#### **Client Organizer Topical Index**

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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

Form ID: INDX

Form ID: 1040	Perso	nal Information			1
Filing (Marital) status code (1 = Single, 2 = Married fi	ling joint, 3 = Married fili	ng separate, 4 = Head of househo	d, 5 = Qualifying widow(	er))	[1]
Mark if you were married but living apart all y					[2]
Mark if your nonresident alien spouse does no	ot have an Individu	al Taxpayer Identification	Number (ITIN)		[3]
Control on control on the control of		Taxpayer		Spouse	
Social security number First name		[4]	-		[5]
l ant manua		[6] _ [8]			
Occupation		[0] [10]			[11]
Designate \$3.00 to the presidential election ca	ampaign fund? (1 = 1				[14]
Mark if dependent of another taxpayer		[15]			[16]
Taxpayer with income less than 1/2 support a	ge 18 or 19 - 23 ful	l-time student? <u>(Y, N</u> )17]			
Mark if legally blind		[20]			[21]
Date of birth Date of death	_	[22]			[24]
Work/daytime telephone number/ext numbe		[26] [28] [29]		[30]	[27]
Home/evening telephone number		[28][29] [32]		[30]	[31]
Do you authorize us to discuss your return wit	:h the IRS? (Y. N)	[34]			[33]
- , - <u></u>					
	Presen	t 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]
	Depen	dent Information			
(*Pl	•	endent Codes located at t	he bottom)		Care
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First Name <sup>[51]</sup> Last Name	Date of Birth	Social Security No.	Relationship	home * **	dependent
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#### **Preparer - Enter on Screen Contact**

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

Form ID: Bank

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

3

like

Form ID: Bank

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.

Financial institution routing transit number Name of financial institution	Mark to verify all accounts listed below have been reviewed, updated as needed, and are	correct.				_[1]
Name of financial institution  Your account (au-sevines, 2 - Clacking, 3 - IBA*)  Mark if financial institution is foreign based (New Located in the territorial jurisdiction of the United States)  July and the financial institution is foreign based (New Located in the territorial jurisdiction of the United States)  July and the financial institution routing transit number  Name of financial institution routing transit number  Name of financial institution  July Andre if financial institution  July Andre if financial institution  July Andre if financial institution is foreign based (New Located in the territorial jurisdiction of the United States)  July Andre if financial institution is foreign based (New Located in the territorial jurisdiction of the United States)  July Andre if financial institution is foreign based (New Located in the territorial jurisdiction of the United States)  July Andre if financial institution is foreign based (New Located in the territorial jurisdiction of the United States)  July Andre if financial institution is foreign based (New Located in the territorial jurisdiction of the United States)  July Andre if married filing jointly and this is a joint account (such tapsayer and spouse names are on the account)  July Andre if financial institution  July Andre if financial institution  July Andre if financial institution is foreign based (New Located in the territorial jurisdiction of the United States)  July Andre if financial institution is foreign based (New Located in the territorial jurisdiction of the United States)  July Andre if financial institution is foreign based (New Located in the territorial jurisdiction of the United States)  July Andre if financial institution is foreign based (New Located in the territorial jurisdiction of the United States)  July Andre if financial institution is foreign based (New Located in the territorial jurisdiction of the United States)  July Andre if financial institution is foreign based (New Located in the territorial jurisdiction of the Unit	Primary account:					
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Financial institution routing transit number    Name of financial institution   Sal	Enter the maximum dollar amount, or percentage of total refund Dollar		[13]	or F	Percent (xxx.xx)	
Financial institution routing transit number    Name of financial institution   Sal	Secondary account #2:					
Name of financial institution Your account number Type of account (1 - Sawings, 2 = Checking, 3 = IRA*) Jasi Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) Jasi Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Jasi Enter the maximum dollar amount, or percentage of total refund Dollar 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 won to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following informatice Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's giname, 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 (up to \$5,000), or percentage of refund used to purchase bonds  Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds  Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds  Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds  Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds  Co-owner or beneficiary (First Last)  Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds  Co-owner or beneficiary (First						[33]
Your account number Type of account (1 = savings, 2 = Checking, 3 = IRA*) Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar Prefunds 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 won 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 giname, 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 (up to \$5,000), or percentage of refund used to purchase bonds  Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr  Owner's name (First Last)  Mark if the name listed above is a beneficiary  Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr  Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr  Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr  Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr  Maximum dollar amount (up to \$5,0						
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)  Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)  [33]  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  [17] or Percent (xxxxxx)  [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 wontoto purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following informatic Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's giname, 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  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)  [40]  [41]  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 bondsr  [43]  Bond information for someone other than taxpayer and spouse, if married filing jointly  Maximum dollar amount (up to \$5,000), or percentage of refund used to purcha						•
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)  Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)  Enter the maximum dollar amount, or percentage of total refund  Dollar  [17] or Percent (DOCALON)  [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 work to purchase U.S. Series I Savings bonds (in increments of \$550) with your refund, if applicable, please complete the following informatic Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's giname, 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 (DOCALON)  [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 (DOCALON)  [20]  Owner's name (First Last)  [40]  [41]  Mark if the name listed above is a beneficiary  [42]  [43]  Doc Percent (DOCALON)  [44]  Documer's name (First Last)  [45]  [46]  Documer's name (First Last)  [47]						
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund bollar [17] or Percent (xxxxxx) [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 wot to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following informatic Please note you may enter only one name per registration (with exception of married filling joint returns) and must enter the party's giname, 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 filling 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 (xxxxxx) [14]  Bond information for someone other than taxpayer and spouse, if married filling jointly  Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr [19] or Percent (xxxxxx) [4]  Co-owner or beneficiary (First Last) [4]  Bond information for someone other than taxpayer and spouse, if married filling jointly  Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr [23] or Percent (xxxxxx) [4]  Co-owner or beneficiary (First Last) [4]		e account)				
*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 won to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following informatic Please note you may enter only one name per registration (with exception of married filling joint returns) and must enter the party's giname, 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) [42]  Co-owner or beneficiary (First Last) [42] [42]  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]  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]  Co-owner or beneficiary (First Last) [43] [44]  Co-owner or beneficiary (First Last) [45] [46]						
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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 won 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 ginname, 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 (xxxxxx) [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 (xxxxxx) [20]  Co-owner or beneficiary (First Last) [42] [43]  Bond information for someone other than taxpayer and spouse, if married filing jointly  Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds [23] or Percent (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx						
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 wo to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following informatic Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's giname, 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	*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits w	ill be accept	ed by the l	bank (	or financial institution	
to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following informatic Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's giname, 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 [40] [41]  Co-owner or beneficiary (First Last) [41]  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 [42] [43] [44]  Owner's name (First Last) [44]  Co-owner or beneficiary (First Last) [44]  Owner's name (First Last) [45] [46]	Refund - U.S. Series I Savings Bond Pu	rchases	6			
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 bondsr  [40]  [41]  Co-owner or beneficiary (First Last)  Mark if the name listed above is a beneficiary  Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr  [42]  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 bondsr  [45]  Owner's name (First Last)  Co-owner or beneficiary (First Last)  [46]  [47]	to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applic	able, ple	ase con	nplet	te the following	information.
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 bondsr  Owner's name (First Last)  Co-owner or beneficiary (First Last)  Mark if the name listed above is a beneficiary  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 bondsr  Owner's name (First Last)  Owner's name (First Last)  [45]  [45]  [47]  [48]	Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you wou	ld like use	ed to pu	ırcha	ise bonds	
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 bondsr  Owner's name (First Last)  Co-owner or beneficiary (First Last)  Mark if the name listed above is a beneficiary  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 bondsr  Owner's name (First Last)  Owner's name (First Last)  [45]  [46]  [47]	The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be	registered ir	n both nam	nes lis	ted on the return.	
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 bondsr  Owner's name (First Last)  Co-owner or beneficiary (First Last)  Mark if the name listed above is a beneficiary  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 bondsr  Owner's name (First Last)  Owner's name (First Last)  Co-owner or beneficiary (First Last)  [45]  [47]	To register the bonds separately, leave these fields blank and use the fields provided below.					
Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr [19] or Percent (xxx.xx) [20] Owner's name (First Last) [42] [43] Co-owner or beneficiary (First Last) [42] 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 bondsr [23] or Percent (xxx.xx) [24] Owner's name (First Last) [45] [46]	Enter either a dollar amount or percent, but not both Dolla	r	[15]	or	Percent (xxx.xx)	[16]
Owner's name (First Last) [40] [41] Co-owner or beneficiary (First Last) [42] 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 bondsr [23] or Percent (xxx.xx) [24] Owner's name (First Last) [45] [46]	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	ir	[19]	or	Percent (xxx.xx)	[20]
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]  Co-owner or beneficiary (First Last) [47]						
Mark if the name listed above is a beneficiary						[43]
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] Co-owner or beneficiary (First Last) [47]						[44]
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] Co-owner or beneficiary (First Last) [47]	Bond information for someone other than taxpaver and spouse if married filing jointly					
Owner's name (First Last) [45] [47] [47]		ir	[22]	or	Percent (vvv vv)	[24]
Co-owner or beneficiary (First Last) [47]						
	Mark if the name listed above is a beneficiary	[47]	•			<sup>[48]</sup> [49]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file the To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS repayers 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)  If 1 or 2, please provide email address on Organizer Form ID: Info	[2]
Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your	
financial institution account	[9]
The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.	
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.	
Taxpayer self-selected Personal Identification Number (PIN)	[7]
Spouse self-selected Personal Identification Number (PIN)	[8]

**Electronic Filing** 

6

# **NOTES/QUESTIONS:**

Form ID: ELF

Form ID: IDAuth	Identity Authentication	7
Taxpayer -		
Form of identification (1 = Driver's license, 2 = St	ate 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)	<u> </u>	[6]
Spouse -		
Form of identification (1 = Driver's license, 2 = St	ate issued identification card, 3 = No applicable identification, 4 = Identification not provided)	[9]
Identification number		[10
Issue date		[1:
Expiration date (mm/dd/yyyy)		[12
Location of issuance (State issued only)		[1:
Document number (New York only)		[14

Form ID: Est		Es	timat	ted Taxes			8
If you have an overp	avment of 2020	) taxes, do you want the ex	cess:				
Refunded	,	, ,					[52]
Applied to 202		•					[53]
· ·	_	ge in your 2021 income? (Y,	N)				[54]
If yes, please explain	any difference	S:					(==)
							[55] [56]
							[50] [57]
							[58]
	_	ge in your deductions for 20	021? (Y,	N)			[59]
If yes, please explain	any difference	s:					
							[60]
							[61]
	-						[62] [63]
Do you expect a con	siderable chang	ge in the amount of your 20	)21 wit	hholding? (Υ, Ν)			[64]
If yes, please explain	any difference	s:		_			
							[65]
							[66]
							[67]
Do you expect a cha	nge in the numb	per of dependents claimed	for 20	21? (Y N)			[68] [69]
If yes, please explain	_		101 20				[03]
,							[70]
							[71]
							[72]
Mark if you use the I	Loctronic Endo	ral Tax Payment System (EF	TDC\+	a nav vour ostima	stad tayor		[73]
iviai k ii you use tile i	rectionic redei	al rax Payment System (Er	1173) (	o pay your estima	iteu taxes		[74]
		2020 Fodor:	al Ecti	mated Tax Pa	ovmonts		
		2020 Federa	ai LSU	illateu Tax Pa	ayıncınıs	)	
2019 overpayment a	pplied to 2020	estimates				+	[1]
Mark if you paid the	calculated amo	ounts on the dates due indi	cated b	elow. Skip the re	emaining fi	ields.	[5]
•		ot made on the date due or	were	for an amount ot	her than th	ne calculated amount be	low, please enter
the actual date and a	imount paid.						
	Date Due	Date Paid if After Date D	ue	Amount Paid		Calculated Amount	Method*
1st quarter payment	7/15/20	[6]	+		[7]		
2nd quarter paymen		[8]	+		[9]		
3rd quarter payment		[10]	+		[11]		
4th quarter payment	1/15/21	[12]	+_		[13]		
Additional payment		[14]	+_		[15]		
		*Method of p	aymer	it indicated in pr	ior year		
	EFW = Electro	onic funds withdrawal	EF	TPS = Electronic	Federal Ta	x Payment System	
	Voucher = Fo	rm 1040-ES estimated tax	paym	ent voucher			
NOTES/QUESTIC	ONS:						
.10123/ Q023110							

Control Totals+

Form ID: Est

Form ID: St Pmt	2020 State Estin	nated Tax Payments	9
Taxpayer/Spouse/Joint (T, S, J)  State postal code			[1] [2]
Amount paid with 2019 return 2019 overpayment applied to '20 estimates Treat calculated amounts as paid		+	[3] [4] [8]
Date Paid		Amount Paid	Calculated Amount
1st quarter payment[9]		+[10]	
2nd quarter payment[11]		+[12]	
3rd quarter payment[13]		+[14]	
4th quarter payment[15] Additional payment [17]		+[16]	
Additional payment[17]		+[18]	
	2020 City Estim	ated Tax Payments	
City #1		City #2	
City name  Amount paid with 2019 return +  2019 overpayment applied to '20 estimates	[28]	City name Amount paid with 2019 return +	[50]
Amount paid with 2019 return +	[31]	Amount paid with 2019 return	
2019 overpayment applied to '20 estimates Treat calculated amounts as paid		2019 overpayment applied to '20 estimates Treat calculated amounts as paid	
rreat calculated amounts as paid	[36]	rreat calculated amounts as paid	[58]
Date Paid	Amount Paid	Date Paid	<b>Amount Paid</b>
1st quarter payment[37] +		1st quarter payment[59] +	
2nd quarter payment[39] +		2nd quarter payment [61] +	
3rd quarter payment[41] + 4th quarter payment[43] +		3rd quarter payment[63] + 4th quarter payment[65] +	
4tii quartei payineiit[43] +	[44]	4th quarter payment[65]	[00]
Calculated Amount		Calculated Amount	<u>t                                      </u>
1st quarter payment		1st quarter payment	
2			
3rd quarter payment 4th quarter payment		3rd quarter payment 4th quarter payment	
ren quareer payment		ren 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 Treat calculated amounts as paid	[76] [80]	2019 overpayment applied to '20 estimates  Treat calculated amounts as paid	- [98] [102
Treat calculated amounts as paid	[60]	Treat calculated amounts as paid	[102
Date Paid	Amount Paid	Date Paid	<b>Amount Paid</b>
1st quarter payment[81] +		1st quarter payment [103]	
2nd quarter payment [83] +		2nd quarter payment [105]	
3rd quarter payment[85] + 4th quarter payment[87] +	[86] [88]	3rd quarter payment[107] - 4th quarter payment[109] -	+[108 + [110
4th quarter payment[87] +	[00]	tii quartei payment[109]	r[110
Calculated Amount		Calculated Amount	<u>t</u>
1st quarter payment		1st quarter payment	
2nd quarter payment		2nd quarter payment	
3rd quarter payment 4th quarter payment	<del></del>	3rd quarter payment 4th quarter payment	
-til qualtel payment		401 quarter payment	

Form ID: SumRep	Income Summary	10

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

Form	T/S/J	Description 1	L = Attached 2 = N/A
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### **Interest and Dividend Summary**

11

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if : Foreign	L = Attached 2 = N/A
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#### Wages and Salaries #1

Taxpayer/Spouse (T, s)	Please pro	ovide all copies of Form W-2. 2020 Information	Prior Year Information
Employer name    3   Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)   [5   Mark if this is your current employer   [6   Federal wages and salaries (Box 1)   +   [10]   Federal tax withheld (Box 2)   +   [12]	Taxpaver/Spouse (T.S)		The real momentum
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)  Mark if this is your current employer  Federal wages and salaries (Box 1)  Federal tax withheld (Box 2)  Social security wages (Box 3) (if different than federal wages)  Social security tax withheld (Box 4)  Medicare wages (Box 5) (if different than federal wages)  Medicare tax withheld (Box 6)  St ips (Box 7)  Allocated tips (Box 8)  Dependent care benefits (Box 10)  Statutory employee  Retirement plan  Third-party sick pay  State postal code (Box 15)  State wages (Box 16) (if different than federal wages)  Hallocated (Box 10)  State wages (Box 16) (if different than federal wages)  Hallocated (Box 10)  Bay 13-  Statutory employee  Retirement plan  Third-party sick pay  State postal code (Box 15)  State wages (Box 16) (if different than federal wages)  Hallocated (Box 17)  Local wages (Box 18)  Local tax withheld (Box 20)  Allocated (Box 20			
Mark if this is your current employer  Federal wages and salaries (Box 1)  Federal tax withheld (Box 2)  Social security wages (Box 3) (if different than federal wages)  Federal tax withheld (Box 4)  Medicare wages (Box 5) (if different than federal wages)  Medicare wages (Box 5) (if different than federal wages)  Medicare tax withheld (Box 6)  Stips (Box 7)  Allocated tips (Box 8)  Pependent care benefits (Box 10)  Retirement plan  Statutory employee  Retirement plan  Third-party sick pay  State postal code (Box 15)  State wages (Box 16) (if different than federal wages)  State wages (Box 16) (if different than federal wages)  Hallocated wages (Box 18)  Local wages (Box 18)  Local wages (Box 19)  Name of locality (Box 20)  Hallocated wages (Box 10)  Hallocated wages	• •		
Federal wages and salaries (Box 1)	_	<del>-</del>	
Federal tax withheld (Box 2)  Social security wages (Box 3) (if different than federal wages)  Federal tax withheld (Box 4)  Social security tax withheld (Box 4)  Medicare wages (Box 5) (if different than federal wages)  Medicare tax withheld (Box 6)  St tips (Box 7)  Allocated tips (Box 8)  Dependent care benefits (Box 10)  Box 13 -  Statutory employee  Retirement plan  Third-party sick pay  State postal code (Box 15)  State wages (Box 16) (if different than federal wages)  State vages (Box 16) (if different than federal wages)  Head of the state of the sta	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	
Social security wages (Box 3) (if different than federal wages)		· ·	
Social security tax withheld (Box 4)	· · · · · · · · · · · · · · · · · · ·		
Medicare wages (Box 5) (if different than federal wages)       +       [18]         Medicare tax withheld (Box 6)       +       [21]         SS tips (Box 7)       +       [23]         Allocated tips (Box 8)       +       [25]         Dependent care benefits (Box 10)       +       [27]         Box 13 -       -       [29]         Retirement plan       [30]       [31]         Third-party sick pay       [31]       5tate postal code (Box 15)       [32]         State wages (Box 16) (if different than federal wages)       +       [34]         State tax withheld (Box 17)       +       [36]         Local wages (Box 18)       +       [38]         Local tax withheld (Box 19)       +       [40]         Name of locality (Box 20)       [43]		· ·	
Medicare tax withheld (Box 6)       +       [21]         SS tips (Box 7)       +       [23]         Allocated tips (Box 8)       +       [25]         Dependent care benefits (Box 10)       +       [27]         Box 13 -       -       [29]         Retirement plan       [30]       [30]         Third-party sick pay       [31]       [31]         State postal code (Box 15)       [32]         State wages (Box 16) (If different than federal wages)       +       [34]         State tax withheld (Box 17)       +       [36]         Local wages (Box 18)       +       [38]         Local tax withheld (Box 19)       +       [40]         Name of locality (Box 20)       [43]			
SS tips (Box 7)			
Allocated tips (Box 8)		+ [23]	
Dependent care benefits (Box 10)		+ [25]	
Statutory employee		+ [27]	
Retirement plan Third-party sick pay  State postal code (Box 15) State wages (Box 16) (If different than federal wages)  State tax withheld (Box 17) Local wages (Box 18) Local tax withheld (Box 19)  Name of locality (Box 20)  [30] [31] [32] [32] [34]  [34]  [35] [36] [37] [38] [38] [38] [38] [38] [38] [38] [38			
Retirement plan Third-party sick pay  State postal code (Box 15) State wages (Box 16) (If different than federal wages)  State tax withheld (Box 17) Local wages (Box 18) Local tax withheld (Box 19)  Name of locality (Box 20)  [30] [31] [32] [32] [34]  [34]  [35] [36] [37] [38] [38] [38] [38] [38] [38] [38] [38	Statutory employee	[29]	
Third-party sick pay [31] State postal code (Box 15) [32] State wages (Box 16) (If different than federal wages) + [34] State tax withheld (Box 17) + [36] Local wages (Box 18) + [38] Local tax withheld (Box 19) + [40] Name of locality (Box 20) [43]		[30]	
State postal code (Box 15)  State wages (Box 16) (If different than federal wages)  State tax withheld (Box 17)  Local wages (Box 18)  Local tax withheld (Box 19)  Name of locality (Box 20)  [32]  [34]  [34]  [36]  [40]  [43]		[31]	
State tax withheld (Box 17)       +       [36]         Local wages (Box 18)       +       [38]         Local tax withheld (Box 19)       +       [40]         Name of locality (Box 20)       [43]	State postal code (Box 15)	[32]	
State tax withheld (Box 17)       +       [36]         Local wages (Box 18)       +       [38]         Local tax withheld (Box 19)       +       [40]         Name of locality (Box 20)       [43]	State wages (Box 16) (If different than federal wages)	+ [34]	
Local tax withheld (Box 19) + [40] Name of locality (Box 20) [43]		+ [36]	
Name of locality (Box 20) [43]	Local wages (Box 18)	+ [38]	
	Local tax withheld (Box 19)	+[40]	
Control Totals+	Name of locality (Box 20)	[43]	
Control Totals +			
Control Totals+			
		Control Totals +	

#### Wages and Salaries #2

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

Cont	rol Totals+
	Form ID: W2

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

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

T/S/J	Type Code (*	*See coo	des below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer			1			T	
			Amounts	+						
		2	Payer			1			I 183	
			Amounts	+						
		3 _	Payer						188	
			Amounts	+						
		4	Payer			1			ı ı	
			Amounts	+						
		5 _	Payer	1					l l	
			Amounts	+						
		6	Payer						I S	
			Amounts	+						
		7	Payer				1		I II	
			Amounts	+						
		8	Payer				1		I II	
			Amounts	+						
		9 _	Payer	Т			T		I	
			Amounts	+						
		10—	Payer	Т			T		I S	
			Amounts	+						

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

Control Totals +	Form ID: B-1
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#### Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

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

T S J	Type Code	(**See codes be	Ordinary [2] low) Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1		+										
		Amount:											
		Amount	<u> </u>										
	3	Amount	; ;										
		Payer Amount	+										
		Payer Amounts	+										
	-	Payer											
		Amount: Payer											
		Amount	+										
	8	Payer Amount	+										
	و	Payer	+							· · · · · · · · · · · · · · · · · · ·			
	1	Amount:											
		Amount	+										

	**Dividend Codes
Blank = Other	3 = Nominee

	Control Totals +		Form ID: B-2
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		Securities, and Oth			17
Did vou have	Please pro e any securities become worthless during 2	vide copies of all Forms 1 (020? (Y. N)	.099-в and 1095	9-5	[9]
	e any debts become uncollectible during 20				[10
	e any commodity sales, short sales, or strac				[11
	nange any securities or investments for son		Y. N.)		[13
	ive, sell, send, exchange, or otherwise acqu			rrency? (y N)	[3]
2.4 , 54 . 555	and the second control of the second control		,		<u></u> [3]
r/s/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
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# Sales of Stocks, Securities, and Other Investment Property

#### Please provide copies of all Forms 1099-B and 1099-S

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
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NOTES	/QUESTIONS:				

Form ID: Bro	ker					Cons	solidated Bi	oker Sta	tement				17b
				Plea	se provide	copies of the Co	nsolidated Bro	ker Staten	nent - Include al	pages and all ins	erts		
T/S/J	P	reparer use only							Employer ide	entification numbe	er		
Broker	Name	2						_	Margin inter				
Accour	t nun	nber						<u> </u>	Investment r	management/advi	sory fees		
		*Whole	numl	bers will be tro	eated as \$ a	amounts. Enter p	ercentages in	the XXX.XX	X format. For ex	ample, enter 100%	% as 100.00 or 75	5.5% as 75.50	
Туре		4000 1117		Interest		Tax Exempt	Pen	alty on	U.S. Obligation	s* Tax Exempt*	Foreign Taxes		
Code		1099-INT Payer		Income		Income	Early W	<u>/ithdrawal</u>	\$ or %	\$ or %	Paid	Prior Year	Information
	1	Amounts	+										
	2	Payer											
		Amounts	+										
	3	Payer								<del></del>			
		Amounts Payer	+										
	4	Amounts	+										
	5	Payer						•					
		Amounts	+										
Type Code	L <b>0</b> 99-	Ordina DIV Divide		Qualified Dividends	Total Cap Gain Dist		50 Sec. 199	289 A Capita	% Tax Exei I Gain Divider	npt US Obligationds \$ or %	ons*  Tax Exemp \$ or %	t* Foreign Tax Paid	Prior Year Information
	Pay									7	7		
1	Am	ounts+											
2	Pay		ı		ı		1				T		
		ounts+	ļ										
3	Pay Am	ounts+											
	Pay		ı		I.	Į.	I		I.	· ·	П		
4	Am	ounts+											
5	Pay		I		1		1				Γ	1	
	Am	ounts+											
					Form 10	99-B Proceed	ls From Bro	ker and I	Barter Excha	nge Transactio	ns		
			De	escription of P			Date Acc		Date Sold	Gross Sales F (Less expenses o	Price Cost or C	Other Basis	
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	_									+	+		
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	_									т	_		
		Descriptio	n of A	ccount - Aggre	egate profit	t/-loss on contra	cts	-Loss/Gain	n Entire Yr	L099-B Adjustmen	nt Net 1256 lo	ss carryback	
	_												
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orm ID: Income		Other Income		18
tate and local income tax refunds		+	2020 Information	Prior Year Information
	T/S	Agreement Date	2020 Information	Prior Year Information
Alimony received	1/3	=	[3]	FIIOI Teal IIIIOIIIIatioii
,		+	[3]	
*If you received unemployment benefits or any of	tho co	osial unamployment so	mnoncation authorized un	dor the Coronavirus Poliof Act
re taxable income and should be reported on you				
ou may need to go to your state's Department of				,
		Taxpayer	Spouse	Prior Year Information
Inemployment compensation**	+		[10]	FIIOI Teal IIIIOIIIIatioii
Inemployment compensation federal withholding	+	[9] +	[10]	
Inemployment compensation state withholding	+	[9] +	[10]	
Inemployment compensation repaid	+	[12] +	[13]	
laska Permanent Fund dividends	+	[18] +	[19]	
Self- Employment Income ? T/S/J (Y, N)			2020 Information	Prior Year Information
Other income, such as: Com	missior	ns, Jury pay, Director fe	es, Taxable scholarships	
		+	[15]	
		+		
		+		
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NOTES (OLIESTICALS)				
NOTES/QUESTIONS:				
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Form ID: 1099M	Miscellaneous Income #1	18a

	vide all Forms 1099-	MISC	
Preparer use only		2020 Information	<b>Prior Year Information</b>
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 product	ts <b>(Box 7)</b>	[27]	<u> </u>
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]	
Т.	Control Totals	Ī	
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## Miscellaneous Income #2

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]	

Please provide all Forms 1099-MISC

# NOTES/QUESTIONS:

Control Totals +

Form ID: 1099NEC	Nonemployee Compensation #1	18b
Decrees only	Please provide all Forms 1099-NEC	
Preparer use only	2020 Information	Prior Year Information
Name of payer	[3]	riioi real illioilliatioil
Taxpayer/Spouse/Joint (T, S, J)		
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]	
, ,		
	Control Totals +	
	Nonemployee Compensation #2	
	Please provide all Forms 1099-NEC	
Preparer use only		
Treparer use only	2020 Information	Prior Year Information
Name of payer	[3]	
Taxpayer/Spouse/Joint (T, S, J)	[5]	
State postal code	·	
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]	
	Control Totals +	

20

	Please provide all copies of Forn	n W-2G. 2020 Information	Drior Voor Information
Tauran 16 a a usa (5 a)			Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Payer name		[3]	
State postal code		[4]	
Mark if professional gambler		[9]	
Reportable winnings (Box 1)	+	[11]	
Date won (Box 2)		[13]	
Type of wager (Box 3)		[15]	
Federal withholding (Box 4)	+	[17]	
Transaction (Box 5)		[19]	
Race (Box 6)		[21]	
Identical wager winnings (Box 7)	+	[23]	
Cashier (Box 8)		[25]	
Taxpayer identification number (Box 9)		[27]	
Window (Box 10)		[28]	
First ID (Box 11)		[30]	
Second ID (Box 12)		[31]	
Payer's state ID no. (Box 13)		[32]	
State winnings (Box 14)	+	[33]	
State withholding (Box 15)	+	[35]	
Local winnings (Box 16)	+	[37]	
Local withholding (Box 17)	+	[39]	
Name of locality (Box 18)		[42]	
	Control Totals +		
	Control Totals +		

# Gambling Winnings #2

Please provide all copies of Form W-2G.				
	2020 Information	Prior Year Information		
Taxpayer/Spouse (T, S)	_[1			
Payer name	[3			
State postal code	[4			
Mark if professional gambler	[9			
Reportable winnings (Box 1)	+[1			
Date won (Box 2)	[1	3]		
Type of wager (Box 3)	[1	5]		
Federal withholding (Box 4)	+[1	7]		
Transaction (Box 5)	[1	9]		
Race (Box 6)	[2	1]		
Identical wager winnings (Box 7)	+[2	3]		
Cashier (Box 8)	[2	5]		
Taxpayer identification number (Box 9)	[2	7]		
Window (Box 10)	[2	8]		
First ID (Box 11)	[3	0]		
Second ID (Box 12)	[3	1]		
Payer's state ID no. (Box 13)	[3	2]		
State winnings (Box 14)	+[3	3]		
State withholding (Box 15)	+[3	5]		
Local winnings (Box 16)	+[3	7]		
Local withholding (Box 17)	+[3	9]		
Name of locality (Box 18)	[4	2]		

# NOTES/QUESTIONS:

	F ID 14/20
	Form ID: W2G

Control Totals+

Form	ID.	1099R

# Pension, Annuity, and IRA Distributions #1

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,	

Taxpayer/Spouse (r, s)	Please	provide all Forms 1099-R.	
Name of payer  State postal code  Gross distributions received (Box 2a)  Federal withholding (Box 4)  Amount of rollover  Pension, Annuity, and IRA Distributions #2  Please provide all Forms 1099-R.  Taxable amount received (Box 2a)  Federal withholding (Box 15)  Amount of rollover  Ark if distribution is from an IRA, SEP, SIMPLE retirement plan  State withholding (Box 15)  Control Totals +  Prior Year Information  Prior Year Information  Federal withholding (Box 15)  Amount of rollover  Pension, Annuity, and IRA Distributions #2  Please provide all Forms 1099-R.  Federal withholding (Box 15)  Federal withholding (Box 15)  State withholding (Box 15)  Federal withholding (Box 15)  State postal code  Federal withholding (Box 15)  State withholding (Box 15)  Federal withholding (Box 15)  Amount of rollover  Prior Year Information  Prior Year Information  Federal withholding (Box 15)  Control Totals +  Pension, Annuity, and IRA Distributions #3  Please provide all Forms 1099-R.  Prior Year Information  Prior Year Information  Formal Totals +  Prior Year Information  Prior Year Information  Frior Year Information  Prior Year Information  Formal Totals +  Prior Year Information  Prior Year Information  Ama if distribution was due to a pre-retirement age disability  Prior Year Information  Taxpayer/Spouse (T. 5)  Aman of payer  State postal code  Frior Year Information  Prior Year Information  Frior Year Information  Prior Year Information  Frior Year Information  Frior Year Information  Frior Year Information  Taxpayer/Spouse (T. 5)  Name of payer  State postal code  Frior Year Information  Fr		2020 Information	Prior Year Information
State postal code		_[1]	
Gross distributions received (Box 1) +	Name of payer	[3	
Federal withholding (Box 4)	State postal code	[5]	
Federal withholding (Box 4) +	Gross distributions received (Box 1)	+[7]	
Distribution code (Box 7)  Mark if distribution is from an IRA, SEP, SIMPLE retirement plan  State withholding (Box 12)  Local withholding (Box 15)  Amount of rollover  Pension, Annuity, and IRA Distributions #2  Please provide all Forms 1099-R. 2020 Information  Taxpayer/Spouse (T, S)  Mark if distribution was due to a pre-retirement age disability  Prior Year Information	Taxable amount received (Box 2a)	+[9]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan  State withholding (Box 15)  Amount of rollover  Mark if distribution was due to a pre-retirement age disability  Pension, Annuity, and IRA Distributions #2  Please provide all Forms 1099-R. Prior Year Information  Taxpayer/Spouse (r, s) State postal code Gross distribution seceived (Box 1)  Federal withholding (Box 4)  Mark if distribution is from an IRA, SEP, SIMPLE retirement plan State withholding (Box 12) Local withholding (Box 15)  Pension, Annuity, and IRA Distributions #3  Pior Year Information  Prior Year Information	Federal withholding (Box 4)		1]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan  State withholding (Box 12) Local withholding (Box 15)  Amount of rollover Mark if distribution was due to a pre-retirement age disability  Pension, Annuity, and IRA Distributions #2  Please provide all Forms 1099-R. Prior Year Information  Taxpayer/Spouse (T, S) State postal code Gross distribution received (Box 1) State withholding (Box 4)  Mark if distribution is from an IRA, SEP, SIMPLE retirement plan State withholding (Box 12) Local withholding (Box 15)  Pension, Annuity, and IRA Distributions #3  Persion, Annuity, and IRA Distributions #3  Persion (Box 16)  Pension, Annuity, and IRA Distributions #3  Persion (Box 16)  Pension, Annuity, and IRA Distributions #3  Persion (Box 16)  Ital  Distribution was due to a pre-retirement age disability  Pension, Annuity, and IRA Distributions #3  Pension, Annuity, and IRA Distributions #3  Persion (Box 16)  Pension (Box 16)  Pension (Box 16)  Ital  Pension (Box 16)  Pension	Distribution code (Box 7)	[14	1]
State withholding (Box 12)	Mark if distribution is from an IRA, SEP, SIMPLE retiremen		
Control Totals +	State withholding (Box 12)		
Amount of rollover	Local withholding (Box 15)	+ [19	9]
Control Totals +   Pension, Annuity, and IRA Distributions #2    Please provide all Forms 1099-R. 2020 Information   Prior Year Information   Pr			
Pension, Annuity, and IRA Distributions #2  Please provide all Forms 1099-R. 2020 Information Taxpayer/Spouse (T, s)	Mark if distribution was due to a pre-retirement age disability		
Please provide all Forms 1099-R. 2020 Information  Taxpayer/Spouse (T, S) Name of payer State postal code Gross distributions received (Box 1) Taxable amount received (Box 2a) Picture of Box 2a Picture of Box 7 Mark if distribution is from an IRA, SEP, SIMPLE retirement plan State withholding (Box 42) Local withholding (Box 12) Amount of rollover Mark if distribution was due to a pre-retirement age disability  Pension, Annuity, and IRA Distributions #3  Please provide all Forms 1099-R. 2020 Information  Prior Year Information	,	· —	
Please provide all Forms 1099-R. 2020 Information  Taxpayer/Spouse (T. S) Name of payer State postal code Gross distributions received (Box 1) Taxable amount received (Box 2a) Picture of Box 2a Picture of Box 4) Distribution code (Box 7) Mark if distribution is from an IRA, SEP, SIMPLE retirement plan State withholding (Box 42) Local withholding (Box 12) Amount of rollover Mark if distribution was due to a pre-retirement age disability  Pension, Annuity, and IRA Distributions #3  Please provide all Forms 1099-R. 2020 Information  Taxpayer/Spouse (T, S) Name of payer State postal code Gross distributions received (Box 1)  Prior Year Information		Control Totals+	
Please provide all Forms 1099-R. 2020 Information  Taxpayer/Spouse (T, S)			
Please provide all Forms 1099-R. 2020 Information  Taxpayer/Spouse (T, S)  Name of payer  Gross distributions received (Box 1)  Taxable amount received (Box 2a)  Federal withholding (Box 4)  Distribution code (Box 7)  Mark if distribution is from an IRA, SEP, SIMPLE retirement plan  State withholding (Box 12)  Local withholding (Box 15)  Amount of rollover  Mark if distribution was due to a pre-retirement age disability  Pension, Annuity, and IRA Distributions #3  Please provide all Forms 1099-R. 2020 Information  Taxpayer/Spouse (T, S)  Name of payer  State postal code  Gross distributions received (Box 1)  Frior Year Information  Prior Year Information  Prior Year Information  Prior Year Information  Frior Year Information			
Taxpayer/Spouse (T, S) Name of payer State postal code Gross distributions received (Box 1) Taxable amount received (Box 2a) Federal withholding (Box 4) Distribution code (Box 7) Mark if distribution is from an IRA, SEP, SIMPLE retirement plan State withholding (Box 12) Local withholding (Box 15) Amount of rollover Mark if distribution was due to a pre-retirement age disability  Pension, Annuity, and IRA Distributions#3  Please provide all Forms 1099-R. Taxpayer/Spouse (T, S) Name of payer State postal code Gross distributions received (Box 1) Frior Year Information  Prior Year Information  Prior Year Information  I [1] I [1] I [2] I [2] I [3] I [4] I [4] I [5] I [6] I [6] I [7] I	Pension, Ann	nuity, and IRA Distributions #2	
Taxpayer/Spouse (T, S)[1] Name of payer	Please	provide all Forms 1099-R.	
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)	T /6		
State postal code Gross distributions received (Box 1) + [7] Taxable amount received (Box 2a) + [9] Federal withholding (Box 4) + [11] Distribution code (Box 7)			
Gross distributions received (Box 1) +			
Taxable amount received (Box 2a) +	•	<del></del> -	
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]  Pension, Annuity, and IRA Distributions #3  Please provide all Forms 1099-R. 2020 Information  Taxpayer/Spouse (T, S) Name of payer [1] Name of payer [3] State postal code [6ox 1) + [7]	· , ,		
Distribution code (Box 7)	· · ·	+[9]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan  State withholding (Box 12) Local withholding (Box 15)  Amount of rollover  Mark if distribution was due to a pre-retirement age disability  Pension, Annuity, and IRA Distributions #3  Please provide all Forms 1099-R.  2020 Information  Taxpayer/Spouse (T, S) Name of payer  State postal code Gross distributions received (Box 1)  Mark if distribution is from an IRA, SEP, SIMPLE retirement plan    [16]   [17]   [17]   [17]   [18]   [19]   [19]   [19]   [10]	- · · · · · · · · · · · · · · · · · · ·	+[1:	1]
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			<sup>1]</sup>
Local withholding (Box 15) + [19] Amount of rollover + [21] Mark if distribution was due to a pre-retirement age disability [23]    Control Totals +   [21]   Pension, Annuity, and IRA Distributions #3    Please provide all Forms 1099-R. 2020 Information		nt plan[10	5]
Amount of rollover Mark if distribution was due to a pre-retirement age disability  Control Totals+  Pension, Annuity, and IRA Distributions #3  Please provide all Forms 1099-R. 2020 Information  Taxpayer/Spouse (T, S) Name of payer State postal code Gross distributions received (Box 1)  Prior Year Information  Prior Year Information  Prior Year Information  [5] [5] [7]			7]
Mark if distribution was due to a pre-retirement age disability	Local withholding (Box 15)	+[1	9]
Pension, Annuity, and IRA Distributions #3  Please provide all Forms 1099-R. 2020 Information  Taxpayer/Spouse (T, s) Name of payer State postal code Gross distributions received (Box 1)  Prior Year Information  Prior Year Information  Prior Year Information    [1]	Amount of rollover	+[2]	1]
Pension, Annuity, and IRA Distributions #3  Please provide all Forms 1099-R. 2020 Information  Taxpayer/Spouse (T, S)  Name of payer  State postal code  Gross distributions received (Box 1)  Prior Year Information  [3]  [5]  [7]	Mark if distribution was due to a pre-retirement age disability	<u>_</u> [2:	3]
Pension, Annuity, and IRA Distributions #3  Please provide all Forms 1099-R. 2020 Information  Taxpayer/Spouse (T, S)  Name of payer  State postal code  Gross distributions received (Box 1)  Prior Year Information  [3]  [5]  [7]		Control Totals	
Please provide all Forms 1099-R. 2020 Information  Taxpayer/Spouse (T, S)  Name of payer  State postal code  Gross distributions received (Box 1)  Prior Year Information  Prior Year Information    [1]   [3]   [5]   [6]   [7]   [7]		Control Totals+	
Please provide all Forms 1099-R. 2020 Information  Taxpayer/Spouse (T, S)  Name of payer  State postal code  Gross distributions received (Box 1)  Prior Year Information  Prior Year Information    [1]   [3]   [5]   [6]   [7]   [7]			
Taxpayer/Spouse (T, S)  Name of payer  State postal code  Gross distributions received (Box 1)  Prior Year Information  Prior Year Information  Prior Year Information  Prior Year Information  [5]  [7]	Pension, Ann	nuity, and IRA Distributions #3	
Taxpayer/Spouse (T, s)[1] Name of payer	Please	provide all Forms 1099-R.	
Name of payer       [3]         State postal code       [5]         Gross distributions received (Box 1)       +       [7]	T /6		
State postal code[5] Gross distributions received (Box 1) +[7]			
Gross distributions received (Box 1) +[7]			
	•	[5]	
Tayable amount received (Pay 2a)			
	Taxable amount received (Box 2a)	+[9	
Federal withholding (Box 4) +[11]		+[1	1]
Distribution code (Box 7)[14]	· · ·		4]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan[16]	Mark if distribution is from an IRA, SEP, SIMPLE retiremen	nt plan[10	5]
State withholding <b>(Box 12)</b> +[17]	State withholding (Box 12)		
Local withholding <b>(Box 15)</b> +[19]	Local withholding (Box 15)	+[1	9]
Amount of rollover +[21]	Amount of rollover		1]
Mark if distribution was due to a pre-retirement age disability[23]	Mark if distribution was due to a pre-retirement age disability		
		_	
Control Totals+		Control Totals +	

Form ID: S	SA-1095
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SA-1099 or RRB-1099	
[1]	
[2]	
<b></b>	
2020 Information	Prior Year Information
•	
+[10]	
·	
+[14]	
enefits	
2020 Information	Prior Year Information
+[22]	
+[27]	
ıt Benefits Received	
rample did you repay any bene	fits in 2020 or rosoive any pric
kample did you repay any bene ON OF AMOUNT IN BOX 3 area	
	or in the RRB-1099 Boxes 7 th
	or in the RRB-1099 Boxes 7 th
	or in the RRB-1099 Boxes 7 th
	or in the RRB-1099 Boxes 7 th
	or in the RRB-1099 Boxes 7 th  [4]  [4]  [4]  [4]
	or in the RRB-1099 Boxes 7 th
	or in the RRB-1099 Boxes 7 th  [4]  [4]  [4]  [4]

	l IRA			26
	Тахра	yer	Spouse	
Are you or your spouse (if MFJ or MFS) covered by an employer's retireme	nt			
plan? (Y, N)		[1]		[2]
Do you want to contribute the maximum allowable traditional IRA contribu				
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeduc	tible)	[3]		[4]
Enter the total traditional IRA contributions made for use in 2020	+	[5]	+	[6]
	Тахра	ver	Spouse	
Enter the nondeductible contribution amount made for use in 2020	+	=	+	
Enter the nondeductible contribution amount made in 2021 for use in 2021			+	[8]
Traditional IRA basis	+	[17]	+	[18]
Value of all your traditional IRA's on December 31, 2020:	-			
	+	[19]	+	[20]
	+		+	
	+		+	
	+		+	
	+		+	
Roth IRA	Α			
Please provide copies of any 1998 through 20	-	•	s office	
			Spouse	
	Тахра	ayer		[30]
Mark if you want to contribute the maximum Roth IRA contribution	Тахра	[29]		
Enter the total Roth IRA contributions made for use in 2020	Тахра +	[29] [31]	+	[32]
Enter the total Roth IRA contributions made for use in 2020 Enter the amount a 2020 Roth IRA conversion should be adjusted by	+	[29] [31] [39]	+	[32] [40]
Enter the total Roth IRA contributions made for use in 2020 Enter the amount a 2020 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2019	+ + +	[29] [31] [39] [43]		[32] [40] [44]
Enter the total Roth IRA contributions made for use in 2020 Enter the amount a 2020 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2019 Enter the total Roth IRA contribution recharacterizations for 2020	+ + +	[29] [31] [39] [43] [45]		[32] [40] [44] [46]
Enter the total Roth IRA contributions made for use in 2020 Enter the amount a 2020 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2019 Enter the total Roth IRA contribution recharacterizations for 2020 Enter the Roth conversion IRA basis on December 31, 2019	+ + +	[29] [31] [39] [43]		[32] [40] [44]
Enter the total Roth IRA contributions made for use in 2020 Enter the amount a 2020 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2019 Enter the total Roth IRA contribution recharacterizations for 2020	+ + +	[29] [31] [39] [43] [45] [47]		[32] [40] [44] [46] [48]
Enter the total Roth IRA contributions made for use in 2020 Enter the amount a 2020 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2019 Enter the total Roth IRA contribution recharacterizations for 2020 Enter the Roth conversion IRA basis on December 31, 2019	+ + + + + +	[29][31][39][43][45][47]		[32] [40] [44] [46]
Enter the total Roth IRA contributions made for use in 2020 Enter the amount a 2020 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2019 Enter the total Roth IRA contribution recharacterizations for 2020 Enter the Roth conversion IRA basis on December 31, 2019	+ + +	[29][31][39][43][45][47]		[32] [40] [44] [46] [48]
Enter the total Roth IRA contributions made for use in 2020 Enter the amount a 2020 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2019 Enter the total Roth IRA contribution recharacterizations for 2020 Enter the Roth conversion IRA basis on December 31, 2019	+ + + + + +	[29][31][39][43][45][47]	+ + + + +	[32] [40] [44] [46] [48]
Enter the total Roth IRA contributions made for use in 2020 Enter the amount a 2020 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2019 Enter the total Roth IRA contribution recharacterizations for 2020 Enter the Roth conversion IRA basis on December 31, 2019	+ + + + + +	[29][31][39][43][45][47]	+ + + + +	[32] [40] [44] [46] [48]
Enter the total Roth IRA contributions made for use in 2020 Enter the amount a 2020 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2019 Enter the total Roth IRA contribution recharacterizations for 2020 Enter the Roth conversion IRA basis on December 31, 2019	+ + + + + +	[29][31][39][43][45][47]	+ + + + +	[32] [40] [44] [46] [48]
Enter the total Roth IRA contributions made for use in 2020 Enter the amount a 2020 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2019	+ + +	[29] [31] [39] [43]		

Form ID: Keogh Keogh, SEP, SIMPLE Contributions		27
Preparer use only		
Business activity or profession name		[3]
Taxpayer/Spouse (T, S)		[8] [4]
State postal code		<u></u> [5]
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = S	SIMPLE IRA. 6 = SARSEP)	[6]
Plan contribution rate. Enter in xx.xx format (Limitation percentage)	, ,	<u></u> [7]
Enter the total amount of contributions made to a Keogh plan in 2020	+	[8]
Enter the total amount of contributions made to a Solo 401(k) plan in 2020	+	 [9]
Enter the total amount of contributions made to a SEP plan in 2020	+	[10]
Enter the total amount of contributions made to a SARSEP plan in 2020	+	[11]
Enter the total amount of contributions made to a defined benefit plan in 2020	+	[12]
Enter the total amount of contributions made to a profit-sharing plan in 2020	+	[13]
Enter the total amount of contributions made to a money purchase plan in 2020	+	[14]
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2020	+	[15]
Enter the total amount of contributions to a SIMPLE IRA plan in 2020	+	[16]
Catch-up Contributions		
Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2020	+	[17]
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2020	+	[18]
Elective Deferrals		
Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2020 Enter the amount of elective deferrals designated as Roth contributions in 2020	+	[19] [20]

# **Schedule C - General Information**

Preparer use only		2020 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		[2]	Filor real illiorination
Employer identification number		[3]	
Business name		[5]	
Principal business/profession		[6]	
Business code	- ddu	[12]	
Business address, if different from home Address	address on Organizer Form ID: 1040	[45]	
City/State/Zip	[16]	[15] [17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Ot		[17][19]	
If other:		[21]	_
Inventory method (1 = Cost, 2 = LCM, 3 = Other)		[22]	<u></u>
If other enter explanation:			
		[24]	
Enter an explanation if there was a chang	a in datarmining your inventory		
Enter an explanation in there was a chang		[25]	
-		[23]	
Did you "materially participate" in this bu	siness? (Y, N)	[26]	
If not, number of hours you did signifi	cantly participate	[28]	
Mark if you began or acquired this busine		[30]	
Did you make any payments in 2020 that		[31]	_
If "Yes", did you or will you file all req		_[33]	_
Mark if this business is considered related		<del>-</del>	_
Did you receive wages as a statutory emp Medical insurance premiums paid by this		yee, 2 = Minister)[37] + [40]	_
Long-term care premiums paid by this act		+ [44]	
Amount of wages received as a statutory		+ [47]	
	Business Incom	e	
	Business Incom		Dries Vees Information
Gross receints and sales	Business Incom	e 2020 Information	Prior Year Information
Gross receipts and sales	Business Incom	2020 Information	Prior Year Information
Gross receipts and sales	Business Incom		Prior Year Information
Gross receipts and sales	Business Incom	2020 Information	Prior Year Information
	Business Incom	2020 Information	Prior Year Information
Returns and allowances	Business Incom	2020 Information	Prior Year Information
	Business Incom	2020 Information  +[52] + + +[55]	Prior Year Information
Returns and allowances	Business Incom	2020 Information +[52] +	Prior Year Information
Returns and allowances	Business Incom	2020 Information  +[52] + + +[55]	Prior Year Information
Returns and allowances	Business Incom	2020 Information  +[52] + + +[55]	Prior Year Information
Returns and allowances	Business Incom	2020 Information  +[52] + +[55] +[57] +	Prior Year Information
Returns and allowances		2020 Information  +	
Returns and allowances Other income:		2020 Information  +	Prior Year Information  Prior Year Information
Returns and allowances		2020 Information  +	
Returns and allowances Other income:  Beginning inventory		2020 Information  +[52] + +[55] +[57] + +	
Returns and allowances Other income:  Beginning inventory Purchases		2020 Information  +[52] + +[55] +[57] + +	
Returns and allowances Other income:  Beginning inventory Purchases Labor:		2020 Information  +	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2020 Information  +	
Returns and allowances Other income:  Beginning inventory Purchases Labor:		2020 Information	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2020 Information  +	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2020 Information	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2020 Information	
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials Other costs:  Ending inventory		2020 Information	

Form ID: C-2
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# Schedule C - Expenses

7	
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Preparer use only		
Principal business or profession		
	2020 Information	Prior Year Information
Advertising	+[	6]
Car and truck expenses	+[;	3]
Commissions and fees	+[:	10]
Contract labor	+[:	12]
Depletion	+[:	14]
Depreciation		16]
Employee benefit programs (Include Small Employer Health Ins Premiums co	edit):	
	+[:	[8]
	+	
Insurance (Other than health):		
	+[:	20]
	+	
Interest:		
Mortgage (Paid to banks, etc.)		
	+[	22]
	+	
	+	
Other:		
	+[:	24]
	+	
Legal and professional services	+[	26]
Office expense	+[:	29]
Pension and profit sharing:		
	+[:	31]
	+	
Rent or lease:		
Vehicles, machinery, and equipment	+[	33]
Other business property	+[:	35]
Repairs and maintenance	+[:	37]
Supplies	+[:	39]
Taxes and licenses:		
	+[	¥1]
	+	
	+	
	+	
	+	
Travel and meals:		
Travel		43]
Meals (Enter 100% subject to 50% limitation)		45]
Meals (Enter 100% subject to DOT 80% limit)		47]
Utilities	+[:	51]
Wages (Less employment credit):		
	+[:	53]
	+	
Other expenses:		
	+[:	55]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
Control Totals +		Form ID: C-2

Form ID: Rent Rent and R	Royalty Property - Go	eneral Informa	tion	31
Preparer use only	-	2020 Inform	ation	Prior Year Information
Description			[2]	
Taxpayer/Spouse/Joint (T, S, J) [3]	9	State postal code	[5]	
Physical address: Street			[6]	
City, state, zip code	[7]	[8]	[9]	
Foreign country			[11]	
Foreign province/county			[12]	
Foreign postal code			[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Comm	nercial, 5=Land, 6=Royalty, 7=Self-	rental, 8=Other, 9=Perso	nal ppt <u>y)</u> [14]	
Description of other type (Type code #8)	eu = ///		[15]	
Did you make any payments in 2020 that require you to			[16]	
If "Yes", did you or will you file all required Forms 10			_[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (L	Jse Rent-2 for type 3)		[20]	
Percentage of ownership if not 100% Business use percentage, if not 100% (Not vacation ho	ma narcantaga)		[22]	
business use percentage, if not 100% (Not vacation not	me percentage)		[24]	
	Rent and Royalty In			
Rents and royalties	2020 Infor	mation		Prior Year Information
	+	[33]		
	Rent and Royalty Ex	nenses		
·		mation Percent	if not 100%	Prior Year Information
Advertising	+	[35]	[36]	
Auto		[38]		
Travel	+	[41]	[42]	
Cleaning and maintenance	+	[44]	[45]	
Commissions:				
	+	[47]	[49]	
	+			
nsurance:				
	+	[50]	[52]	
	+	<del></del> <del></del>		
Legal and professional fees	+	[54]	[55]	-
Management fees:	1	[57]	[50]	
	+	[57]	[59]	
Mortgage interest paid to banks, etc (Form 1098)	<sup>+</sup>			-
violitgage interest paid to banks, etc (Form 1036)	+	[60]	[62]	
-	·	[00]	[02]	
Other mortgage interest	·	[63]	[65]	-
Qualified mortgage insurance premiums	+	[66]	<sub>[67]</sub>	
Other interest:				
	+	[69]	[71]	
	+	r 1		
Repairs	+	 [72]	[73]	
Supplies	+	, <u></u> [75]	[76]	
Taxes:				
	+	[78]	[80]	

Control Totals+

[81]

[84]

[87]

[90]

[82]

[85]

[88]

Form ID: Rent

Utilities

Depreciation

Other expenses:

Depletion

Preparer use only Description					
	Refinanci	ng F	Points		
	Preparer - Entei	on S			
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 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 Refinancing points paid - Recipient's/Lender's name Date of refinance Total # Payments Reported on 1098 in 2020 Total 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 <b>(Preparer use only)</b>		2020 Inf	[92]	Prior Year Information
	Veestien Hen		of a was a tile w		
	Vacation Hon				
Number of days home was used pe Number of days home was rented Number of day home owned, if not Carryover of disallowed operating of Carryover of disallowed depreciation	366 expenses into 2020	on S	2020 Info + +	rmation [5] [7] [9] [21] [22]	Prior Year Information
	Passive and C	)the	r Information		
	Preparer - Enter				
Preparer use only Carryovers	Non-QBI and Tax		For QBI & Tax		AMT
Operating	+ [25]	+	[26]	+	[27]
Short-term capital	_	+	[28]		[29]
Long-term capital		+	[30]		[31]
28% rate capital		+	[32]	+	[33]
Section 1231 loss	+ [34]	+	[35]	+	[36]
Ordinary business gain/l		+	[38]	+	[39]
Section 179	+ [40]	+	[41]	+	[42]
NOTES/QUESTIONS:					

Form ID: Rent-2

Control Totals+

# **Farm Income - General Information**

Prepar	rer use only	ricuse provide an roims	2000 1. 6	5. V. 16
			2020 Information	Prior Year Information
Taxpayer/Spouse/			[2	1
Employer identific	cation number		[3	
Description Principal Product			[4	
State postal code			[5 [6	
•	Od (1 = Cash, 2 = Accrual)		[7	
Agricultural activit			 [9	
•	ly participate" in this business? (Y, N)		_[1	2]
	payments in 2020 that require you		[1	
	or will you file all required Forms 10		_[1	
	F net income or loss should be exclude premiums paid by this activity	aea irom sen-employmen	t income[1 + [2	
	remiums paid by this activity		+ [2	-
				21
		Schedule F Incor	ne	
Sales Code**	Importo docerintio		2020 Information	Prior Year Information
	Income description	1	+ [2	51
_			+[3	
_			+	
_			+	
_			+	
Γ	_	** Sales Codes		
	1 = Cash sales of items bou		4 = Custom hire (machine wo	ork)
	2 = Cash sales of items raise	ed	5 = Other income	
	3 = Accrual sales			
			2020 Information	<b>Prior Year Information</b>
Cost or other hasi	is of livestock and other items you bo	nught for resale (Cash method	i) + [3	71
	ory of livestock and other items (Accrui	=	i) +[3 +[3	
	estock, produce, grains, and other p		+[4	
Ending Inventory	of livestock and other items (Accrual m	ethod)	+ [4	5353 0000000000000000000000000000000000
•	distributions you received		+[4	5]
Taxable cooperati	ive distributions you received		+[4	
		2020 Total	2020 Taxable	Prior Year Information
Agricultural progr	am payments			
		+	+[5	0]
		+	_ +	
		+	_ +	-
			2020 Information	Prior Year Information
• •	ceived while enrolled to receive socia	al security or disability ber	efit <del>s</del> [5	2]
Commodity credit	t loans reported under election:			
			[5	4]
Total commodity	credit loans forfeited		+ [5	
-	ity credit loans forfeited		+ [5	
	.,	2020 Total	2020 Taxable	Prior Year Information
Total crop incuran	ace precede you received in 2020			
rotal crop insuran	nce proceeds you received in 2020	+	+ [6	11
		+	·լ٥ +	-1
		+	+	
Mark if electing to	o defer crop insurance proceeds to 2	021	[6	3]
Crop insurance pr	oceeds deferred from 2019			5]
	Control Tota	lc+		Form ID: F-1

Car and truck expenses Chemicals Conservation expenses Carryover from prior years Custom hire (machine work) Depreciation Employee benefit programs (Include Small Employer Health Ins Premiums credit) Freight and trucking Gasoline, fuel, and oil Insurance (Other than health)  Mortgage interest (Paid to banks, etc.)  Other interest Labor hired (Less employment credit) Pension and profit sharing Rent - vehicles, machinery, and equipment Rent - vehicles, machinery, and equipment Rent - vehicles Repairs and maintenance Seed and plants purchased Supplies purchased  Prior Year Information Prior Ye	Preparer use only		
Sil   Chemicals   Sil   Chemicals   Sil   Chemicals   Sil   Chemicals   Sil   Conservation expenses   Sil   Conservation expenses   Sil   Sil   Conservation expenses   Sil   Sil   Conservation expenses   Sil	Description		
Sil   Chemicals   Sil   Chemicals   Sil   Chemicals   Sil   Chemicals   Sil   Conservation expenses   Sil   Conservation expenses   Sil   Sil   Conservation expenses   Sil   Sil   Conservation expenses   Sil		2020 1. ( 1'	But a Vanada fa aaaa taa
Chemicals Conservation expenses Carryover from prior years Carryover from prior years Carryover from prior years Depreciation Construction expenses Carryover from prior years Carryover from prior years Catsom hire (machine work) Depreciation Construction Constructi	Car and truck expenses +		Prior Year Information
Conservation expenses   5			
Carryover from prior years			
13   Depreciation work    13   Depreciation   15   15   15   15   15   15   15   1	_		
Persistation			
Employee benefit programs (Include Small Employer Health Ins Premiums credit) +			
Teed purchased			
Fertilizers and lime	<del>_</del>	[19]	
Freight and trucking Gasoline, fuel, and oil assurance (Other than health)    Case			
Insurance (Other than health)    128	e		
Mortgage interest (Paid to banks, etc.)	Gasoline, fuel, and oil +_	[25]	
Mortgage interest (Paid to banks, etc.)	Insurance (Other than health)		
Mortgage interest (Paid to banks, etc.)    130	+_	[28]	
1	+		
1	+_		
Other interest Labor hired (Less employment credit) Pension and profit sharing Rent - vehicles, machinery, and equipment Rent - other Rent - other Repairs and maintenance Repairs and maintenance Read and plants purchased Storage and warehousing Taxes:    [40]   [46]   [48]	Mortgage interest (Paid to banks, etc.)		
Company of the interest			
Other interest			
Labor hired (Less employment credit) Pension and profit sharing Rent - vehicles, machinery, and equipment Rent - other Repairs and maintenance Seed and plants purchased Storage and warehousing Supplies purchased Taxes:			
Pension and profit sharing Rent - vehicles, machinery, and equipment Rent - other Repairs and maintenance Repairs and maintenance Seed and plants purchased Storage and warehousing Supplies purchased Taxes:			
Rent - vehicles, machinery, and equipment Rent - other Re			
Rent - other Repairs and maintenance Repairs and maintenance Seed and plants purchased Storage and warehousing Supplies purchased Taxes:	Doub cabialas assabisas and assistant		
Repairs and maintenance Seed and plants purchased Storage and warehousing Supplies purchased  Taxes:		[40]	
Seed and plants purchased +   [44]	—		
Storage and warehousing Supplies purchased Taxes:	- ·		
Supplies purchased Taxes:			
+	Supplies purchased +		
+	Taxes:	<u> </u>	
Utilities  Veterinary, breeding, and medicine Other expenses:	+_	[50]	
Utilities	+		
Veterinary, breeding, and medicine       +       [54]         Other expenses:       +       [56]         +       + </td <td>+_</td> <td></td> <td></td>	+_		
Veterinary, breeding, and medicine       +       [54]         Other expenses:       +       [56]         +       + </td <td>+</td> <td></td> <td></td>	+		
Veterinary, breeding, and medicine       +       [54]         Other expenses:       +       [56]         +       + </td <td>+_</td> <td></td> <td></td>	+_		
Other expenses:	and the control of th		
+		[54]	-
		[5.6]	
+			
+ + + + + + + + + + + + + + + + + + +			
+ + + + + + + + + + + + + + + + + + +			
+ + + + + + + + + + + + + + + + + + +			
+ + + + + + + + + + + + + + + + + + +	+		
+ + + + + + + + + + + + + + + + + + +	+		
+ + + +			
+			
Preproductive period expenses +[58]			
Preproductive period expenses +[58]	+_		
	Preproductive period expenses + _	[58]	

Form	ID:	4835

Form ID: 4835 Farm R	ental - General	Inforn	nation	36
Preparer use only			2020 Information	Drian Vasa Information
			2020 Information	Prior Year Information
Taxpayer/Spouse/Joint (τ, s, J)			_[2]	
Employer identification number Description			[3]	
State postal code			[4] [5]	
Did you "actively participate" in the operation of this busir	ness this year? (Y, N)		[6]	
	Income Items	s		
			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:				
+				
	-	+_		
<del>-</del>	-	+_		
			2020 Information	Prior Year Information
Commodity credit loans reported under election:				
			[24]	
Total same aditive and it leave for faited		+_		
Total commodity credit loans forfeited Taxable commodity credit loans forfeited			[26] [28]	
Taxable commodity credit loans for feited		' <del>-</del>	[20]	
	2020 Total		2020 Taxable	Prior Year Information
Crop insurance proceeds you received in 2020				
	-		[31]	
	· - -			
		'-	-	
Manul: if also time to defend once in account of the 2024			2020 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2021 Crop insurance proceeds deferred from 2019		_	[33] [35]	
Other income:		' -	[35]	
		+	[38]	
	_			
	_	+_		
	_	+_		
	_	+_		
	_	Ť –		
	_	· _		
	<del>-</del>	+		
	_ _	+		
	<u>-</u> .	+		
	_	+_		
	_	+_		
	_	+_		

Form ID: 4835-2	Farm Rental Expenses	37
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Preparer use only		
Description		
	2020 Information	Prior Year Information
Car and truck expenses	+[6]	
Chemicals	+[8]	
Conservation expenses	+[10]	
Carryover from prior years	+[12]	
Custom hire (machine work)	+[14]	
Depreciation	+[16]	
Employee benefit programs	+[18]	
Feed purchased	+[20]	
Fertilizers and lime	+[22]	
Freight and trucking	+[24]	
Gasoline, fuel, and oil	+ [26]	
Insurance (Other than health):	<u> </u>	
,	+[28]	
	+	
-	+	
Mortgage interest (Paid to banks, etc.):	<del></del>	
	+[30]	
-	+	
Other interest	+ +[33]	
Labor hired (Less employment credit)		
Pension and profit sharing	+[35]	
Rent - vehicles, machinery, and equipment	+[37]	
Rent - venicies, machinery, and equipment Rent - other	+[39]	
	+[41]	
Repairs and maintenance	+[43]	
Seed and plants purchased	+ [45]	
Storage and warehousing	+[47]	
Supplies purchased	+[49]	
Taxes:		
	+[51]	
	+	
	+	
Utilities	+[53]	
Veterinary, breeding, and medicine	+[55]	
Other expenses:		
	+[57]	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
Preproductive period expenses	+[59]	
Preparer use only		
Preparer use only Non-OBL & Tax	For ORL & Tay	ANAT

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

	i II
Control Totale:	Form ID: 4835-2
Control Totals+	. FORM IIJ: 48.55-7

orm ID: K1-1		Partnerships a	and S Corporations		38
	Please provide	copies of Schedules K-1 sho	wing income from partnershi	ps and S-corporations.	
axpayer/s	Spouse/Joint (T, S, J)				[2]
mployer i	identification number				[6]
Name of e					[13]
state posta					[14]
ype of en	tity (1 = Partnership, 2 = S Corporation	on, 3 = Foreign partnership, 4 = Publicly	traded partnership)		[17]
	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[16]	[17]	[18]	
on K1-7	Short-term capital	[10]	[19]	[20]	
	Long-term capital	T	[21]	[22]	
	28% rate capital	F	[23]	[24]	
	Section 1231 loss	[25]	[26]	[27]	
	Ordinary business gain/los	S [28]	[29]	[30]	
	Other losses - 1040 Sch 1	[31]	[32]	[33]	
	Section 179	[34]	[35]	[36]	
lame of e	al code	on, 3 = Foreign partnership, 4 = Publicly	traded partnership)		[6] [13] [14] [17]
	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[16]	[17]	[18]	
on K1-7	Short-term capital		[19]	[20]	
	Long-term capital		[21]	[22]	
	28% rate capital		[23]	[24]	
	Section 1231 loss	[25]	[26]	[27]	
	Ordinary business gain/los	S [28]	[29]	[30]	
	Other losses - 1040 Sch 1	[31]	[32]	[33]	
	Section 179	[34]	[35]	[36]	
mployer i Name of e	Spouse/Joint (T, S, J) identification number ntity				[2] _[6] _[13]
	al code	on, 3 = Foreign partnership, 4 = Publicly	traded partnership)		
	al code tity (1 = Partnership, 2 = S Corporatio	on, 3 = Foreign partnership, 4 = Publicly	traded partnership)		[14] [17]
	al code tity (1 = Partnership, 2 = S Corporation  Preparer use only			AMT	
	al code tity (1 = Partnership, 2 = S Corporatio	on, 3 = Foreign partnership, 4 = Publicly  Non-QBI & Tax  [16]	For QBI & Tax	<b>AMT</b> [18]	

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

Form ID: K	1-1

Form ID: K1T		Estates	and Trusts		39
	Please prov	ride all copies of Schedules	K-1 showing income from estat	es and trusts.	
	pouse/Joint (T, S, J)	•	3		[2]
	dentification number				[3]
Name of ac					[4]
State posta					[5]
	Preparer use only	Non-QBI & Tax	For ODI 9 Tou	ADAT	
Enter	Carryovers Operating		For QBI & Tax	AMT	
on K1T-3	Short-term capital	[17]	[18]	[19]	
	Long-term capital		[22]	[23]	
	28% rate capital		[24]	[25]	
	Section 1231 loss	[26]	[27]	[28]	
	Ordinary business gain/loss	[29]	[30]	[31]	
		•	·		
Taxpayer/S	pouse/Joint (т, s, J)				[2]
Employer id	dentification number				[3]
Name of ac	tivity				[4]
State posta	l code				[5]
	Preparer use only		1		
	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter on K1T-3	Operating	[17]	[18]	[19]	
OII KII 3	Short-term capital	-	[20]	[21]	
	Long-term capital 28% rate capital	H	[22]	[23]	
	Section 1231 loss	[26]	[24]	[25]	
	Ordinary business gain/loss	[29]	[30]	[31]	
	Cramary business gamy 1045	[23]	[50]	[51]	
					[2] [3] [4] [5]
	Preparer use only	New ODI 9 Tev	For QBI & Tax	ADAT	
Enter	Carryovers	Non-QBI & Tax	·	AMT	
on K1T-3	Operating Short-term capital	[17]	[18]	[19]	
	Long-term capital	-	[22]	[23]	
	28% rate capital		[24]	[25]	
	Section 1231 loss	[26]	[27]	[28]	
	Ordinary business gain/loss	[29]	[30]	[31]	
•			·		
	l code				[2] [3] [4] [5]
	Preparer use only	Non ODI 9 T	For ODI 9 Tou	ANAT	
Enter	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
enter on K1T-3	Operating Short-term capital	[17]	[18]	[19]	
•	Long-term capital	-	[20]	[21]	
	28% rate capital	F	[24]	[25]	
	Section 1231 loss	[26]	[27]	[28]	
	Ordinary business gain/loss	[29]	[30]	[31]	
	, , , , , , , , , , , , , , , , , , , ,	× 124	* -1	• • •	

Form ID: K1T

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.

53

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

Form ID: Educ3

#### **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.

54

Preparer - Enter on Screen Educate2		
Taxpayer/Spouse (T, S)		[8]
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees D	Deduction)	
Student's social security number		
Student's first name		
Student's last name		
Institution Inform		
Enter information from each institution on a separate page, including the co		entification number of the inc
ther information from each institution on a separate page, including the co	implete address and lederal ide	intification number of the ins
Institution's federal identification number		[8]
Institution's name		
Institution's street address		
Institution's city, state, zip code		<u> </u>
Tuition Paid and Related	Information	
Amounts reported in Box 1 may not reflect the actual amo	ount paid for the student during	g 2020.
Enter the amount actually pai	d during 2020.	
	2020 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+[8]	
Educational institution changed its reporting method for 2020 (Box 3)	<del>_</del>	
Adjustments made for a prior year (Box 4)		
Scholarships or grants (Box 5)		
Adjustments to scholarships or grants for a prior year (Box 6)		
Box 1 or 2 includes amounts for an academic period beginning January - Mar	ch 2021 <b>(Box 7)</b>	
At least half-time student (Box 8)	_	
Graduate student (Box 9) (1=Yes, 2=No)	_	
Insurance contract reimbursement/refund (Box 10)		
Non-Institution expenses (Rooks and fees not paid directly to the educational institution)		

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:** 

American Opportunity Tax Credit (AOTC) disqualifier

Control Totals +	Form ID: Educ3

Form	ID:	10990
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### **Qualified Education Programs**

_	_

Qualified Education		
Please provide all copies of	Form 1099Q	
Taxpayer/Spouse (T, S)	[1]	
Payer name	[3]	
State postal code	[3]	
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	[11] [12]	
Last name	[13]	
	2020 Information	<b>Prior Year Information</b>
Amount contributed in current year	+[14]	
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)		
Payments from Qualified Ed	ucation Programs	
	2020 Information	Prior Year Information
Gross distribution (Box 1)	+[30]	
Earnings (Box 2)	+[32]	
Basis (Box 3)	+[34]	
Trustee-to-trustee rollover (Box 4)	[36]	
Trustee-to-trustee rollover amount if different than Box 1	+[37]	
Box 5 -		
Private QTP	[39]	
State QTP	[40]	
Coverdell ESA	[41]	
Check if the recipient is not the designated beneficiary (Box 6)	[42]	
Qualified education expenses	+[43]	
Elementary and secondary education expenses	+[45]	

T/S/J

**Prior Year Information** 

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

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees,

2020 Information

2019 state and local income taxes paid in 2020:  Real estate taxes paid:  Personal property taxes:  Other taxes, such as: foreign taxes and State disability to sales tax paid on major purchases:  Sales tax paid on actual expenses:  Sales tax paid on actual expenses:	+	[22] [25] [28] [31] [37] [40]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:  Personal property taxes:  Other taxes, such as: foreign taxes and State disability to 300.  Sales tax paid on major purchases:  Sales tax paid on actual expenses:	+	[22] [25] [28] [31]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:  Personal property taxes:  Other taxes, such as: foreign taxes and State disability to 300.  Sales tax paid on major purchases:  Sales tax paid on actual expenses:	+	[22] [25] [28] [31]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:  Personal property taxes:  Other taxes, such as: foreign taxes and State disability to 300.  Sales tax paid on major purchases:  Sales tax paid on actual expenses:	+ + + + + + + + + + + + + + + + + + +	[22] [25] [28] [31]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:  Personal property taxes:  Other taxes, such as: foreign taxes and State disability taxes:  Sales tax paid on major purchases:	+	[22] [25] [25] [28]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:  Personal property taxes:  Other taxes, such as: foreign taxes and State disability to sales tax paid on major purchases:	+	[22] [25] [25] [28]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:  Personal property taxes:  Other taxes, such as: foreign taxes and State disability to sales tax paid on major purchases:	+ + + +	[22] [25] [25] [28]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:  Personal property taxes:  Other taxes, such as: foreign taxes and State disability taxes:	+ + + +	[22] [25] [25] [28]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:  Personal property taxes:  Other taxes, such as: foreign taxes and State disability taxes:	+ + + +	[22] [25] [25] [28]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:  Personal property taxes:  Other taxes, such as: foreign taxes and State disability taxes	+	[22]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:  Personal property taxes:  Other taxes, such as: foreign taxes and State disability taxes	+ + + + + + + + + + + + + + + + + + +	[22]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:  Personal property taxes:	+ + + + + + + + + + + + + + + + + + +	[22]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:  Personal property taxes:	+ +	[22]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:  Personal property taxes:	+ +	[22]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:	+ + + + + +	[22]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:	+ + + + + +	[22]	
2019 state and local income taxes paid in 2020:  Real estate taxes paid:	+ + + + + +	[22]	
2019 state and local income taxes paid in 2020:	+ + + + + + +	[22]	
2019 state and local income taxes paid in 2020:	+		
2019 state and local income taxes paid in 2020:	+		
2019 state and local income taxes paid in 2020:	+		
2019 state and local income taxes paid in 2020:	+		
	+		
	+		
		[19]	
State/local income taxes paid:		F	
'U	2020 I	nformation	Prior Year Informat
	•	_	
Schedu	ıle A - Tax Expenses		
13] Miles driven for medical items		[14]	
	+		
10]		[11]	
Prescription medicines and drugs:			
-	+		
7]		[8]	
self-employed business (Sch C, Sch F, Sch K-1, etc.)		-	
Do not include pre-tax amounts paid by an employer-sponsored plan	or amounts entered elsewhere, such	n as amounts paid for you	•
Long-term care premiums you paid:	· ·	<del></del>	
	<b>_</b>		
4]		[5]	
self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premi	iums entered on Form SSA-1099.	i as amounts paid for you	
Medical insurance premiums you paid:  Do not include pre-tax amounts paid by an employer-sponsored plan	or amounts entered alsowhere such	a ac amounts naid for you	
	+		
	+		
	T		
		[2]	

form ID: A-2	Interest Expense	es		58
'S/J Home mortgage interest: From Form 1098	2020 Interest Paid <sup>2</sup>	2020	2020 Type* Mortgage Premiums	e Ins. Prior Year Informa Paid
[1]	+ +		+	
			+	
	_++		+	
	_++			
	_++			
	+ + +		- +	<del></del>
	++		+	
	_++		+	
	*Mortgage Type	es		
Blank = Used to buy, build or improve main/qualific	ed second home 1 = N	lot used to buy	,, build, improve h	nome or investment
S/J Payee's Name Other, such as: Home mortgage interest paid t	SSN or EIN o individuals	N 202	0 Information	Prior Year Information
[4]		+	[5]	
Address	<u>.</u>			
ity, state and zip code				
•		+		
Address				
ity, state and zip code				
J Name and address of other person who received	Form 1098 for jointly li	iable mortgage	interest you paid	-
Street Address				
City/State/Zip code				
Refinancing Points paid in 2020 -				
Taxpayer/Spouse/Joint (τ, s, J)			_[11]	
Recipient/Lender name				
Total points paid at time of refinance				
Points deemed as paid in 2020 (Preparer use of	only)	+	[12]	
Date of refinance				
Term of new loan (in months)				
Reported on Form 1098 in 2020			_	
Tarrage of Carrage (Indicate to a second				
Taxpayer/Spouse/Joint (τ, s, J)			_	
Recipient/Lender name				
Total points paid at time of refinance		-		
Points deemed as paid in 2020 (Preparer use of Date of refinance	oniy)	+		
Term of new loan (in months)				
Reported on Form 1098 in 2020			_	
5/J		202	0 Information	Prior Year Information
Investment interest expense, other than on Sche	edule(s) K-1:			
[15]		+	[16]	
_		+		
_		+		
		+		
_		+		
	<del></del>			

Control Totals +	Form ID: A-2

		2020 Information		Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)  Any contribution of cash, a check or other monetary gift requires a written record of the co			
	Individual contributions of \$250 or more must be accompanied by a written acknowledgment		1	ution on your return.
[]		+	[3]	
		+		
	<u></u>	+	-	
	<u></u>	+	-	
		+	-	
		+	-	
		+	-	
	<u></u>	+	-	
	<u></u>	+	-	
	<u></u>	+	-	
		+	-	
		+	-	
		+	_	
		+		
	·	+	-	-
	W.L.	+	-	
	Volunteer miles driven		[6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household go			
		+		
		+	-	
		+	_	
		+	_	
		+		
		+	_	
		+	-	
		+		
		+	_	
	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wil	dfire disaster area	- '	
	Miscellaneous Ded	uctions		
		2020 Information		Prior Year Information
	Other expenses	2020 Information		Prior Year Information
		2020 Information	[13]	Prior Year Informatio
	Other expenses	2020 Information	[13]	Prior Year Informatio
	Other expenses	2020 Information	_[13] 	Prior Year Informatio
	Other expenses	2020 Information	_[13] _ _ _	Prior Year Informatio
	Other expenses	2020 Information	_[13] _ _ _	Prior Year Informatio
	Other expenses	2020 Information	_[13] - - -	Prior Year Informatio
2]	Other expenses	2020 Information	_[13] - - - -	Prior Year Informatio
2]	Other expenses	2020 Information +		Prior Year Informatio
2]	Other expenses	2020 Information		Prior Year Informatio
2]	Other expenses  Gambling losses: (Enter only if you have gambling income)	2020 Information +		Prior Year Informatio
2]	Other expenses  Gambling losses: (Enter only if you have gambling income)	2020 Information +		Prior Year Informatio

### N

Control Totals +	Form ID: A-3
Control rotals :	1 1 UI III ID. A-3

Complete this section if either of the following applies:

- You have home acquisition/improvement debt over \$750,000 for loans taken out in 2018 or later
- You have home acquisition/improvement debt over \$1,000,000 for loans taken out in 2017 or earlier

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

	2020 Information	Prior Year Information
Description of loan/property	[2]	
Taxpayer/Spouse/Joint (T, S, J)	[3]	
Loan origination date	[4]	
If refinanced debt, date of initial loan	[5]	
Fair market value of home	+[6]	
Number of months loan was outstanding in 2020, if not 12	[8]	
Number of months home was a qualifying home (If different from number of months loan was outstanding)	[10]	
Principal paid in 2020	+[12]	
Interest paid during 2020	+[14]	
Points reported on Form 1098 for 2020	+[17]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name	[20]	
Recipient SSN or EIN	[21]	
Recipient address	[22]	
Recipient city, state, zip code[23]	[24] [25]	
Grandfather debt as of 12/31/19 (or first day mortgage was outstanding)	+[26]	
Grandfather debt as of 12/31/20 (or last day mortgage was outstanding)	+[28]	
Home acquisition/improvement debt as of 12/31/19 (or first day mortgage was outstand	nd <del>ih</del> g) [30]	
Home acquisition/improvement debt as of 12/31/20 (or last day mortgage was outstand	ndi <del>h</del> g) [32]	
Home equity debt as of 12/31/19***(or first day mortgage was outstanding)	+[34]	
Home equity debt as of 12/31/20***(or last day mortgage was outstanding)  *** ONLY portion of loan proceeds used to buy, build, or improve qualified residence	+[36]	
Average balance in 2020 of grandfather debt	+ [41]	
Average balance in 2020 of home acquisition/improvement debt	+ [43]	
Average balance for 2020 all types of debt	+ [45]	

Form ID: 8283

# 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)  Donated property description  Name of donee organization  Address of donee organization  City  State postal code  Zip code  Date contributed  Date acquired by donor  How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)  Donor's cost or basis  Fair market value  Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)  If other:  Control Totals +	[1][4][5][6][7][8][9][10][11][12][13]
Name of donee organization  Address of donee organization  City  State postal code  Zip code  Date contributed  Date acquired by donor  How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)  Donor's cost or basis +  Fair market value  Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)  If other:	[5] [6] [7] [8] [9] [10] [11] [12]
Address of donee organization  City  State postal code  Zip code  Date contributed  Date acquired by donor  How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)  Donor's cost or basis +  Fair market value  Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)  If other:	[6] [7] [8] [9] [10] [11] [12]
City State postal code Zip code Date contributed Date acquired by donor How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) Donor's cost or basis + Fair market value Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) If other:	[7] [8] [9] [10] [11] [12] [13]
State postal code  Zip code  Date contributed  Date acquired by donor  How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)  Donor's cost or basis +  Fair market value  Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)  If other:	[8] [9] [10] [11] [12] [13]
Zip code  Date contributed  Date acquired by donor  How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)  Donor's cost or basis  Fair market value  Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)  If other:	[9] [10] [11] [12] [13]
Date contributed  Date acquired by donor  How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)  Donor's cost or basis  +  Fair market value  Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)  If other:	[10] [11] [12] [13]
Date acquired by donor  How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)  Donor's cost or basis  + + + + + + + + + + + + + + + + + + +	[11] [12] [13]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)  Donor's cost or basis +  Fair market value +  Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)  If other:	[13]
Fair market value + Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)  If other:	
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)  If other:	[4.4]
If other:	[14]
Control Totals +	[15] [16]
Name and Contailed the Free adding 6500	
Noncash Contributions Exceeding \$500  For donated securities, include the company name and number of shares in the donated property descri	iption. below
Taxpayer/Spouse/Joint (T, S, J) Donated property description	[1]
Name of days a superiorities	[4] [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)  If other:	[15]
<u></u>	[16]
Control Totals +	
Noncash Contributions Exceeding \$500	
For donated securities, include the company name and number of shares in the donated property descri	iption, 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  Date contributed	[9]
Date contributed  Date acquired by denor	[10]
Date acquired by donor  How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	[11]
Donor's cost or basis +	[12] [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]
	<del></del>
Control Totals+	

orm ID: Coverage	Health Care Coverage	69
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	2020 Inf	formation		<b>Prior Year Information</b>
	Taxpayer	Spouse		
Self-employed health insurance premiums: (Not entered elsewhere)				
+	[2]	+	[3]	
+		+		
Self-employed long-term care premiums: (Not entered elsewhere)	_			
+	[5]	+	[6]	
+		+		

### ACA - Health Insurance Marketplace Statement #1

Taxpayer/Spouse (T,S)		Please	provide all Forms 1095-A		
			•		[1]
Marketplace identifier	(Box 1)				<u>—</u> [6]
Marketplace-assigned	policy number (Box 2	2)			[7]
Policy issuer's name (B	ox 3)		<u> </u>		[2]
Part III Household Info	ormation -				
	A. 2020 Monthly Premium	Prior Year	B. 2020 Monthly Premium Amount of Second	C. 2020 Monthly Advance Payment	Prior Year
January	Amount	Information	Lowest Cost Silver Plan (SLCSP)		Information
February	+[12]		+[25]	+[38] + [39]	
March	+[13] +[14]		+[26] + [27]	+[39] + [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 +		
	AC	A - Health Ins	urance Marketplace Stater	ment #2	
			arance manespiace esase.		
		Please	provide all Forms 1095-A		
Taxpayer/Spouse (T,S)			provide an 1011115 2050 /1		[1]
Marketplace identifier	(Box 1)				[6]
Marketplace-assigned		2)			
Policy issuer's name (B		<u> </u>			
	ox 3)	<u>~</u> )			
Part III Household Info	•	-,			[7]
Part III Household Info	•	Prior Year Information	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2020 Monthly Advance Payment of Premium Tax Credit	[7] Prior Year
Part III Household Info	A. 2020 Monthly Premium	Prior Year		Advance Payment	[7] Prior Year
January	A. 2020 Monthly Premium Amount +[12]	Prior Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	Advance Payment of Premium Tax Credit	[7] Prior Year
	A. 2020 Monthly Premium Amount +[12]	Prior Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25]	Advance Payment of Premium Tax Credit +[38]	[7] Prior Year
January February March	A. 2020 Monthly Premium Amount +[12] +[13]	Prior Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25]  +[26]	Advance Payment of Premium Tax Credit +[38] +[39]	[7] Prior Year
January February	A. 2020 Monthly Premium Amount + [12] + [13] + [14]	Prior Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27]	Advance Payment of Premium Tax Credit  +[38]  +[39]  +[40]	[7] Prior Year
January February March April	A. 2020 Monthly Premium Amount + [12] + [13] + [14] + [15]	Prior Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28]	Advance Payment of Premium Tax Credit  +[38]  +[39]  +[40]  +[41]	[7] Prior Year
January February March April May	A. 2020 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16]	Prior Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[29]	Advance Payment of Premium Tax Credit  +[38] +[39] +[40] +[41] +[42]	[7] Prior Year
January February March April May June	A. 2020 Monthly Premium Amount  +[12]  +[13]  +[14]  +[16]  +[17]	Prior Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[29] +[30]	Advance Payment of Premium Tax Credit  +[38] +[40] +[41] +[42] +[43]	[7] Prior Year
January February March April May June July	A. 2020 Monthly Premium Amount  +[12]  +[13]  +[14]  +[15]  +[16]  +[17]  +[18]	Prior Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[29] +[30] +[31]	Advance Payment of Premium Tax Credit  +[38] +[39] +[40] +[41] +[42] +[43] +[44]	[7] Prior Year
January February March April May June July August	A. 2020 Monthly Premium Amount  +[12]  +[13]  +[14]  +[16]  +[16]  +[17]  +[18]  +[19]	Prior Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32]	Advance Payment of Premium Tax Credit  +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45]	[7] Prior Year
January February March April May June July August September	A. 2020 Monthly Premium Amount  +[12]  +[13]  +[14]  +[16]  +[16]  +[17]  +[18]  +[19]  +[20]	Prior Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33]	Advance Payment of Premium Tax Credit  +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46]	[7] Prior Year
January February March April May June July August September October	A. 2020 Monthly Premium Amount  +	Prior Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34]	Advance Payment of Premium Tax Credit  +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47]	[7] Prior Year
January February March April May June July August September October November	A. 2020 Monthly Premium Amount  +[12]  +[13]  +[14]  +[16]  +[17]  +[18]  +[20]  +[21]  +[22]	Prior Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[30] +[31] +[32] +[33] +[34] +[35]	Advance Payment of Premium Tax Credit  +	[7] Prior Year
January February March April May June July August September October November	A. 2020 Monthly Premium Amount  +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[20] +[21] +[22] +[23]	Prior Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[30] +[31] +[32] +[33] +[34] +[35] +[36] +[37]	Advance Payment of Premium Tax Credit  +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48] +[49]	[7] Prior Year
January February March April May June July August September October November	A. 2020 Monthly Premium Amount  +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[20] +[21] +[22] +[23]	Prior Year	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34] +[35] +[36]	Advance Payment of Premium Tax Credit  +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48] +[49]	[7] Prior Year

	Form ID: 1095A

### **Medical and Health Savings Account Contributions**

### Please provide all Forms 5498-SA.

	2020 Information	Prior Year Information
Taxpayer/Spouse (T, s)	[1]	
Name of Trustee	[4]	
State postal code	[2]	
Indicate type of health or medical savings account:		
HSA	[6]	
Archer MSA	[7]	
MA (Medicare Advantage) MSA	[9]	
Total HSA/MSA contributions made		
for 2020 (Enter all amounts contributed, including through employer cafeteria plans)	+[10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only,	2 = Family)[12]	
Number of months in qualified high deductible health plan in 2020	[13]	
Mark if you want to contribute the maximum allowable health or		
medical savings account contribution amount	[14]	
Total HSA/MSA contribution to be made for 2020	+[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+[16]	
Excess contributions for 2019 taken as constructive contributions for 2020	+[19]	
Rollover contribution (Form 5498-SA, Box 4)	+[21]	
Complete this section if your account is an	Archer MSA or MA MSA	
Amount of annual deductible	+ [24]	
Enter compensation from employer maintaining high deductible health plan	+ [27]	
If self-employed, enter earned income from business		
under which plan was established	+[31]	
Complete this section if your acco	ount is an HSA	
Was the high deductible health plan in effect for December 2020? (Y, N)	_[33]	

### **Health, Medical Savings Account Distributions**

Please provide all Fo	orms 1099-SA.		Duian Vaan Information
Tamana (Carana (Tan	2020 Info		Prior Year Information
Taxpayer/Spouse (τ, s)		_[1]	
Name of Trustee		[4]	
State postal code		[2]	
Gross distributions received (Box 1)	+	[7]	
Earnings on excess contributions (Box 2)	+	<u>[</u> 9]	
Distribution code (Box 3)		[11]	
Fair Market Value on date of death (Box 4)	+	[12]	
Box 5 -			
HSA		[13]	
Archer MSA		[14]	
MA MSA		[15]	
All distributions were used to pay unreimbursed qualified medical expens	es	[17]	<u> </u>
If some distributions were used to pay for other than qualified medical ex	penses,		
enter the unreimbursed qualified medical expenses for 2020	+	[19]	
Withdrawal of excess contributions by the due date of the return	+	[21]	
Amount of distribution rolled over for 2020	+	[23]	
If the distribution is due to the death of the account holder,			
enter the qualified decedent medical expenses paid by the taxpayer	+	[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/19	+	[27]	
For HSA accounts:			
Was the high deductible health plan coverage started in 2019 and			
in effect for the month of December 2019? (Y, N)		[29]	
Was the high deductible health plan coverage ended before 12/31/20	? (Y, N)	[30]	
		<del>_</del>	
Long Term Care (LTC) S	ervice and Contr	acts	
Please provide all Fo	orms 1099-LTC.		
	2020 Info	ormation	Prior Year Information
Name of the insured chronically ill individual		[39]	
Social security number of insured		[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+	[42]	
Accelerated death benefits paid (Box 2)	+	[44]	
Check one (Box 3)			
Per diem		[46]	
Reimbursed amount		[47]	
Qualified contract (Box 4)		[48]	
Check, if applicable (Box 5)			
Chronically ill		[49]	
Terminally ill		 [50]	
Are there other individuals who received LTC payments during 2020? (Y, N)		 [52]	
If the insured is terminally ill, were payments received on account of term		[53]	
Number of days during the long-term care period		<u>—</u> - [54]	

### **NOTES/QUESTIONS:**

long-term care period

Cost incurred for qualified long-term care services during the

[55]

Form ID: Rebate

#### **Recovery Rebate Credit (Economic Impact Payment)**

80

Please provide copies of all Notice(s) 1444.

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

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

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

**NOTES/QUESTIONS:** 

Control Totals + Form ID: Rebate

### **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	· · · · · · · · · · · · · · · · · · ·	[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 = F	Provider moved and unable to get TIN, 4 = Pr	ovider refuses to give T <u>IN</u> )
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	<del>-</del>	
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 = F	Provider moved and unable to get TIN, 4 = Pr	ovider refuses to give T <u>IN</u> )
Amount paid to care provider in 2020	+	
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number	_	
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = F	Provider moved and unable to get TIN, 4 = Pr	ovider refuses to give T <u>IN</u> )
Amount paid to care provider in 2020	+	
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = F Amount paid to care provider in 2020		ovider refuses to give T <u>IN</u> )
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	<u> </u>	
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = F		ovider refuses to give T <u>IN</u> )
Amount paid to care provider in 2020	+	
Foreign province or state of provider  Foreign country and Foreign postal code of provider		
Control Totals +		Form ID: 2441
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Form	ID.	72	റാ

### Credit For Sick Leave and Family Leave due to COVID-19

82

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

Sick Leave for Self-Employed Individua	als	
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 provide	d 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 Individu	uals	

Form ID: KY	Kentucky General Information	1		
National Guard member - taxpayer				[1]
National Guard member - spouse				[2]
Enter your state of residency at the end of the tax y	ear (Part-year and Nonresident only)			[3]
	Use Tax			
	Description	Date of Purchase	Amount	:
Enter any out-of-state purchases made on which				[4]
sales tax was not paid to the seller				[+1]
	Contributions			
Amount of poli	tical and charitable contributions you Political Contributions	wish to make to:		
			Spouse	Taxpayer
Political Party Fund (1 = Democratic, 2 = Republican, 3 = No De	signation)		[5]	[6]
	<b>Charitable Contributions</b>			
Nature and Wildlife Fund				[7]
Child Victims' Trust Fund				[8]
Veterans' Program Trust Fund Breast Cancer Research and Education Trust Fund				[9] [10]
Farms to Food Banks Trust Fund				[11]
Local History Trust Fund Special Olympics Kentucky				[12]
Pediatric Cancer Research Trust Fund				[13] [14]
Rape Crisis Center Trust Fund				[15]
Court Appointed Special Advocate Trust Fund YMCA Youth Association Fund				[16]
TWICA TOUTH ASSOCIATION FUND				[17]
1	Part-year Resident Informatio	n		
If you were a part-year re Part-year residency dates:	esident during the tax year, enter the	dates you lived in K	entucky	
From				[18]
То				[19]
State moved from State moved to				[20] [21]
State moved to				
	Nonresident Information			
			Spouse	Taxpayer
Mark if:			-4-300	
Commuted daily to Kentucky employment (VA reside			[22]	[23]
All Kentucky wage income earned while a resident	t of a reciprocal state (indicate state(s)	below)	[24]	[25]
Resident of state(s) Taxpayer	<sub>IL</sub> [26] <sub>IN</sub> [27] <sub>MI</sub>	[28] OH [29] VA _	[30] <sub>WV</sub> [	31] <sub>WI</sub> [32]
Spouse		[35] OH [36] VA		
NOTES/QUESTIONS:				

Form ID: KY