

## 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.**

| Topic  | Page           | Topic   | Page              |
|--|----------------|---|-------------------|
| ABLE account distributions                             | 73             | Fuel tax credit   | 87, 88, 89        |
| Adoption expenses                                      | 86             | Gambling winnings   | 10, 18, 20        |
| Affordable Care Act Health Coverage                    | 69, 70         | Gambling losses   | 59                |
| Alaska Permanent Fund dividends                        | 18, 77         | Health savings account (HSA)                              | 71, 72            |
| Alimony paid   | 51             | Household employee taxes                                  | 78                |
| Alimony received                                       | 18             | Identity authentication                                   | 7                 |
| Annuity payments received                              | 10, 24         | Installment sales   | 41, 42            |
| Automobile information -                               |                | Interest income, including foreign                        | 11, 13, 17b       |
| Business or profession                                 | 68             | Interest paid   | 58                |
| Employee business expense                              | 50             | Investment expenses                                       | 57                |
| Farm, Farm Rental                                      | 68             | Investment interest expenses                              | 58                |
| Rent and royalty                                       | 68             | IRA, Roth IRA contributions                               | 26                |
| Bank account information                               | 3              | IRA distributions   | 10, 24            |
| Broker Statement - Consolidated                        | 17b            | Like-kind exchange of property                            | 43                |
| Business income and expenses                           | 28, 29, 30     | Long-term care services and contracts (LTC)               | 72                |
| Business use of home                                   | 67             | Medical and dental expenses                               | 57                |
| Cancellation of debt                                   | 19             | Medical savings account (MSA)                             | 71, 72            |
| Casualty and theft losses, business                    | 63, 65         | Minister earnings and expenses                            | 28, 49, 75        |
| Casualty and theft losses, personal                    | 64, 66         | Miscellaneous income                                      | 18, 18a, 18b, 18c |
| Child and dependent care expenses                      | 81             | Miscellaneous adjustments                                 | 51                |
| Children's interest and dividend                       | 76, 77         | Miscellaneous itemized deductions                         | 59, 59a           |
| Charitable contributions                               | 59, 61, 62     | Mortgage interest expense                                 | 58, 60            |
| Contracts and straddles                                | 22             | Moving expenses - Active Military                         | 48                |
| Credit for Sick Leave and Family Leave due to COVID-19 | 39             | Nonresident Alien   | 4, 5              |
| Dependent care benefits received                       | 12             | Partnership income  | 10, 38            |
| Dependent information                                  | 1              | Payments from Qualified Education Programs (1099-Q)       | 10, 55            |
| Depreciable asset acquisitions and dispositions -      |                | Pension distributions                                     | 10, 24            |
| Business or profession                                 | 94, 95         | Railroad retirement benefits                              | 25                |
| Employee business expense                              | 94, 95         | Real estate taxes, personal property and other taxes paid | 57                |
| Farm, Farm Rental                                      | 94, 95         | Recovery Rebate (Economic Impact Payment)                 | 80                |
| Rent and royalty                                       | 94, 95         | REMIC's   | 16                |
| Direct deposit information                             | 3              | Rent and royalty, vacation home, income and expenses      | 31, 32            |
| Disability income                                      | 24, 83         | Residential energy credit                                 | 84                |
| Dividend income, including foreign                     | 11, 14, 17b    | S corporation income                                      | 10, 21, 38        |
| Early withdrawal penalty                               | 13             | Sale of business property                                 | 41, 42            |
| Education Credits and tuition and fees deduction       | 54             | Sale of personal residence                                | 40                |
| Education Savings Account & Qualified Tuition Programs | 55             | Sale of stock, securities, and other capital assets       | 17, 17a, 17b      |
| Electronic filing                                      | 6              | Self-employed health insurance premiums                   | 28, 33, 69        |
| Email address  | 2              | Self-employed Keogh, SEP and SIMPLE plan contributions    | 57                |
| Employee business expenses                             | 49             | Seller-financed mortgage interest received                | 15                |
| Estate income  | 10, 39         | Social security benefits received                         | 25                |
| Farm income and expenses                               | 33, 34, 35     | State and local income tax refunds                        | 18                |
| Farm rental income and expenses                        |                | State & local estimate payments                           | 9                 |
| Federal estimate payments                              | 8              | State & local withholding                                 | 12, 20, 24        |
| Federal student aid application information (FAFSA)    | 56             | Statutory employee  | 12, 28            |
| Federal withholding                                    | 12, 20, 24, 25 | Student loan interest paid                                | 53                |
| First-time homebuyer credit repayment                  | 79             | Trust income  | 39                |
| Foreign bank accounts & financial assets               | 44, 45         | Unemployment compensation                                 | 18                |
| Foreign earned income & housing deduction              | 46, 47         | Unreported tip or unreported wage income                  | 74                |
| Foreign employer compensation                          | 23             | U.S. savings bonds educational exclusion                  | 52                |
| Foreign taxes paid                                     | 85             | Wages and salaries  | 10, 12            |

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

**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]

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

**Present Mailing Address**

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

**Dependent Information**

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

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

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

**Dependent Codes**

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

**Preparer - Enter on Screen Contact**

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

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

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

**Taxpayer**

**Spouse**

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

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

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

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

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

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

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

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

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

**NOTES/QUESTIONS:**

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

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

Primary account:

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

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

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

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

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

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

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

Secondary account #1:

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

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

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

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

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

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

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

Secondary account #2:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds \_\_\_\_\_[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]

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

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

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

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

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

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

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

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

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

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## NOTES/QUESTIONS:

**Taxpayer -**

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

**Spouse -**

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

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**NOTES/QUESTIONS:**

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

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

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

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

If yes, please explain any differences:

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

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

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

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

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

If yes, please explain any differences:

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

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

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

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

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

If yes, please explain any differences:

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

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

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

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

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

If yes, please explain any differences:

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

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

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

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

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

**2020 Federal Estimated Tax Payments**

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

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

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

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

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

**NOTES/QUESTIONS:**

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

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

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

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

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

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

**2020 City Estimated Tax Payments**

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

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

**Calculated Amount**

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

**Calculated Amount**

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

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

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

**Calculated Amount**

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

**Calculated Amount**

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





## 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 ( <b>Box 1</b> )   | + _____ | [10] |
| Federal tax withheld ( <b>Box 2</b> )   | + _____ | [12] |
| Social security wages ( <b>Box 3</b> ) (If different than federal wages)  | + _____ | [14] |
| Social security tax withheld ( <b>Box 4</b> )   | + _____ | [16] |
| Medicare wages ( <b>Box 5</b> ) (If different than federal wages)   | + _____ | [18] |
| Medicare tax withheld ( <b>Box 6</b> )  | + _____ | [21] |
| SS tips ( <b>Box 7</b> )  | + _____ | [23] |
| Allocated tips ( <b>Box 8</b> )   | + _____ | [25] |
| Dependent care benefits ( <b>Box 10</b> )   | + _____ | [27] |
| <b>Box 13 -</b>   |         |      |
| Statutory employee  | __      | [29] |
| Retirement plan   | __      | [30] |
| Third-party sick pay  | __      | [31] |
| State postal code ( <b>Box 15</b> )   | _____   | [32] |
| State wages ( <b>Box 16</b> ) (If different than federal wages)   | + _____ | [34] |
| State tax withheld ( <b>Box 17</b> )  | + _____ | [36] |
| Local wages ( <b>Box 18</b> )   | + _____ | [38] |
| Local tax withheld ( <b>Box 19</b> )  | + _____ | [40] |
| Name of locality ( <b>Box 20</b> ) _____  | _____   | [43] |

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

## 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 is your current employer   | __      | [6]  |
| Federal wages and salaries ( <b>Box 1</b> )   | + _____ | [10] |
| Federal tax withheld ( <b>Box 2</b> )   | + _____ | [12] |
| Social security wages ( <b>Box 3</b> ) (If different than federal wages)  | + _____ | [14] |
| Social security tax withheld ( <b>Box 4</b> )   | + _____ | [16] |
| Medicare wages ( <b>Box 5</b> ) (If different than federal wages)   | + _____ | [18] |
| Medicare tax withheld ( <b>Box 6</b> )  | + _____ | [21] |
| SS tips ( <b>Box 7</b> )  | + _____ | [23] |
| Allocated tips ( <b>Box 8</b> )   | + _____ | [25] |
| Dependent care benefits ( <b>Box 10</b> )   | + _____ | [27] |
| <b>Box 13 -</b>   |         |      |
| Statutory employee  | __      | [29] |
| Retirement plan   | __      | [30] |
| Third-party sick pay  | __      | [31] |
| State postal code ( <b>Box 15</b> )   | _____   | [32] |
| State wages ( <b>Box 16</b> ) (If different than federal wages)   | + _____ | [34] |
| State tax withheld ( <b>Box 17</b> )  | + _____ | [36] |
| Local wages ( <b>Box 18</b> )   | + _____ | [38] |
| Local tax withheld ( <b>Box 19</b> )  | + _____ | [40] |
| Name of locality ( <b>Box 20</b> ) _____  | _____   | [43] |

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

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

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

## Dividend Income

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

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

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

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





### 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<br>(Less expenses of sale) | Cost or Other Basis |
|-------------------------|---------------|-----------|--|---------------------|
| _____                   | _____         | _____     | + _____                                      | + _____             |
| _____                   | _____         | _____     | + _____                                      | + _____             |
| _____                   | _____         | _____     | + _____                                      | + _____             |
| _____                   | _____         | _____     | + _____                                      | + _____             |
| _____                   | _____         | _____     | + _____                                      | + _____             |

  

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

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

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

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

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

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

**NOTES/QUESTIONS:**

### Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

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

### Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

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

NOTES/QUESTIONS:

### Nonemployee Compensation #1

Please provide all Forms 1099-NEC

Preparer use only

#### 2020 Information

#### Prior Year Information

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

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Control Totals +

### Nonemployee Compensation #2

Please provide all Forms 1099-NEC

Preparer use only

#### 2020 Information

#### Prior Year Information

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

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Control Totals +

#### 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]

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**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]

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**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]

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**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) <b>(Box 5)</b>                      | + _____ [8]      | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Voluntary Federal Income Tax Withheld <b>(Box 6)</b>                          | + _____ [10]     |   |
| From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:                |                  |   |
| Medicare premiums   | + _____ [12]     |   |
| Prescription drug (Part D) premiums   | + _____ [14]     |   |

#### Tier 1 Railroad Benefits

|   | 2020 Information | Prior Year Information  |
|---|------------------|---|
| If you received a Form RRB - 1099, please complete the following information: |                  |   |
| Net Social Security Equivalent Benefit:                                       |                  | <div style="border: 1px solid black; height: 100%; width: 100%;"></div> |
| Portion of Tier 1 Paid in 2020 <b>(Box 5)</b>                                 | + _____ [22]     |   |
| Federal Income Tax Withheld <b>(Box 10)</b>                                   | + _____ [25]     |   |
| Medicare Premium Total <b>(Box 11)</b>  | + _____ [27]     |   |

#### Additional Information About Benefits Received

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

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

#### NOTES/QUESTIONS:

|  | <b>Taxpayer</b> | <b>Spouse</b> |
|--|-----------------|---------------|
| 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]   |
| <br>   |                 |               |
|  | <b>Taxpayer</b> | <b>Spouse</b> |
| 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**

|  | <b>Taxpayer</b> | <b>Spouse</b> |
|--|-----------------|---------------|
| 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:**

|  |  |
|--|--|
|  |  |
|--|--|

**Preparer use only**

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

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

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

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

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

**NOTES/QUESTIONS:**





**Preparer use only**

|  | 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**

| Rents and royalties | 2020 Information | Prior Year Information |
|---------------------|------------------|------------------------|
| _____ + _____       | [33]             | _____                  |
| _____               |                  | _____                  |

**Rent and Royalty Expenses**

|  | 2020 Information | Percent if not 100% | Prior Year Information |
|--|------------------|---------------------|------------------------|
| Advertising                                      | + _____          | [35] _____          | [36] _____             |
| Auto   | + _____          | [38] _____          | [39] _____             |
| Travel   | + _____          | [41] _____          | [42] _____             |
| Cleaning and maintenance                         | + _____          | [44] _____          | [45] _____             |
| Commissions:                                     |                  |                     |                        |
| _____  | + _____          | [47] _____          | [49] _____             |
| _____  | + _____          |                     |                        |
| Insurance:                                       |                  |                     |                        |
| _____  | + _____          | [50] _____          | [52] _____             |
| _____  | + _____          |                     |                        |
| Legal and professional fees                      | + _____          | [54] _____          | [55] _____             |
| Management fees:                                 |                  |                     |                        |
| _____  | + _____          | [57] _____          | [59] _____             |
| _____  | + _____          |                     |                        |
| Mortgage interest paid to banks, etc (Form 1098) |                  |                     |                        |
| _____  | + _____          | [60] _____          | [62] _____             |
| _____  | + _____          |                     |                        |
| Other mortgage interest                          | + _____          | [63] _____          | [65] _____             |
| Qualified mortgage insurance premiums            | + _____          | [66] _____          | [67] _____             |
| Other interest:                                  |                  |                     |                        |
| _____  | + _____          | [69] _____          | [71] _____             |
| _____  | + _____          |                     |                        |
| Repairs  | + _____          | [72] _____          | [73] _____             |
| Supplies   | + _____          | [75] _____          | [76] _____             |
| Taxes:   |                  |                     |                        |
| _____  | + _____          | [78] _____          | [80] _____             |
| _____  | + _____          |                     |                        |
| Utilities  | + _____          | [81] _____          | [82] _____             |
| Depreciation                                     | + _____          | [84] _____          | [85] _____             |
| Depletion  | + _____          | [87] _____          | [88] _____             |
| Other expenses:                                  |                  |                     |                        |
| _____  | + _____          | [90] _____          |                        |
| _____  | + _____          |                     |                        |
| _____  | + _____          |                     |                        |
| _____  | + _____          |                     |                        |

**Control Totals +**

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

**NOTES/QUESTIONS:**

**Control Totals +**

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                                   |                                       |
|--|---------------------------------------|
| <b>1 = Cash sales of items bought for resale</b> | <b>4 = Custom hire (machine work)</b> |
| <b>2 = Cash sales of items raised</b>            | <b>5 = Other income</b>               |
| <b>3 = Accrual sales</b>                         |                                       |

|  | 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]       |                        |
| _____  | _____ [56]       |                        |
| 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

|   | <b>2020 Information</b> | <b>Prior Year Information</b> |
|---|-------------------------|-------------------------------|
| 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**

|  | 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]     |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |
| _____   | + _____          |                        |



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<br>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] |
|               | 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<br>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] |
|               | 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<br>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] |
|               | 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<br>Carryovers | Non-QBI & Tax | For QBI & Tax | AMT  |
|-------------------|---------------------------------|---------------|---------------|------|
| Enter<br>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<br>Carryovers | Non-QBI & Tax | For QBI & Tax | AMT  |
|-------------------|---------------------------------|---------------|---------------|------|
| Enter<br>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<br>Carryovers | Non-QBI & Tax | For QBI & Tax | AMT  |
|-------------------|---------------------------------|---------------|---------------|------|
| Enter<br>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<br>Carryovers | Non-QBI & Tax | For QBI & Tax | AMT  |
|-------------------|---------------------------------|---------------|---------------|------|
| Enter<br>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] |

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<br>Interest Paid | Prior Year<br>Information  |
|----|--|-----------------------|--|
| —  | _____                                    | + _____ [1]           | <div style="background-color: #cccccc; border: 1px solid black; padding: 2px;">           _____<br/>           _____<br/>           _____         </div> |
| —  | _____                                    | + _____               |  |
| —  | _____                                    | + _____               |  |
| —  | _____                                    | + _____               |  |

**NOTES/QUESTIONS:**

## Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

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

**Preparer - Enter on Screen Educate2**

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

### Institution Information

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

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

### Tuition Paid and Related Information

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

|  | 2020 Information | Prior Year Information  |
|--|------------------|---|
| Tuition paid (Enter only the amount actually paid) <b>(Box 1)</b>  | + _____ [8]      | <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
| Educational institution changed its reporting method for 2020 <b>(Box 3)</b>   | _____            |   |
| Adjustments made for a prior year <b>(Box 4)</b>   | _____            |   |
| Scholarships or grants <b>(Box 5)</b>  | _____            |   |
| Adjustments to scholarships or grants for a prior year <b>(Box 6)</b>  | _____            |   |
| Box 1 or 2 includes amounts for an academic period beginning January - March 2021 <b>(Box 7)</b>   | _____            |   |
| At least half-time student <b>(Box 8)</b>  | _____            |   |
| Graduate student <b>(Box 9)</b> (1=Yes, 2=No)  | _____            |   |
| Insurance contract reimbursement/refund <b>(Box 10)</b>  | _____            |   |
| Non-Institution expenses (Books and fees not paid directly to the educational institution)   | _____            |   |
| American Opportunity Tax Credit (AOTC) disqualifier  | _____            |   |
| 1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2020 |                  |   |

**NOTES/QUESTIONS:**

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

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

**Contributions and Basis**

Beneficiary's Information (if not taxpayer or spouse)

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

|   | <b>2020 Information</b> | <b>Prior Year Information</b> |
|---|-------------------------|-------------------------------|
| Amount contributed in current year  | + _____ [14]            | _____<br>_____<br>_____       |
| Basis of this account at 12/31/19   | + _____ [17]            |                               |
| Value of this account at 12/31/20   | + _____ [19]            |                               |
| Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse) | + _____ [24]            |                               |

**Payments from Qualified Education Programs**

|   | <b>2020 Information</b> | <b>Prior Year Information</b>   |
|---|-------------------------|---|
| Gross distribution ( <b>Box 1</b> )                                       | + _____ [30]            | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| Earnings ( <b>Box 2</b> )   | + _____ [32]            |   |
| Basis ( <b>Box 3</b> )  | + _____ [34]            |   |
| Trustee-to-trustee rollover ( <b>Box 4</b> )                              | _____ [36]              |   |
| Trustee-to-trustee rollover amount if different than Box 1                | + _____ [37]            |   |
| <b>Box 5 -</b>  |                         |   |
| Private QTP   | _____ [39]              |   |
| State QTP   | _____ [40]              |   |
| Coverdell ESA   | _____ [41]              |   |
| Check if the recipient is not the designated beneficiary ( <b>Box 6</b> ) | _____ [42]              |   |
| Qualified education expenses  | + _____ [43]            |   |
| Elementary and secondary education expenses                               | + _____ [45]            |   |

**NOTES/QUESTIONS:**

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] | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| _____     | + _____     |  |
| _____     | + _____     |  |
| _____     | + _____     |  |
| _____     | + _____     |  |
| _____     | + _____     |  |

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] | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| _____     | + _____     |  |
| _____     | + _____     |  |
| _____     | + _____     |  |

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] | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| _____     | + _____     |  |

Prescription medicines and drugs:

|            |              |  |
|------------|--------------|--|
| [10] _____ | + _____ [11] | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| _____      | + _____      |  |
| _____      | + _____      |  |

|   |            |  |
|---|------------|--|
| [13] Miles driven for medical items _____ | _____ [14] | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
|---|------------|--|

**Schedule A - Tax Expenses**

T/S/J

2020 Information

Prior Year Information

State/local income taxes paid:

|            |              |  |
|------------|--------------|--|
| [18] _____ | + _____ [19] | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| _____      | + _____      |  |
| _____      | + _____      |  |
| _____      | + _____      |  |
| _____      | + _____      |  |

2019 state and local income taxes paid in 2020:

|            |              |  |
|------------|--------------|--|
| [21] _____ | + _____ [22] | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| _____      | + _____      |  |
| _____      | + _____      |  |

Real estate taxes paid:

|            |              |  |
|------------|--------------|--|
| [24] _____ | + _____ [25] | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| _____      | + _____      |  |
| _____      | + _____      |  |

Personal property taxes:

|            |              |  |
|------------|--------------|--|
| [27] _____ | + _____ [28] | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| _____      | + _____      |  |

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

|            |              |  |
|------------|--------------|--|
| [30] _____ | + _____ [31] | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| _____      | + _____      |  |
| _____      | + _____      |  |

Sales tax paid on major purchases:

|            |              |  |
|------------|--------------|--|
| [36] _____ | + _____ [37] | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| _____      | + _____      |  |

Sales tax paid on actual expenses:

|            |              |  |
|------------|--------------|--|
| [39] _____ | + _____ [40] | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |
| _____      | + _____      |  |
| _____      | + _____      |  |

**Control Totals +**

## Interest Expenses

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

**\*Mortgage Types**

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

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

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

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

**Refinancing Points paid in 2020 -**

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

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

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





**Noncash Contributions Exceeding \$500**

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

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

**Control Totals+**

**Noncash Contributions Exceeding \$500**

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

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

**Control Totals+**

**Noncash Contributions Exceeding \$500**

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

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

**Control Totals+**

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

**NOTES/QUESTIONS:**

Please provide all Forms 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.

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

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

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

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

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

**NOTES/QUESTIONS:**

## Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

**2020 Information**

**Prior Year Information**

|   |         |      |  |
|---|---------|------|--|
| Taxpayer/Spouse (T, S)  | _       | [1]  |  |
| Name of Trustee _____   | _____   | [4]  |  |
| State postal code _____   | _____   | [2]  |  |
| Gross distributions received <b>(Box 1)</b>   | + _____ | [7]  |  |
| Earnings on excess contributions <b>(Box 2)</b>   | + _____ | [9]  |  |
| Distribution code <b>(Box 3)</b>  | _____   | [11] |  |
| Fair Market Value on date of death <b>(Box 4)</b>   | + _____ | [12] |  |
| <b>Box 5 -</b>  |         |      |  |
| HSA   | _____   | [13] |  |
| Archer MSA  | _____   | [14] |  |
| MA MSA  | _____   | [15] |  |
| All distributions were used to pay unreimbursed qualified medical expenses  | _____   | [17] |  |
| If some distributions were used to pay for other than qualified medical expenses,<br>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,<br>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<br>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 <b>(Box 1)</b>   | + _____ | [42] |  |
| Accelerated death benefits paid <b>(Box 2)</b>  | + _____ | [44] |  |
| <b>Check one (Box 3)</b>  |         |      |  |
| Per diem  | _____   | [46] |  |
| Reimbursed amount   | _____   | [47] |  |
| Qualified contract <b>(Box 4)</b>   | _____   | [48] |  |
| <b>Check, if applicable (Box 5)</b>   |         |      |  |
| Chronically ill   | _____   | [49] |  |
| Terminally ill  | _____   | [50] |  |
| Are there other individuals who received LTC payments during 2020? (Y, N)                       | _____   | [52] |  |
| If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) | _____   | [53] |  |
| Number of days during the long-term care period _____   | _____   | [54] |  |
| Cost incurred for qualified long-term care services during the<br>long-term care period         | + _____ | [55] |  |

**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.

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

**NOTES/QUESTIONS:**

## Child and Dependent Care Expenses

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

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

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2020 \_\_\_\_\_ + \_\_\_\_\_ [7]  
 Foreign province or state of provider \_\_\_\_\_  
 Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_  
 First and last name of provider \_\_\_\_\_  
 Street address of provider \_\_\_\_\_  
 City, State and Zip code \_\_\_\_\_  
 Social security number OR Employer identification number \_\_\_\_\_  
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_  
 Amount paid to care provider in 2020 \_\_\_\_\_ + \_\_\_\_\_ [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 \_\_\_\_\_ + \_\_\_\_\_ [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 \_\_\_\_\_  
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 Amount paid to care provider in 2020 \_\_\_\_\_ + \_\_\_\_\_ [7]  
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 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 \_\_\_\_\_ + \_\_\_\_\_ [7]  
 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]

Emergency sick leave pay subject to \$511 per day limit + \_\_\_\_\_[5]

Emergency 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 under age 18 \_\_\_\_\_[7]

Emergency family leave wages received + \_\_\_\_\_[8]

**NOTES/QUESTIONS:**

## Kentucky General Information

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

### Use Tax

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

### Contributions

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

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

### Charitable Contributions

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

### Part-year Resident Information

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

Part-year residency dates:

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

### Nonresident Information

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

**NOTES/QUESTIONS:**