

2020 Tax Organizer Personal and Dependent Information

Personal Information

| | | | |
|--------------------------------------|---------------|---------------|---------------|
| | SSN | Has IP PIN | Date of birth |
| Name | | | |
| Taxpayer | | | |
| Spouse | | | |
| Street address, city, state, and ZIP | | | |
| Occupation | Daytime phone | Evening phone | Cell phone |
| Taxpayer | | | |
| Spouse | | | |
| Taxpayer email | | | |
| Spouse email | | | |

Marital Status at end of 2020

- Married
 Married filing separately
 Single
 Widow(er) If spouse died in 2020 enter the date of death _____

Other information

- Are you blind?
 Are you disabled?
 Are you a full-time student?
 Do you want \$3 to go to the Presidential Election Campaign Fund?

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

- Yes No
 Yes No
 Yes No
 Yes No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency? Yes No

Dependent Information

| First and last name SSN | Has IP PIN | Relationship | Months in home | Date of birth | Disabled | Full- time student | Childcare Expenses |
|----------------------------|---------------|--------------|----------------------|---------------|----------|--------------------------|-----------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

List dependents required to file a return _____

COVID-19 Implications

Yes **No**

- Did you receive an Economic Impact Payment (EIP)?
If "Yes," provide Notice 1444 and Notice 1444-B from the IRS.
 Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?
 Were you unemployed for any portion of the year due to COVID-19?
 Did you continue to receive wages from your employer even if you were unable to work?
 Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?

If you own a farm or business:

- Did you continue to pay any employee while they were not working?
 Did you delay withholding FICA taxes from any employee's pay?
 Did you receive a Paycheck Protection Program (PPP) loan?
If "Yes," was the loan forgiven or have you applied for forgiveness? _____

- Were you unable to work due to COVID-19 and, if employed by someone other than yourself, would have qualified for sick or family leave?

Appointment Information

Your 2020 appointment is scheduled for _____

Additional Taxpayer Information

Name: _____

SSN: _____

Estimates

| | Federal | | Resident state | | Resident city | |
|-------------------------------|-----------|--------|----------------|--------|---------------|--------|
| | Date paid | Amount | Date paid | Amount | Date paid | Amount |
| Overpayment applied from 2019 | _____ | _____ | _____ | _____ | _____ | _____ |
| First quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Second quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Third quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Fourth quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Additional payments | _____ | _____ | _____ | _____ | _____ | _____ |

Account Information for Deposits or Withdrawals

| Name of bank | Bank routing number | Bank account number | Type of account | | Use this account for | |
|--------------|---------------------|---------------------|-----------------|---------|----------------------|-------------|
| | | | Checking | Savings | Deposits | Withdrawals |
| | | | | | | |
| | | | | | | |

Identification Information

Taxpayer

Type of photo ID Driver's license State-issued photo ID

Driver's license or state-issued photo ID number _____

State the driver's license or state-issued photo ID was issued in _____

Issue date of the driver's license or state-issued photo ID _____

Expiration date of the driver's license or state-issued photo ID _____

Spouse

Type of photo ID Driver's license State-issued photo ID

Driver's license or state-issued photo ID number _____

State the driver's license or state-issued photo ID was issued in _____

Issue date of the driver's license or state-issued photo ID _____

Expiration date of the driver's license or state-issued photo ID _____

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

| Member of household for healthcare purposes | Covered the entire year | Covered less than 12 months | No healthcare coverage at all |
|--|----------------------------|--------------------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

YES NO

 Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

 Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

 Was your previous insurance policy canceled in 2020?

 Was coverage offered by your employer or your spouse's employer?

 Are you a member of a federally recognized Indian tribe?

 Are you eligible for services through an Indian healthcare provider?

 Are you a member of a healthcare sharing ministry?

 Did you live in the United States the entire year?

 Are you enrolled in TRICARE?

 Did you apply for CHIP coverage?

 Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

**Healthcare Coverage Questionnaire for taxpayer and spouse
(for preparer use)**

PRIMARY TAXPAYER

All Year January February March April May June July August September October November December

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | | |
| Employer offered health coverage which was declined | | | | | | | | | | | | | | |
| If YES, what would be the cost for SELF coverage? | | | | | | | | | | | | | | |
| If YES, what would be the cost for FAMILY coverage? | | | | | | | | | | | | | | |
| Would the FAMILY policy have covered the spouse? | | | | | | | | | | | | | | |

SPOUSE

All Year January February March April May June July August September October November December

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | | |
| Employer offered health coverage which was declined | | | | | | | | | | | | | | |
| If YES, what would be the cost for SELF coverage? | | | | | | | | | | | | | | |
| If YES, what would be the cost for FAMILY coverage? | | | | | | | | | | | | | | |
| Would the FAMILY policy have covered the spouse? | | | | | | | | | | | | | | |

Healthcare Coverage Questionnaire for Dependents (for preparer use)

 All Year January February March April May June July August September October November December

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | | | | | | | | |
| Required to file a return? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | AGI of that return? | | | | | | | | | | | | | | | | | |

 All Year January February March April May June July August September October November December

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | | | | | | | | |
| Required to file a return? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | AGI of that return? | | | | | | | | | | | | | | | | | |

 All Year January February March April May June July August September October November December

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Insured through Marketplace (Exchange). MUST provide 1095-A | | | | | | | | | | | | | | | | | | | | |
| Had health care coverage from another source | | | | | | | | | | | | | | | | | | | | |
| Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number. | | | | | | | | | | | | | | | | | | | | |
| Required to file a return? | YES <input type="checkbox"/> NO <input type="checkbox"/> | | AGI of that return? | | | | | | | | | | | | | | | | | |

Income

Name:

SSN:

Wages & Salaries

Provide all copies of Form W-2

| Employer name | 2020 federal wages | 2019 federal wages |
|---------------|--------------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Retirement

Provide all copies of Form 1099-R

| Payer name | 2020 distribution | 2019 distribution |
|------------|-------------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions? Yes No

Form 1099-Misc and Form 1099-NEC Income

Provide all copies of Forms 1099-MISC and 1099-NEC (* Also reported on Schedule C or E)

| Payer name | 2020 amount | 2019 amount |
|------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income

| Account number Payer name | 2020 ordinary dividends | 2019 ordinary dividends | 2020 qualified dividends | 2019 qualified dividends |
|------------------------------|-------------------------------|-------------------------------|--------------------------------|--------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

| Account number Payer name | 2020 interest | 2019 interest |
|------------------------------|------------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: _____

SSN: _____

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

| Description of property | Date purchased | Date sold | Sales price | Cost |
|-------------------------|----------------|-----------|-------------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Installment Sale Income

Description of property: _____

| Date acquired _____ Date sold _____ | 2020 | Prior years |
|---|-------|-------------|
| Selling price | _____ | |
| Mortgages assumed | _____ | |
| Cost of property sold | _____ | |
| Depreciation allowed | _____ | |
| Commissions and expense of sale | _____ | |
| Gross profit percentage | _____ | |
| Interest received | _____ | |
| Principal payments received | _____ | |

Property was sold to a related party

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

| | 2020 Taxpayer | 2019 Taxpayer | 2020 Spouse | 2019 Spouse |
|---|------------------|------------------|----------------|----------------|
| Scholarships or grants not reported on Form W-2 | _____ | _____ | _____ | _____ |
| State income tax refund (attach Forms 1099-G) | _____ | _____ | _____ | _____ |
| Social Security Benefits (attach Forms 1099-SSA) | _____ | _____ | _____ | _____ |
| Railroad Retirement Benefits (attach Forms 1099-RRB) | _____ | _____ | _____ | _____ |
| Alimony received Divorce or separation date _____ Amount _____ | _____ | _____ | _____ | _____ |
| Unemployment compensation (attach Forms 1099-G) | _____ | _____ | _____ | _____ |
| Unemployment compensation repaid in 2020 | _____ | _____ | _____ | _____ |
| Gambling winnings (attach Forms W2-G) | _____ | _____ | _____ | _____ |
| Alaska Permanent Fund | _____ | _____ | _____ | _____ |
| ABLE distributions | _____ | _____ | _____ | _____ |
| Other income: _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Adjustments

| | 2020 Taxpayer | 2019 Taxpayer | 2020 Spouse | 2019 Spouse |
|--|------------------|------------------|----------------|----------------|
| Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) | _____ | _____ | _____ | _____ |
| Contributions made to a Health Savings Account (HSA) | _____ | _____ | _____ | _____ |
| Contributions made to a Self-Employed Pension plan (SEP) | _____ | _____ | _____ | _____ |
| Payments made for Self-Employed Health Insurance for you, your spouse, or dependents | _____ | _____ | _____ | _____ |
| Alimony paid Name _____ SSN _____ Divorce or separation date _____ | _____ | _____ | _____ | _____ |
| Name _____ SSN _____ Divorce or separation date _____ | _____ | _____ | _____ | _____ |
| Contributions made to an Individual Retirement Account (IRA) | _____ | _____ | _____ | _____ |
| Contributions made to a Roth IRA | _____ | _____ | _____ | _____ |
| Interest paid on a student loan | _____ | _____ | _____ | _____ |
| Other adjustments: _____ | _____ | _____ | _____ | _____ |

Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

| | 2020 | 2019 |
|---|-------|-------|
| Number of miles from old home to old workplace | _____ | _____ |
| Number of miles from old home to new workplace | _____ | _____ |
| Expense to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals) | _____ | _____ |

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

This business started or was acquired during 2020

Yes No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

This business was disposed of during 2020

Yes No

You filed Forms 1099 for the individuals

Income

| | 2020 | 2019 | | 2020 | 2019 |
|-----------------------------------|-------|-------|------------------------|-------|-------|
| Gross receipts or sales | _____ | _____ | Other income | _____ | _____ |
| Returns & allowances | _____ | _____ | | _____ | _____ |

Expenses

| | 2020 | 2019 | | 2020 | 2019 |
|--|-------|-------|---------------------------------|-------|-------|
| Advertising | _____ | _____ | Travel | _____ | _____ |
| Car & truck expenses | _____ | _____ | Total meals | _____ | _____ |
| Commissions & fees | _____ | _____ | Utilities | _____ | _____ |
| Contract labor | _____ | _____ | Wages | _____ | _____ |
| Depletion | _____ | _____ | Other expenses (list) | _____ | _____ |
| Employee benefit programs | _____ | _____ | | _____ | _____ |
| Insurance (other than health) | _____ | _____ | | _____ | _____ |
| Interest - mortgage | _____ | _____ | | _____ | _____ |
| Interest - other | _____ | _____ | | _____ | _____ |
| Legal & professional services | _____ | _____ | | _____ | _____ |
| Office expenses | _____ | _____ | | _____ | _____ |
| Pension & profit sharing plans | _____ | _____ | | _____ | _____ |
| Rent or lease (vehicles, machinery, & equipment) | _____ | _____ | | _____ | _____ |
| Rent (other business property) | _____ | _____ | | _____ | _____ |
| Repairs & maintenance | _____ | _____ | | _____ | _____ |
| Supplies | _____ | _____ | | _____ | _____ |
| Taxes & licenses | _____ | _____ | | _____ | _____ |

Cost of Goods Sold

| | 2020 | 2019 | | 2020 | 2019 |
|--|-------|-------|---|-------|-------|
| Inventory at beginning of year | _____ | _____ | Materials & supplies | _____ | _____ |
| Purchases | _____ | _____ | Other costs | _____ | _____ |
| Cost of personal use items | _____ | _____ | Inventory at end of year | _____ | _____ |
| Cost of labor | _____ | _____ | <input type="checkbox"/> There was a change in inventory method | | |

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____

Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- | | | |
|---|--|--|
| <input type="checkbox"/> This property is your main home or second home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2020 | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals |
| <input type="checkbox"/> This property was owned as a qualified joint venture | | |

Income

| | 2020 | 2019 | | 2020 | 2019 |
|-----------------------|-------|-------|---|-------|-------|
| Rent Income | _____ | _____ | Royalties from oil, gas, mineral, copyright or patent | _____ | _____ |

Expenses

| | Rental unit expenses | | Rental <u>and</u> homeowner expenses | | |
|-------------------------------------|----------------------|-------|--------------------------------------|-------|---|
| Advertising | _____ | _____ | _____ | _____ | If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column. |
| Auto & travel | _____ | _____ | _____ | _____ | |
| Cleaning & maintenance | _____ | _____ | _____ | _____ | |
| Commissions | _____ | _____ | _____ | _____ | |
| Insurance | _____ | _____ | _____ | _____ | |
| Legal & professional fees | _____ | _____ | _____ | _____ | |
| Management fees | _____ | _____ | _____ | _____ | |
| Mortgage interest | _____ | _____ | _____ | _____ | |
| Other interest | _____ | _____ | _____ | _____ | |
| Repairs | _____ | _____ | _____ | _____ | |
| Supplies | _____ | _____ | _____ | _____ | |
| Taxes | _____ | _____ | _____ | _____ | |
| Utilities | _____ | _____ | _____ | _____ | |
| Depletion | _____ | _____ | _____ | _____ | |
| Other expenses (list) | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

Principal product _____ Employer ID number _____

This farm was disposed of during 2020

Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes No You filed Forms 1099 for the individuals

Income

| | 2020 | 2019 | | 2020 | 2019 |
|---|-------|-------|---|-------|-------|
| Sale of livestock / other items | _____ | _____ | Custom hire income | _____ | _____ |
| Cost of items bought for resale | _____ | _____ | Beginning inventory for accrual | _____ | _____ |
| Sale of products you raised | _____ | _____ | Ending inventory for accrual | _____ | _____ |
| Total cooperative distributions | _____ | _____ | <input type="checkbox"/> You used unit-livestock-price or farm-price inventory method | | |
| Total agricultural payments | _____ | _____ | Other income | _____ | _____ |
| Commodity Credit Corporation (CCC) loans: | | | | | |
| CCC loans reported | _____ | _____ | | _____ | _____ |
| CCC loans forfeited | _____ | _____ | | _____ | _____ |
| Crop insurance proceeds: | | | | | |
| Amount received in 2020 | _____ | _____ | | _____ | _____ |
| <input type="checkbox"/> You elect to defer to 2021 | | | | | |
| Amount deferred from 2019 | _____ | _____ | | _____ | _____ |

Expenses

| | 2020 | 2019 | | 2020 | 2019 |
|---|-------|-------|--|-------|-------|
| Car & truck expenses | _____ | _____ | Repairs & maintenance | _____ | _____ |
| Chemicals | _____ | _____ | Seeds & plants purchased | _____ | _____ |
| Conservation expenses | _____ | _____ | Storage & warehousing | _____ | _____ |
| Custom hire (machine work) | _____ | _____ | Supplies purchased | _____ | _____ |
| Employee benefit programs | _____ | _____ | Taxes | _____ | _____ |
| Feed purchased | _____ | _____ | Utilities | _____ | _____ |
| Fertilizers & lime | _____ | _____ | Veterinary, breeding, & medicine | _____ | _____ |
| Freight & trucking | _____ | _____ | Other expenses | _____ | _____ |
| Gasoline, fuel, & oil | _____ | _____ | | _____ | _____ |
| Insurance (other than health) | _____ | _____ | | _____ | _____ |
| Interest - mortgage (paid to banks, etc.) | _____ | _____ | | _____ | _____ |
| Interest - other | _____ | _____ | | _____ | _____ |
| Non-W-2 labor hired | _____ | _____ | | _____ | _____ |
| W-2 wages paid | _____ | _____ | | _____ | _____ |
| Pension & profit-sharing plans | _____ | _____ | | _____ | _____ |
| Rent - vehicles, machinery, & equip | _____ | _____ | | _____ | _____ |
| Rent - other (land, animals, etc.) | _____ | _____ | | _____ | _____ |

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID number _____

This farm was disposed of during 2020

Income

| | 2020 | 2019 | | 2020 | 2019 |
|--|-------|-------|---|-------|-------|
| Income from production of livestock, grains, and other crops | _____ | _____ | Crop insurance proceeds: | | |
| Total cooperative distributions | _____ | _____ | Amount received in 2020 | _____ | _____ |
| Total agricultural payments | _____ | _____ | <input type="checkbox"/> You elect to defer to 2021 | | |
| Commodity Credit Corporation (CCC) loans: | | | Amount deferred from 2019 | _____ | _____ |
| CCC loans reported | _____ | _____ | Other income | _____ | _____ |
| CCC loans forfeited | _____ | _____ | | | |

Expenses

| | 2020 | 2019 | | 2020 | 2019 |
|--|-------|-------|--|-------|-------|
| Car & truck expenses | _____ | _____ | Seeds & plants purchased | _____ | _____ |
| Chemicals | _____ | _____ | Storage & warehousing | _____ | _____ |
| Conservation expenses | _____ | _____ | Supplies purchased | _____ | _____ |
| Custom hire (machine work) | _____ | _____ | Taxes | _____ | _____ |
| Employee benefit programs | _____ | _____ | Utilities | _____ | _____ |
| Feed purchased | _____ | _____ | Veterinary, breeding, & medicine | _____ | _____ |
| Fertilizers & lime | _____ | _____ | Other expenses (list) | | |
| Freight & trucking | _____ | _____ | _____ | _____ | _____ |
| Gasoline, fuel, & oil | _____ | _____ | _____ | _____ | _____ |
| Insurance (other than health) | _____ | _____ | _____ | _____ | _____ |
| Interest - mortgage (paid to banks, etc.) | _____ | _____ | _____ | _____ | _____ |
| Interest - other | _____ | _____ | _____ | _____ | _____ |
| Labor hired (less jobs credit) | _____ | _____ | _____ | _____ | _____ |
| Pension & profit-sharing plans | _____ | _____ | _____ | _____ | _____ |
| Rent - vehicles, machinery & equip | _____ | _____ | _____ | _____ | _____ |
| Rent - other (land, animals, etc.) | _____ | _____ | _____ | _____ | _____ |
| Repairs & maintenance | _____ | _____ | _____ | _____ | _____ |

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No
 This vehicle is available for use during off-duty hours
 Another vehicle is available for personal use

Yes No
 There is evidence to support your deduction
 The evidence is written

Number of miles the vehicle was driven during 2020

Number of miles driven in prior years

| | 2020 | 2019 |
|---------------------|-------|-------|
| Business | _____ | _____ |
| Commuting | _____ | _____ |
| Other | _____ | _____ |

| | 2020 | 2019 |
|--------------------|-------|-------|
| Business | _____ | _____ |
| Total | _____ | _____ |

| | 2020 | 2019 |
|------------------------|-------|-------|
| Garage rent | _____ | _____ |
| Gas | _____ | _____ |
| Insurance | _____ | _____ |
| Licenses | _____ | _____ |
| Oil | _____ | _____ |
| Parking fees | _____ | _____ |
| Rental fees | _____ | _____ |
| Interest | _____ | _____ |
| Property tax | _____ | _____ |

| | 2020 | 2019 |
|-------------------------|-------|-------|
| Repairs | _____ | _____ |
| Tires | _____ | _____ |
| Tolls | _____ | _____ |
| Lease addback | _____ | _____ |
| Other expenses | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used _____

How many hours per day was the area used _____

The daycare facility was in operation for the entire year

Expenses

| | Office expenses | | Home expenses | |
|------------------------------------|-----------------|-------|---------------|-------|
| | 2020 | 2019 | 2020 | 2019 |
| Mortgage interest | _____ | _____ | _____ | _____ |
| Real estate taxes | _____ | _____ | _____ | _____ |
| Excess mortgage interest | _____ | _____ | _____ | _____ |
| Excess real estate taxes | _____ | _____ | _____ | _____ |
| Insurance | _____ | _____ | _____ | _____ |
| Rent | _____ | _____ | _____ | _____ |
| Repairs & maintenance | _____ | _____ | _____ | _____ |
| Utilities | _____ | _____ | _____ | _____ |
| Other expenses | _____ | _____ | _____ | _____ |

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Household Employment

Name:

SSN:



TSJ _____ Employer Identification Number _____

Yes **No**

- Did you pay any one household employee cash wages of \$2,200 or more in 2020?
- Did you withhold federal income tax during 2020 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2020 by April 15, 2021?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

| | 2020 | 2019 |
|---|-------|-------|
| Total cash wages subject to Social Security tax | _____ | _____ |
| Total cash wages subject to Medicare tax | _____ | _____ |
| Total cash wages subject to Additional Medicare tax withholding | _____ | _____ |
| Federal income tax withheld | _____ | _____ |

TSJ _____ Employer Identification Number _____

Yes **No**

- Did you pay any one household employee cash wages of \$2,200 or more in 2020?
- Did you withhold federal income tax during 2020 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2020 by April 15, 2021?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

| | 2020 | 2019 |
|---|-------|-------|
| Total cash wages subject to Social Security tax | _____ | _____ |
| Total cash wages subject to Medicare tax | _____ | _____ |
| Total cash wages subject to Additional Medicare tax withholding | _____ | _____ |
| Federal income tax withheld | _____ | _____ |

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Table with 2 columns: 2020, 2019. Rows include Health insurance premiums, Long-term care premiums, Mileage driven for medical purposes, etc.

Charitable Contributions

Table with 2 columns: 2020, 2019. Rows include Donations to charity (cash), Disaster relief contributions, Miles driven for charitable purposes, etc.

Other Miscellaneous Deductions

Table with 2 columns: 2020, 2019. Rows include Amortizable bond premiums, Federal estate tax, Gambling losses, etc.

Taxes Paid

Table with 2 columns: 2020, 2019. Rows include State and local income taxes, Sales tax, Real estate taxes, etc.

Interest Paid

Table with 2 columns: 2020, 2019. Rows include Mortgage interest paid, Mortgage insurance premiums, Investment interest, etc.

For state purposes ONLY

Job Expenses & Certain Miscellaneous Deductions

Table with 2 columns: 2020, 2019. Rows include Necessary job expenses you paid that were not reimbursed by your employer, Union dues, Tax preparation fees, etc.

Other Information

Name: _____

SSN: _____

Mortgage Interest

Provide all copies of Form 1098

| Lender's name | 2020 Mortgage interest received | 2019 Mortgage interest received | 2020 Mortgage insurance premiums | 2019 Mortgage insurance premiums | 2020 Real estate taxes paid | 2019 Real estate taxes paid |
|---------------|--|--|---|---|-----------------------------------|-----------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Employee Business Expenses

- You are a qualified performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy
- You used your personal vehicle for your job during 2020

| | NOT reimbursed by your employer 2020 | 2019 | Reimbursed by your employer not included on your W-2 2020 | 2019 |
|--|--|-------|---|-------|
| Parking fees, tolls, local transportation | _____ | _____ | _____ | _____ |
| Meals | _____ | _____ | _____ | _____ |
| Overnight business travel expenses (Do not include meals & entertainment) | _____ | _____ | _____ | _____ |
| Other business expenses | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Casualties and Thefts

| | |
|---|---|
| FEMA code _____ | FEMA code _____ |
| Property description _____ | Property description _____ |
| Property location _____ | Property location _____ |
| Date property was acquired _____ | Date property was acquired _____ |
| Date property was damaged or stolen _____ | Date property was damaged or stolen _____ |
| Cost of property damaged or stolen _____ | Cost of property damaged or stolen _____ |
| Amount of damage _____ | Amount of damage _____ |
| Insurance reimbursement _____ | Insurance reimbursement _____ |

Other Information

Name: _____

SSN: _____

Child and Other Dependent Care Expenses

| Name of care provider | Address | SSN or EIN | Amount paid |
|-----------------------|---------|------------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Student name _____ Student name _____

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Student name _____ Student name _____

| Type of expense | Amount | Type of expense | Amount |
|-----------------|--------|-----------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

