxpayer _____ [58] Spouse _____ [60]
 From _____ [58] _____ [60]
 To _____ [59] _____ [61]
 Other state of residence (State/Foreign country required for other nonresidents) _____ [62] _____ [63]

NOTES/QUESTIONS: