

Please read the following important information that will assist you in making this tax season as efficient as possible and which also contains information you may find helpful now and in the future.

**Organizer data** - The most important part of the organizer packet is the section with yes/no questions. Anything you mark "yes" to is a subject we need more info on or need to discuss in further detail. Consider the rest of the organizer to be more of a checklist for most items - please know that if you have official forms like W-2s, 1099s and 1098s, we do NOT want or need you to fill out the organizer for those items. Just make sure we get the forms. Similarly, if you use QuickBooks, don't fill out the organizer for the business data, just get us a copy of the QB file or provide QBO access. Some info, like your mileage for example, does still need to be on there unless you get it to us another more efficient way. Bottom line is that we don't want you wasting your time to give us the same thing twice - once only from your original source is best.

**Timing** - Most taxpayers will have all their forms necessary for filing by early February. If you typically end up waiting on a K-1 or other statements that historically arrive later, please be sure to get everything else ready to go so we can get moving once those statements do arrive. **The sooner we prepare your return, the more time you will have to prepare for any balance that may be due to the IRS, and the sooner you can receive your refund if you are owed one. If you're required to pay estimated taxes this also provides more time to plan and deal with the first quarterly estimate payment for 2020 that is due on April 15.**

We all know what kind of chaos 2020 has brought in so many ways. Below are a couple of things that may make you want to contact us sooner rather than later in order to avoid any last minute surprises:

**Autos and mileage** – If you have a company owned auto and normally drive more than 50% for business but drove a lot less this year, then there may be an unpleasant surprise waiting for you.

**Unemployment** – Many people received unemployment in 2020 who normally would not. All should be aware that these benefits are fully taxable.

**PPP Loans** – If you received a PPP loan or took advantage of employment tax credits during the year, please be sure to bring us ALL the documentation related to these activities so we not only aware of what you've done but able to make sure we capture all of it in your return.

**Retirement distributions** – A number of relief provisions were put in place that relate to retirement distributions, so if you withdrew funds from a retirement account during the year there may be options for you to consider regarding taxability of those.

**Virtual currency aka Bitcoin** – Bitcoin is considered property (not money) and any transactions are treated very similar to any other investments you may hold at places like Fidelity or Schwab. There are reports to show your activity that we will need to review, and at least one exchange will be issuing 1099-B forms for their transactions. Reporting gains and losses is not optional, and please understand that if you even made a purchase but didn't sell any, we will need to discuss it for compliance reasons (yours and ours). There is a lot of confusion in the media about what is taxable in this area, so if you have any Bitcoin, Ethereum or some other virtual currency we should discuss it to make sure you know the potential tax ramifications of your investments. *If you prefer to take the path of pretending these don't exist, we will be unable to help you with the rest of your return, so please talk to us about this up front.*

**Zoom meetings** – As of right now we're planning for most, if not all, of our client meetings to be over Zoom. If you're unable to use Zoom please do not fret – contact one of our admins and we will make a plan to ensure you are being well cared for.

**Staff** – Lastly, but perhaps most importantly, we have new staff in the office this year and you’ll surely end up speaking with or working with one or more of them. Space in this letter doesn’t allow for extended bios for each, but I’m very excited to introduce you to our team:

Admin Assistants:	Stacey Wright and Gina Luplow
Accountants	Curtis Stock and Mike Martin

**Bottom line** - The IRS continues to push more and more compliance down to CPAs and other tax preparers and has ramped up enforcement and compliance inquiry letters. All this requires us to spend more time on your return in some areas if you engage in certain activities. Our goal is to be as efficient as possible to prepare a complete and accurate return for you, and completing the organizer as outlined below is the best way to make sure we are able to serve you in the most efficient manner possible. That allows us to focus on providing value and not burn time chasing documents. TurboTax has a marketing campaign that claims that “all people are tax people”, but the reality is that all people are Taxpayers, not “tax people”. Think about what you do and the level of expertise your job requires and consider that the tax code is getting more complicated, not less. We’re here for you, year round, to be a trusted resource for all your questions and provide the peace of mind that do it yourself filing or a chain store simply can’t match.

Please review the above information carefully and give us a call at 253-234-5732 if you have any questions. Bring this packet and all supporting documents, including W-2 and 1099 statements, to your tax preparation appointment. We are available Monday thru Friday and can also be reached by email at [info@clarkaccounting.net](mailto:info@clarkaccounting.net).

Sincerely,

Randy Clark

2020	1040	US	Client Information	1
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**Clark & Associates CPA PS**  
 19033 68th Ave S Ste D104  
 Kent, WA 98032  
 Telephone number: (253)234-5732  
 Fax number: (253)216-8287  
 E-mail address: [frontdesk@clarkaccounting.net](mailto:frontdesk@clarkaccounting.net)

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2020 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

Filing Status	Filing status (table) .....	1
	1=married filing separate and lived with spouse .....	
	Year spouse died, if qualifying widow(er) (2018 or 2019) .....	
Taxpayer	First name and initial .....	
	Last name .....	
	Title/suffix .....	
	Social security number .....	
	Occupation .....	
	Date of birth (m/d/y) .....	
	Date of death (m/d/y) .....	
	1=blind .....	
Spouse	First name and initial .....	
	Last name .....	
	Title/suffix .....	
	Social security number .....	
	Occupation .....	
	Date of birth (m/d/y) .....	
	Date of death (m/d/y) .....	
	1=blind .....	
Address	In care of .....	
	Street address .....	
	Apartment number .....	
	City .....	
	State .....	
	ZIP code .....	
Foreign Address	Region .....	
	Postal code .....	
	Country .....	

**Filing Status**

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying widow(er)

2020	1040	US	Client Information (continued)	1 p2
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Please add, change or delete information for 2020.

**CLIENT INFORMATION**

Taxpayer Contact Information	Home phone.....		<p><b>Daytime Phone</b></p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....	1	
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Spouse Contact Information	Home phone.....		
	Work phone.....		
	Work extension.....		
	Daytime phone (table).....		
	Mobile phone.....		
	Fax number.....		
	E-mail address.....		
Taxpayer Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		
Spouse Authentication	Driver's license no.....		
	Driver's license state.....		
	Issue date (m/d/y).....		
	Expiration date (m/d/y).....		
	Theft protection PIN.....		

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
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Please add, change or delete information for 2020.

**DEPENDENTS**

	Dependent	Dependent	
First name.....			<p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer                      2 = Child not living w/taxpayer                      3 = Dependent other than child                      4 = Head of household or qualifying widow(er) only, not a dependent                      5 = Earned income credit only, not a dependent</p> <p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                      2 = Student age 19 to 23                      3 = Disabled                      4 = Force                      5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> <li>1. School records or statement</li> <li>2. Landlord or property management statement</li> <li>3. Health care provider statement</li> <li>4. Medical records</li> <li>5. Child care provider records</li> <li>6. Placement agency statement</li> <li>7. Social service records or statement</li> <li>8. Place of worship statement</li> <li>9. Indian tribe office statement</li> <li>10. Employer statement</li> </ol> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> <li>1. Doctor statement</li> <li>2. Other health care provider statement</li> <li>3. Social services agency or program statement</li> </ol>
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
First name.....			This section shares the notes from the first section
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			

2020

1040

US

**Miscellaneous Questions**

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

**Yes No PERSONAL INFORMATION**

>>>Provide proof of identity for each person to be eligible to e-file your tax return. (eg Drivers License)

- Did your marital status change during the year?
- Did your address change during the year?
- Could you or your spouse be claimed as a dependent on another person's tax return?

**Yes No DEPENDENTS**

- Were there any changes in dependents? If yes, please explain.
- Can another person qualify to claim any of your dependents?
- Were any of your unmarried children who might be claimed as dependents who were 19 years of age or older at the end of 2020?
- Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?

**Yes No HEALTH CARE COVERAGE**

- Did you have coverage through the marketplace? If so, please send us a copy of your Form 1095-A.
- Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder?
- Were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
- Did you receive any distributions from an HSA during 2020? If yes, please provide a copy of Form 1099-SA
- Did you receive any distributions from a HSA? If yes, were all distributions used for medical expenses?

2020

1040

US

## Miscellaneous Questions

- | Yes                              | No                       |  |
|----------------------------------|--------------------------|--|
| <b>EDUCATION</b>                 |                          |  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?                         |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you pay any student loan interest for yourself, your spouse, or your dependent(s) during the year?   |
| <b>INCOME</b>                    |                          |  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you receive any disability income?   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency (eg Bitcoin)?  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you receive any Unemployment compensation this year?   |
| <b>PURCHASES, SALES AND DEBT</b> |                          |  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?                  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you sell an existing business, rental, or other property during the year?  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?          |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2020?  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2021?   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If yes, provide a copy of the settlement statement. |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you sell, exchange, or purchase any real estate during the year?   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you receive any principal/interest in 2020 from property sold in prior years?  |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you purchase a home in 2020 and were overseas on official extended duty?   |
| <input type="checkbox"/>         | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources in 2019 or 2020?           |

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year? If yes, please provide the year, make, model, VIN and the date the car was placed in service. |
|--------------------------|--------------------------|---|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase any gasoline, diesel, or other fuels for <b>non-highway business</b> use? |
|--------------------------|--------------------------|--|
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any debts that were canceled or forgiven? |
|--------------------------|--------------------------|---|
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money that has become noncollectable? |
|--------------------------|--------------------------|---|
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a principal residence or piece of real property foreclosed or abandoned this year? |
|--------------------------|--------------------------|---|

**Yes    No    RETIREMENT PLANS**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
|--------------------------|--------------------------|---|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
|--------------------------|--------------------------|--|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
|--------------------------|--------------------------|--|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2020? |
|--------------------------|--------------------------|--|
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any Social Security benefits during the year? |
|--------------------------|--------------------------|---|

**Yes    No    ITEMIZED DEDUCTIONS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay out of pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year? |
|--------------------------|--------------------------|--|
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any Long Term Care premiums for yourself, your spouse, or dependent(s) during the year? |
|--------------------------|--------------------------|---|
- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any state or local income tax refunds from prior years? |
|--------------------------|--------------------------|---|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any major purchases (vehicle, boat, etc) during the year? |
|--------------------------|--------------------------|--|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any real estate or personal property taxes during the year (eg RTA)? |
|--------------------------|--------------------------|--|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any mortgage interest during the year? |
|--------------------------|--------------------------|--|
- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you pay any mortgage insurance premiums associated with any residence? |
|--------------------------|--------------------------|--|



<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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- Did you make any cash donations to charity during the year?
- Did you make any non-cash donations to charity (clothing, furniture, etc) during the year?
- Did you have any gambling winnings or losses during the year?
- Did you incur a loss because of damaged or stolen property?
- Did you use your car for a business other than your main job?

**Yes No ESTIMATED TAXES**

- Did you apply an overpayment of 2019 taxes to your 2020 estimated tax?
- If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)?
- Do you expect your 2021 taxable income/withholdings to be different from 2020?
- Did you make any estimated tax payments during the year other than through payroll withholding?

**Yes No MISCELLANEOUS**

- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
- Did you engage the services of any household employees? (Adult Babysitter, Housekeeper, nanny, etc)
- Were you notified or audited by either the Internal Revenue Service or the State taxing agency? If yes, explain and provide copies.
- Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?
- Did your bank account information change within the last twelve months?
- Do you want to have any refund or balance due directly deposited or withdrawn? If yes, please provide a canceled check or savings slip.

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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Did you make any energy-efficient improvements to your main home in 2020?

**Yes No FOREIGN ACCOUNT INFORMATION**

Did you have any foreign income or pay any foreign taxes (other than through a brokerage account)?

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Did you own property in a foreign country?

**Yes No CORONAVIRUS RELATED IMPACTS**

Did you receive either economic impact payment? If so, how much?

Did your business receive an EIDL Grant?

Did your business have any PPP loan amounts forgiven?

Did you receive a distribution from your retirement plan because of COVID?

Did you have a PPP Loan with forgiveness that was reduced by any EIDL advance?

Did you miss work because you or someone you cared for had COVID? If yes, please explain.

**Yes No Additional Questions**

Did you receive any income or incur expenses associated with car sharing (e.g. Lyft or Uber)? If yes, please provide 1099-MISC and 1099-K.

Did you receive any income or incur expenses associated with freelancing (e.g. TaskRabbit or Upwork)? If yes, please provide 1099-K or W2.

Did you receive any income or incur expenses associated with fashion sharing (e.g. Poshmark or thredUP)? If yes, please provide documentation.

Did you receive any income or incur expenses associated with crowdfunding (e.g. Kickstarter or Indiegogo)? If yes, please provide 1099-K.

Did you receive any income or incur expenses associated with short-term rental (e.g. Airbnb or HomeAway)? If yes, please provide documentation.

2020

1040

US

**Miscellaneous Questions**

How would you like to receive your copy of the return: (there is an additional \$20.00 charge for each additional method chosen when more than 1 delivery method is selected)

Hard Copy

Email Password Protected PDF

Secure Portal Delivery

**How would you like your original documents handled:**

Return my originals - I will pickup

Shred my originals - I already have copies

Mail my originals - Bill me an additional \$20.00

Please enter all pertinent 2020 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....		
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		

**BANK INFORMATION**

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

**2020 ESTIMATED TAX / 1040-ES (6)**

**Federal**

	Amount Paid	Date Paid	TS	2020 Voucher Amount
Overpayment applied from 2019 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2020 Voucher Amount
Overpayment applied from 2019 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

1 = Checking or savings (default)	6 = Coverdell savings account (ESA)
2 = Taxpayer's IRA (next year limits)	7 = Other
3 = Spouse's IRA (next year limits)	8 = Taxpayer's IRA (current year limits)
4 = Health savings account (HSA)	9 = Spouse's IRA (current year limits)
5 = Archer MSA	

2020

1040

US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2020 information.

**APPLICATION OF 2020 OVERPAYMENT (7.1)**

If you have an overpayment of 2020 taxes, do you want the excess refunded?  or applied to 2021 estimate?

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2021 ESTIMATED TAX INFORMATION**

Do you expect your 2021 taxable income to be different from 2020? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2021 withholding to be different from 2020? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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Please enter all pertinent 2020 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2019 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/20	2019 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE							

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2019 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

	2020 Amount	TS		2019 Amount
Total gambling losses .....				
Winnings not reported on Form W-2G .....				

**10, 13.1, 13.2**

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Interest &amp; Dividend Income</b>	<b>11, 12</b>
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Please enter all pertinent 2020 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**INTEREST INCOME (11)**

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2019 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

**DIVIDEND INCOME (12)**

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income					Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2019 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Income</b>	<b>14.1</b>
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Please enter all pertinent 2020 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
1=treat Medicare premiums paid as SE health ins. ....				
Tier 1 RR retirement benefits (RRB-1099, box 5) ....				
1=lump-sum election for SS benefits .....				
Alimony received .....				
Taxable scholarships and fellowships .....				
Jury duty pay .....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3, 8)				
_____				
_____				
_____				
_____				

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				



<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Education Distributions (ESA's and QTP's)</b>	<b>14.3</b>
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Please enter all pertinent 2020 amounts and attach all 1099-Q forms.  
Enter qualified education expenses below that are not entered elsewhere.  
Last year's amounts are provided for your reference.

**ESA'S AND QTP'S (Form 1099-Q)**

		2020 Amount	2019 Amount
No. <input style="width: 50px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) .....		
	Form 1099-Q:		
	Gross distributions (Box 1) .....		
	Earnings (Box 2) .....		
	Basis (Box 3) .....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .....		
ESA's only:			
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19 .....			
No. <input style="width: 50px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) .....		
	Form 1099-Q:		
	Gross distributions (Box 1) .....		
	Earnings (Box 2) .....		
	Basis (Box 3) .....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .....		
ESA's only:			
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19 .....			
No. <input style="width: 50px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) .....		
	Form 1099-Q:		
	Gross distributions (Box 1) .....		
	Earnings (Box 2) .....		
	Basis (Box 3) .....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .....		
ESA's only:			
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19 .....			

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Business Income (Schedule C)</b>	No. <input style="width:40px;" type="text"/>	<b>16</b>
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal business/profession .....	
Principal business code .....	
Business name, if different from Form 1040 .....	
Business address, if different from Form 1040 .....	
City, if different from Form 1040 .....	
State, if different from Form 1040 .....	
ZIP code, if different from Form 1040 .....	
Foreign region .....	
Foreign postal code .....	
Foreign country .....	
Employer identification number .....	
Other accounting method .....	

Accounting method: 1=cash, 2=accrual .....		
Inventory method: 1=cost, 2=lower cost/market, 3=other .....		
1=change of inventory method .....		
1=spouse, 2=joint .....		
1=first Schedule C filed for this business .....		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....		
1=not subject to self-employment tax .....		
1=did not "materially participate" .....		
1=personal services is not a material income producing factor .....		
1=investment .....		
1=minister's Schedule C .....		
1=single member limited liability company .....		
1=trader in financial instruments or commodities .....		

**INCOME**

	2020 Amount	2019 Amount
Gross receipts or sales (Form 1099-MISC, box 7) .....		
Returns and allowances .....		
Other income:		
_____		
_____		
_____		

**COST OF GOODS SOLD**

Inventory at beginning of the year .....		
Purchases .....		
Cost of items for personal use .....		
Cost of labor .....		
Materials and supplies .....		
Other costs:		
_____		
_____		
_____		
Inventory at end of the year .....		

2020

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2020 Amount	2019 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

16 p2

2020	1040	US	<b>Capital Gains &amp; Losses (Schedule D)</b>	<b>17</b>
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**If you sold any stocks, bonds, or other investment property in 2020, please list the pertinent information for each sale below or provide a spreadsheet file with this information.  
Be sure to attach all 1099-B forms and brokerage statements.**

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

2020

1040

US

Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2020 Amount	2019 Amount
Description of property		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented	34	

Percentage of ownership if not 100% (.xxxx)		1=did not actively participate	
Percentage of tenant occupancy if not 100% (.xxxx)		1=real estate professional	
1=spouse, 2=joint		1=rental other than real estate	
1=qualified joint venture		1=investment	
1=nonpassive activity, 2=passive royalty		1=single member limited liability company	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no			

INCOME

	2020 Amount	2019 Amount
Rents or royalties received		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

18

2020

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region .....	
Foreign postal code .....	
Foreign country .....	

OIL AND GAS

	2020 Amount	2019 Amount
Production type (preparer use only) .....		
Cost depletion .....		
Percentage depletion rate or amount .....		
State cost depletion, if different (-1 if none) .....		
State % depletion rate or amount, if different (-1 if none) .....		

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use .....	
Number of days owned (if optional method elected) .....	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising .....		
Association dues .....		
Auto and travel (not entered elsewhere) .....		
Cleaning and maintenance .....		
Commissions .....		
Gardening .....		
Insurance .....		
Legal and professional fees .....		
Licenses and permits .....		
Management fees .....		
Miscellaneous .....		
Mortgage interest (paid to banks, etc.) .....		
Qualified mortgage insurance premiums .....		
Excess mortgage interest .....		
Other interest (not entered elsewhere) .....		
Painting and decorating .....		
Pest control .....		
Plumbing and electrical .....		
Repairs .....		
Supplies .....		
Taxes - real estate .....		
Taxes - other (not entered elsewhere) .....		
Telephone .....		
Utilities .....		
Wages and salaries .....		
Other:		
_____		
_____		
_____		
_____		
_____		

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Principal product .....	<input style="width:90%; height:20px;" type="text"/>
Employer ID number .....	<input style="width:90%; height:20px;" type="text"/>

Agricultural activity code .....	<input style="width:40%; height:20px;" type="text"/>		
Accounting method: 1=cash, 2=accrual .....	<input style="width:40%; height:20px;" type="text"/>		
1=spouse, 2=joint .....	<input style="width:40%; height:20px;" type="text"/>		
1=farm rental (Form 4835) .....	<input style="width:40%; height:20px;" type="text"/>		
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other .....	<input style="width:40%; height:20px;" type="text"/>		
1=crop insurance proceeds election .....	<input style="width:40%; height:20px;" type="text"/>		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....	<input style="width:40%; height:20px;" type="text"/>		
1=did not "materially participate" (Schedule F only) .....	<input style="width:40%; height:20px;" type="text"/>		
1=did not actively participate (Farm rental only) .....	<input style="width:40%; height:20px;" type="text"/>		
1=real estate professional (farm rental only) .....	<input style="width:40%; height:20px;" type="text"/>		
1=single member limited liability company .....	<input style="width:40%; height:20px;" type="text"/>		
% of ownership if not 100% (.xxxx) (Farm rental only) .....	<input style="width:40%; height:20px;" type="text"/>		

**FARM INCOME**

	2020 Amount	2019 Amount
<b>Cash method:</b>		
Sales of livestock and other resale items .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Cost or basis of livestock or other resale items .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Sales of products raised .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
<b>Accrual method:</b>		
Sales of livestock, produce, etc. ....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Beginning inventory of livestock, etc. ....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Cost of livestock, etc. purchased .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Ending inventory of livestock, etc. ....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
<b>Other farm income:</b>		
Total cooperative distributions .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Taxable cooperative distributions .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Total agricultural program payments (other than CRP) .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Taxable agricultural program payments (other than CRP) .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Total conservation reserve program payments .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Taxable conservation reserve program payments .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Commodity credit loans reported under election .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Total commodity credit loans forfeited or repaid .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Taxable commodity credit loans forfeited or repaid .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Total crop insurance proceeds received in 2020 .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Taxable crop insurance proceeds received in 2020 .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Taxable crop insurance proceeds deferred from 2019 .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>
Custom hire (machine work) income not included above .....	<input style="width:90%; height:20px;" type="text"/>	<input style="width:90%; height:20px;" type="text"/>

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**FARM INCOME (continued)**

Other income:

	2020 Amount	2019 Amount
<hr/>		
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**FARM EXPENSES**

- Car and truck expenses (not entered elsewhere) .....
- Chemicals .....
- Conservation expenses .....
- Custom hire (machine work) .....
- Employee benefit programs .....
- Feed purchased .....
- Fertilizers and lime .....
- Freight and trucking .....
- Gasoline, fuel, and oil .....
- Insurance (other than health) .....
- Mortgage interest (paid to banks, etc.) .....
- Other interest (not entered elsewhere) .....
- Labor hired .....
- Pension and profit sharing - contributions .....
- Pension and profit sharing plans - admin. and education costs .....
- Rent - vehicles, machinery, and equipment (not entered elsewhere) .....
- Rent - other (land, animals, etc.) .....
- Repairs and maintenance .....
- Seeds and plants purchased .....
- Storage and warehousing .....
- Supplies purchased .....
- Taxes (not entered elsewhere) .....
- Utilities .....
- Veterinary, breeding, and medicine .....
- Capitalized preproductive period expenses (also enter below) .....


Other expenses:

<hr/>		
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NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.



2020	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2020 information as appropriate. Be sure to attach all Schedule K-1s.

**PARTNERSHIP INFORMATION (20.1)**

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

**S CORPORATION INFORMATION (20.2)**

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

2020

1040

US

Vehicle Expenses

No.

22 p3

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2020 Amount	2019 Amount
Description of vehicle .....		
1=no evidence to support your deduction .....		
1=no written evidence to support your deduction .....		
1=vehicle is available for off-duty personal use .....		
1=no other vehicle is available for personal use .....		
1=vehicle used primarily by more than 5% owner .....		
Number of months of business use if changed from 100% personal use .....		

**AUTOMOBILE MILEAGE**

Total mileage (for the tax year) .....		
Business mileage .....		
Commuting mileage (for the tax year) .....		
Average daily round-trip commute .....		

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only) .....		
Gasoline, lube, oil .....		
Repairs .....		
Tires .....		
Insurance .....		
Miscellaneous .....		
Auto license (other than personal property taxes) .....		
Personal property taxes (based on car's value) .....		
Interest (car loan) (for Schedule C, E & F) .....		
Vehicle rent or lease payments .....		
Inclusion amount (enter as positive) .....		
Value of employer-provided vehicle on Form W-2 (2106) .....		

Please enter all pertinent 2020 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) .....				
Contributions made to date .....				
1=covered by plan, 2=not covered .....				
.....				

**ROTH IRA CONTRIBUTIONS**

	2020 Amount	2019 Amount
Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) .....		
Contributions made to date .....		

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

	2020 Amount	2019 Amount
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....		
Defined benefit contributions you expect to make .....		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) .....		
Plan contribution rate if not .25 (.xxxx) .....		
Individual 401k: SE elective deferrals (except Roth) (1=max.) .....		
Individual 401k: SE designated Roth contributions (1=max.) .....		
<b>SIMPLE contributions:</b>		
Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....		
Employer matching rate if not .03 (.xxxx) .....		
1=nonelective contributions (2%) .....		
Contributions made to date .....		

**ADJUSTMENTS TO INCOME**

Self-employed health insurance:		
Total premiums (excluding long-term care) .....		
Long-term care premiums .....		
Student loan interest paid (1098-E, box 1) .....		
Educator expenses (kindergarten thru grade 12) .....		
Jury duty pay given to employer .....		
Expenses from rental of personal property .....		
Other adjustments to income:		
_____		
_____		
_____		

Alimony paid:	Taxpayer	Spouse
Date of divorce or sep. agreement .....		
Recipient's first name .....		
Recipient's last name .....		
Recipient's SSN .....		
Amount paid .....	2019 amt:	2019 amt:

2020

1040

US

Itemized Deductions

25

Please enter all pertinent 2020 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2020 estimates are automatic.)

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows include State income taxes (1/20 payment, 2019 state return extension, 2019 state return, prior years), and City/local income taxes (1/20 payment, 2019 city/local extension, 2019 city/local return).

SALES AND USE TAXES PAID

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows include State and local sales taxes (except autos and special items), Use taxes paid on 2020 purchases, Use taxes paid with 2019 state return, Sales tax on autos not included above, and Sales tax on boats, aircraft, other special items.

OTHER TAXES PAID

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows include Real estate taxes (principal residence, held for investment), Personal property taxes (including auto fees), Foreign income taxes, and Other taxes.

2020

1040

US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2020 Amount

TS

2019 Amount

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Includes lines for reporting mortgage interest and points.

Home mortgage interest not reported on Form 1098:

Form for reporting home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Row for Amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows for reporting points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . . .

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows for reporting investment interest.

Passive interest . . . . .

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Row for passive interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows for reporting cash or check contributions to churches, schools, hospitals, and other charitable organizations.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows for reporting cash or check contributions to veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

25 p2

2020

1040

US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2020 Amount

TS

2019 Amount

Three horizontal lines for entering 50% limitation amounts.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows.

30% limitation (see above):

Three horizontal lines for entering 30% limitation amounts.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Three horizontal lines for entering 30% capital gain property amounts.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Three horizontal lines for entering 20% capital gain property amounts.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows.

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Five horizontal lines for entering other unreimbursed employee expenses.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 5 rows.

Investment expense:

Five horizontal lines for entering investment expenses.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 5 rows.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Five horizontal lines for entering miscellaneous deductions.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 5 rows.

25 p3

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**OTHER MISCELLANEOUS DEDUCTIONS**

2020 Amount

TS

2019 Amount

Estate tax, section 691(c) .....			
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Other miscellaneous deductions:			
_____			
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**If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.**

1. Total home equity debt exceeded \$100,000 at any time during 2020 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2020 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2020 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

	2020 Amount	TS	2019 Amount
Fair market value of the property on the date that the last debt was secured . . . . .			
Home acquisition and grandfather debt on the date that the last debt was secured . . . . .			

**LOAN INFORMATION**

Loan #1

- Lender's name . . . . .
- Form (see table) . . . . .
- Number of form . . . . .
- 1=taxpayer, 2=spouse, blank=joint . . . . .
- Interest paid . . . . .
- Points paid . . . . .
- Total principal paid . . . . .
- Lump sum principal payment (if paid off) . . . . .
- Months outstanding (if not 12) . . . . .
- 1=home acquisition debt incurred after 12/15/17 . . . . .
- Home acquisition debt balance - beginning of year . . . . .
- Home acquisition debt borrowed in 2020 . . . . .
- Home equity debt balance - beginning of year . . . . .
- Home equity debt borrowed in 2020 . . . . .
- Grandfather debt balance - beginning of year . . . . .



Loan #2

- Lender's name . . . . .
- Form (see table) . . . . .
- Number of form . . . . .
- 1=taxpayer, 2=spouse, blank=joint . . . . .
- Interest paid . . . . .
- Points paid . . . . .
- Total principal paid . . . . .
- Lump sum principal payment (if paid off) . . . . .
- Months outstanding (if not 12) . . . . .
- 1=home acquisition debt incurred after 12/15/17 . . . . .
- Home acquisition debt balance - beginning of year . . . . .
- Home acquisition debt borrowed in 2020 . . . . .
- Home equity debt balance - beginning of year . . . . .
- Home equity debt borrowed in 2020 . . . . .
- Grandfather debt balance - beginning of year . . . . .



<b>Form</b>
1 = Schedule A (default) 2 = Business use of home 3 = Schedule E



<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Noncash Contributions (Form 8283)</b>	<b>26</b>
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**If your total noncash contributions are in excess of \$500 in 2020, please complete the information below for each donee using the following guidelines:**

\* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

\* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

**DONATED PROPERTY INFORMATION**

No. <input style="width:40px;" type="text"/>		Name of charitable organization (donee) .....	
		Street address .....	
		City .....	
		State .....	
		ZIP code .....	
		1=spouse, 2=joint .....	
		Property description (other than vehicle) .....	
	Vehicle	Identification number (VIN) .....	
		Year (yyyy) .....	
		Make and model .....	
		Condition and mileage .....	
		Date of contribution (m/d/y) .....	
		Date acquired by donor (m/y) .....	
		How acquired by donor (Table 1 or describe) .....	
	Donor's cost or basis .....		
	Fair market value .....		
	Method used to determine FMV (Table 2 or describe) .....		

No. <input style="width:40px;" type="text"/>		Name of charitable organization (donee) .....	
		Street address .....	
		City .....	
		State .....	
		ZIP code .....	
		1=spouse, 2=joint .....	
		Property description (other than vehicle) .....	
	Vehicle	Identification number (VIN) .....	
		Year (yyyy) .....	
		Make and model .....	
		Condition and mileage .....	
		Date of contribution (m/d/y) .....	
		Date acquired by donor (m/y) .....	
		How acquired by donor (Table 1 or describe) .....	
	Donor's cost or basis .....		
	Fair market value .....		
	Method used to determine FMV (Table 2 or describe) .....		

<p><b>1                      How Property was Acquired</b></p> <p>1 = Purchase                      3 = Inheritance                  2 = Gift                              4 = Exchange</p>	<p><b>2                      Method Used to Determine FMV</b></p> <p>1 = Appraisal                      3 = Catalog                  2 = Thrift shop value              4 = Comparable sales</p> <p style="text-align:center;">For other methods, see IRS Pub. 561.</p>
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2020

1040

US

Business Use of Home (Form 8829)

No.

29

Please enter 2020 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

	2020 Amount	2019 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
Area of home included above used exclusively for daycare business, if any (sq ft).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Other indirect expenses:		
_____		
_____		
_____		

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest.....		
Real estate taxes.....		
Casualty losses.....		
Insurance.....		
Miscellaneous.....		
Rent.....		
Repairs and maintenance.....		
Utilities.....		
Excess mortgage interest.....		
Excess real estate taxes.....		
Excess casualty losses.....		
Allowable casualty losses.....		
Other direct expenses:		
_____		
_____		
_____		

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Health Savings Accounts (8889)</b>	<b>32.1</b>
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Please enter all pertinent 2020 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.

**HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2020, a high deductible health plan is one with an annual deductible that is not less than \$1,350 for self-only coverage or \$2,700 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,750 for self-only coverage or \$13,500 for family coverage.

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage .....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum) .....				
Contributions included above that were made after you became eligible for Medicare .....				
Contributions made to date .....				

**HSA DISTRIBUTIONS**

Total HSA distribution received (1099-SA, box 1) .....				
Distributions included above that were rolled over to another HSA .....				
Total unreimbursed qualified medical expenses .....				

	<b>32.1</b>
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<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</b>
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Please enter all pertinent 2020 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2020				
Employer-provided benefits forfeited in 2020				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name .....		
	Last name .....		
	Title or suffix .....		
	Date of birth (m/d/y) .....		
	Social security number .....		
	Qualified dependent care expenses incurred and paid in 2020 .....		<b>2019 amt:</b>
	1=disabled .....		
	1=spouse, 2=joint .....		

No. <input style="width:40px;" type="text"/>	First name .....		
	Last name .....		
	Title or suffix .....		
	Date of birth (m/d/y) .....		
	Social security number .....		
	Qualified dependent care expenses incurred and paid in 2020 .....		<b>2019 amt:</b>
	1=disabled .....		
	1=spouse, 2=joint .....		

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider .....		
	Street address .....		
	City .....		
	State .....		
	ZIP code .....		
	Foreign region .....		
	Foreign postal code .....		
	Foreign country .....		
	Identification number (SSN or EIN) .....		
	Amount paid to care provider in 2020 .....		<b>2019 amt:</b>
	1=spouse, 2=joint .....		

2020

1040

US

Education Credits / Tuition Deduction

No.

38

Please complete the information below if you paid qualified education expenses in 2020 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse
First name
Last name
Social security number
Number of years hope credit claimed
Number of prior years AOC claimed
1=student was NOT enrolled at least half-time for at least one academic period that began in 2020 (or the first 3 months of 2021 if the qualified expenses were made in 2020) at an eligible institution in a qualified program
1=student completed first four years of post-secondary education before 2020
1=student was convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance

Form with 10 rows and 2 columns, with a shaded area in the right column for rows 4-7.

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name
Street address
City
State
ZIP code
1=2020 Form 1098-T was NOT received
1=2020 Form 1098 -T received with Box 2 & 7 completed
1=2019 Form 1098-T received with Box 2 & 7 completed
Federal ID number from Form 1098-T

Form with 10 rows and 2 columns, with a shaded area in the right column for rows 6-8.

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name
Street address
City
State
ZIP code
1=2020 Form 1098-T was NOT received
1=2020 Form 1098 -T received with Box 2 & 7 completed
1=2019 Form 1098-T received with Box 2 & 7 completed
Federal ID number from Form 1098-T

Form with 10 rows and 2 columns, with a shaded area in the right column for rows 6-8.

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2020 (net of refund or assistance, & not entered elsewhere)
Books & supplies required to be purchased from institution
Books & supplies not entered above
Amount of prior year refund or assistance \*

Table with 2 columns: 2020 Amount, 2019 Amount. 4 rows.

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2020

1040

US

Additional Information

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.

Lined area for providing additional information or supporting details.