

2020	1040	US	Client Information	1
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**Tax Return Appointment**

Telephone number:  
 Fax number:  
 E-mail address:

Date:  
 Time:  
 Location:

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

**CLIENT INFORMATION**

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

**Filing Status**

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

Please add, change or delete information for 2020.

**CLIENT INFORMATION**

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

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Please add, change or delete information for 2020.

**DEPENDENTS**

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

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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and if "YES" provide additional information where necessary. (For Example: Escrow statements for purchase or refinancing, foreign account statements, new dependents, social security number, 1099's, k-1's)

## TAX RETURN DELIVERY AND TAX PAYMENT OPTIONS

- | Yes                      | No                       |                                                                                                                                                                                                                                                         |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | DocuSign: Would you like to receive your returns and e-file authorization forms by DocuSign online service? This is our preferred delivery method for safe and secure processing. (You may also request a hard paper copy or PDF copy of your returns). |
| <input type="checkbox"/> | <input type="checkbox"/> | Email PDF: Would you like to receive your returns and e-file authorization forms by email as secure PDF downloads?                                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Hard Copy: Would you like to receive your returns and e-file authorization forms in paper by mail or pick up at our office?                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months? If so, please provide the updated account information (voided check) for direct deposit and electronic payment purposes.                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have a balance due do you want to pay electronically or, if you have an overpayment, do you want it directly deposited into your bank?                                                                                                           |

## CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (CARES ACT)

- | Yes                      | No                       |                                                                                                                                                                 |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an economic impact payment? If so, how much?                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your business receive a PPP loan? If so please provide the loan agreement. If any of the funds have been forgiven please provide documentation and dates.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from your retirement plan because of COVID? Please provide details, such as dates and amount of distribution.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or do you intend to repay any of the aforementioned COVID retirement distribution? If so, please provide details.                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you return a required minimum distribution under the Cares Act? If yes, please provide the amount and date of such return.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you claim the Employee Retention Credit? If so, please provide the quarterly payroll tax returns for the entire year (Forms 941 and 940) for your business. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unemployment compensation during the year? If so, Please provide 1099-G.                                                                        |

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## Miscellaneous Questions

## FOREIGN TRANSCATIONS

Yes

No

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? If yes, please provide details about all such accounts including bank name and account number, highest balance in the account during the year, and your interest in the account (i.e. account owner, trustee, signature authority, etc).

Do you own any part of a foreign company? If yes, please provide details.

Did you have any foreign income or pay any foreign taxes? If yes, please describe.

Did you receive over \$100,000 during 2020 from foreign sources (for example: gift, or inheritance, or sale of property or investment)? If yes, please provide all details.

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If yes, please provide details including amounts and dates of distributions and where distributions were received from.

## PERSONAL INFORMATION

Yes

No

Did your marital status change during the year? If so, please provide details of this change plus the last 3 years of Tax Returns for the new spouse, where appropriate.

Did your address change during the year? If so, please provide details of this change.

Could you be claimed as a dependent on another person's tax return for 2020? If yes, please explain.

## DEPENDENTS

Yes

No

Were there any changes in dependents? If so, please provide details of this change (First and Last Name, SSN, Birthdate, Relationship).

Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2020?

Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200? If so, please consult with us prior to those returns being prepared so that we may make sure that the appropriate tax rate is applied to your child's income tax return.

## INCOME

Yes

No

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

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	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income? If yes, please provide information on source, amount, etc.
	<input type="checkbox"/>	<input type="checkbox"/>	Did you have gross gambling income? If yes, please provide all the tax forms received, as well as a summary of your overall gains/losses.
<b>PURCHASES, SALES AND DEBT</b>			
Yes		No	
	<input type="checkbox"/>	<input type="checkbox"/>	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? If yes, please provide details, or a K-1 statement.
	<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If yes, please identify.
	<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property in 2020? If yes, please provide information regarding these transactions. Such as complete 1099 forms from the brokerage, if applicable.
	<input type="checkbox"/>	<input type="checkbox"/>	<b>Did you invest\trade in virtual currency (e.g. Bitcoin, Litecoin, Ethereum, etc) during the year? If so, please provide gain / loss reports covering the entire year.</b>
	<input type="checkbox"/>	<input type="checkbox"/>	Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2021? If yes, wash sale rules might apply. Please provide details regarding these transactions.
	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive employer stock including restricted stock, stock options, exercise stock options or participate in an employee stock purchase program? Please provide copies of applicable statements regarding these programs and transactions.
	<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If yes, please provide final (closing) escrow statement (HUD-1).
	<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a home in 2020 and you were overseas on official extended duty?
	<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? If so, please provide purchase details.
	<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new motor vehicle in 2020? If yes, please provide a copy of the purchase statement.
	<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase a new plug in electric drive motor vehicle in 2020? If yes, please provide a copy of the purchase statement.
	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any debts cancelled or forgiven? If yes, please provide a copy of form 1099-C and/or details of debt cancelled or forgiven.
	<input type="checkbox"/>	<input type="checkbox"/>	Did anyone owe you money which has become uncollectible? If yes, please let us know details such as name of person, amount uncollectible and any other details.
	<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase any tangible, personal property online or from an out of state vendor where you did not pay the use tax directly to the state of California (or your home state if not California)? If so, what is the amount of the purchase?

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## Miscellaneous Questions

## RETIREMENT PLANS

Yes No

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If yes, please provide a copy of Form 1099-R

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If yes, please specify to what plan, the amount and date of contribution.

Did you convert part or all of your traditional IRA, SEP, or SIMPLE IRA to a Roth IRA? If yes, please provide a copy of form 1099-R.

Did you receive a distribution from a retirement plan that was rolled over into another retirement account within 60 days? If yes, please provide a statement from the month of the original distribution and a statement evidencing the rollover deposit.

Did you make a qualified charitable distribution from your IRA directly to a charity? If yes, please provide details.

## EDUCATION

Yes No

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? If yes, please provide a copy of form 1098-Q. Also, please confirm whether or not the funds were used entirely for education purposes or something different.

Did you, your spouse, or a dependent incur any tuition expenses to attend a college, university, or vocational school? If yes, please provide a copy of form 1098-T along with a detailed listing of books and supplies.

## HEALTH CARE COVERAGE

Yes No

Did you and your dependents have healthcare coverage for the full year?

If you or your dependents did not have health care coverage for the entire the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? Please provide additional details regarding the exempt status. If you received an exemption certificate, please provide a copy of all such documents.

Were either you or your spouse covered under or eligible to participate in an employer's health insurance plan?

If not covered under an employer, were you covered under some other health insurance plan (e.g. individual policy, health insurance exchange plan, etc)?

Did you receive any of the following IRS Documents: Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please provide a copy of all such documents.

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<input type="checkbox"/>	<input type="checkbox"/>	For 2020 and / or 2021, if you applied for and will be getting health insurance via the health insurance marketplace (i.e. healthcare.gov or coveredca.com), did you apply for a premium assistance tax credit? If so, please provide information about the credit you will be receiving.
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<input type="checkbox"/>	<input type="checkbox"/>	If self-employed, please provide the total amount of premiums paid for health, dental, vision and for long term care insurance during the year?
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**ITEMIZED DEDUCTIONS**

Yes	No
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<input type="checkbox"/>	<input type="checkbox"/>	Did you make charitable contributions by check, credit cards or cash? If so, be aware that tougher documentation standards for all donations now require a cancelled check, charge receipt or acknowledgement from the charitable organization. An acknowledgement from the charity must be available for any donation of \$250 or more. If yes, please provide a listing of charitable donations and amounts.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you make charitable donations of property (furniture, clothing, household items, electronic equipment) valued between \$250 and \$5,000? If yes, please provide a description of the donated property and a receipt from the charity.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you make charitable donations of property (furniture, clothing, household items, electronic equipment) valued over \$5,000? If so, a qualified appraisal of the property must also be obtained which includes information about the property and the appraisal.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property? If yes, please provide details about your loss including a description of the property, your original basis, how the loss came about (i.e. fire, theft, flood, etc), and any insurance reimbursements.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year? If yes, please provide the dates you worked out of town and the reason for working out of town.
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<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)? If yes, please provide the total miles driven for the year, and the total miles you drove for business and for which you were not reimbursed. Also provide the year, make and model of your car.
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**ESTIMATED TAXES**

Yes	No
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<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2019 taxes to your 2020 estimated tax (instead of being refunded)?
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<input type="checkbox"/>	<input type="checkbox"/>	If you paid any 2020 estimated taxes, please provide the date, amount, and to whom they were paid. See Page 3,6.
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<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)?
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<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2021 taxable income and withholdings to be generally the same as 2020? If No, what do you expect to significantly change?
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**MISCELLANEOUS**

Yes	No
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<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
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- |                          |                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? If yes, please provide details about how your home was either rented or used for business, dates and income/expense amounts.                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) this year? Or, did you receive an HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary? If yes, please provide details including forms 1099-SA and 5498-SA.                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? If yes, please provide details including forms 1099-SA and 5498-SA. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees and pay wages of \$1,900.00 or more in 2020? If yes, please provide details about how much was paid to each employee.                                                                                                                                                                                                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? If yes, please provide a copy of the notice(s) for our review.                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust, such as a life insurance trust or an irrevocable trust? If yes, please provide details about the gifts including dates and amounts of gifts (by individual or trust).                                                                                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you or was any of your property located in a federally declared disaster area?                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse receive a pension or annuity in 2020 for services performed as an employee of the U.S., state or local government from work not covered by social security? If yes, please provide details about such income.                                                                                                                                                                                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse elect to receive COBRA continuation health coverage? If yes, please provide the amounts you paid for such coverage during the year.                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?                                                                                                                                                                                                                                                                     |

**PLEASE IDENTIFY WHICH OF THE FOLLOWING SERVICES MIGHT BE OF VALUE TO YOU. IF ANY OF THESE APPLY, PLEASE CONTACT US TO DISCUSS.**

- | Yes                      | No                       |                                                                                                                                                   |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Tax planning for the year 2021 (proactive planning to uncover and identify tax strategies to help you reduce tax liability / increase tax refund) |
| <input type="checkbox"/> | <input type="checkbox"/> | Preparation of a personal financial statement (useful for estate and financial planning, retirement planning, for borrowing purposes, etc.)       |
| <input type="checkbox"/> | <input type="checkbox"/> | Financial planning (planning, identifying and implementing wealth building strategies)                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Retirement planning (near retirement and post retirement assessment and funding strategies)                                                       |

**2020****1040****US****Miscellaneous Questions**

- |                          |                          |                                                                                                                                              |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | IRA or Social Security Planning. Will you be collecting benefits soon? Will you be 70 soon? Are you trying to decide about collecting early? |
| <input type="checkbox"/> | <input type="checkbox"/> | Estate, legacy planning and update (preserving, directing and transferring wealth)                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | College education funding (funding, investment and distribution strategies)                                                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Investment strategy (review of existing programs, development of investment policy and/or investment management)                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance (identifying and managing risk to preserve capital)                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Banking (analyzing and solving personal banking issues)                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Lending (analyzing capital needs and directing the right financing source i.e. personal, home, business loans and lines of credit)           |

**PLEASE SUBMIT THE FOLLOWING FORMS WITH THIS TAX ORGANIZER**

Form W-2  
Form 1099  
Form 1098  
Form 1098-T  
Form K-1  
Form 1095-A  
Form 1095-B  
Form 1095-C

All notices and correspondence from IRS, Franchise Tax Board or other State Tax Agencies.  
Escrow statements for any real estate purchase, sale, or refinance.  
Any other pertinent tax documentation that will assist us in preparing your return.

Please enter all pertinent 2020 information.

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

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

**BANK INFORMATION**

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

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

**Federal**

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

**State**

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

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

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

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

7.1

Please enter all pertinent 2020 information.

APPLICATION OF 2020 OVERPAYMENT (7.1)

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

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

2021 ESTIMATED TAX INFORMATION

Do you expect your 2021 taxable income to be different from 2020? ..... Yes  No   
If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2021 withholding to be different from 2020? ..... Yes  No   
If "yes" explain any differences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

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

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

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

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

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

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

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

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

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

**10, 13.1, 13.2**

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Please enter all pertinent 2020 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**INTEREST INCOME (11)**

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

**DIVIDEND INCOME (12)**

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

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

**MISCELLANEOUS INCOME**

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

**TAX WITHHELD** (not entered elsewhere)

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

Please add, change or delete 2020 information as appropriate.  
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /  
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2020 1099-G Amount

No. <input style="width:40px;" type="text"/>	Name of payer .....		
	1=spouse .....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) .....		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2019 (Box 3) .....		
	Federal income tax withheld (Box 4) .....		
	RTAA payments (Box 5) .....		
	Taxable grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different .....		
	Farm amounts:		
Agriculture payments (Box 7) .....			
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9) .....			
Number of farm .....			
1=box 2 is trade or business income (Box 8) .....			
State income tax withheld (Box 11) .....			

No. <input style="width:40px;" type="text"/>	Name of payer .....		
	1=spouse .....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) .....		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2019 (Box 3) .....		
	Federal income tax withheld (Box 4) .....		
	RTAA payments (Box 5) .....		
	Taxable grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different .....		
	Farm amounts:		
Agriculture payments (Box 7) .....			
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9) .....			
Number of farm .....			
1=box 2 is trade or business income (Box 8) .....			
State income tax withheld (Box 11) .....			



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

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

		2020 Amount	2019 Amount
No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) .....		
	Form 1099-Q:		
	Gross distributions (Box 1) .....		
	Earnings (Box 2) .....		
	Basis (Box 3) .....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .....		
	ESA's only:		
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19 .....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) .....		
	Form 1099-Q:		
	Gross distributions (Box 1) .....		
	Earnings (Box 2) .....		
	Basis (Box 3) .....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .....		
	ESA's only:		
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19 .....			

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) .....		
	Form 1099-Q:		
	Gross distributions (Box 1) .....		
	Earnings (Box 2) .....		
	Basis (Box 3) .....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .....		
	ESA's only:		
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19 .....			

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>ABLE Distributions</b>	<b>14.4</b>
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**ABLE DISTRIBUTIONS / CONTRIBUTIONS**

		2020 Amount	2019 Amount
No. <input style="width:40px;" type="text"/>	Name of payer or issuer .....		
	1=spouse .....		
	Distributions (1099-QA):		
	Gross distributions (1) .....		
	Earnings (2) .....		
	Basis (3) .....		
	1=program to program transfer (4) .....		
	1=ABLE account terminated (5) .....		
	1=recipient is not the designated beneficiary (6) .....		
	Qualified disability expenses paid .....		
	Amount excluded from 10% tax .....		
	Excess contributions:		
	Excess contributions withdrawn by due date of return .....		
Earnings on excess contributions .....			

No. <input style="width:40px;" type="text"/>	Name of payer or issuer .....		
	1=spouse .....		
	Distributions (1099-QA):		
	Gross distributions (1) .....		
	Earnings (2) .....		
	Basis (3) .....		
	1=program to program transfer (4) .....		
	1=ABLE account terminated (5) .....		
	1=recipient is not the designated beneficiary (6) .....		
	Qualified disability expenses paid .....		
	Amount excluded from 10% tax .....		
	Excess contributions:		
	Excess contributions withdrawn by due date of return .....		
Earnings on excess contributions .....			

No. <input style="width:40px;" type="text"/>	Name of payer or issuer .....		
	1=spouse .....		
	Distributions (1099-QA):		
	Gross distributions (1) .....		
	Earnings (2) .....		
	Basis (3) .....		
	1=program to program transfer (4) .....		
	1=ABLE account terminated (5) .....		
	1=recipient is not the designated beneficiary (6) .....		
	Qualified disability expenses paid .....		
	Amount excluded from 10% tax .....		
	Excess contributions:		
	Excess contributions withdrawn by due date of return .....		
Earnings on excess contributions .....			

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

**GENERAL INFORMATION**

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

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

**INCOME**

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

**COST OF GOODS SOLD**

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

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

**EXPENSES**

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

Other expenses:

_____		
_____		
_____		
_____		
_____		

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

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

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)

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

PRIOR YEAR INSTALLMENT SALE

		2020 Amount	2019 Amount
No. <input type="text"/>	Description of property .....		
	Date acquired (m/d/y) .....		
	Date sold (m/d/y) .....		
	Gross profit ratio (.xxxx) .....		
	Current year principal payments (-1 if none) .....		

No. <input type="text"/>	Description of property .....		
	Date acquired (m/d/y) .....		
	Date sold (m/d/y) .....		
	Gross profit ratio (.xxxx) .....		
	Current year principal payments (-1 if none) .....		

No. <input type="text"/>	Description of property .....		
	Date acquired (m/d/y) .....		
	Date sold (m/d/y) .....		
	Gross profit ratio (.xxxx) .....		
	Current year principal payments (-1 if none) .....		

No. <input type="text"/>	Description of property .....		
	Date acquired (m/d/y) .....		
	Date sold (m/d/y) .....		
	Gross profit ratio (.xxxx) .....		
	Current year principal payments (-1 if none) .....		

No. <input type="text"/>	Description of property .....		
	Date acquired (m/d/y) .....		
	Date sold (m/d/y) .....		
	Gross profit ratio (.xxxx) .....		
	Current year principal payments (-1 if none) .....		

No. <input type="text"/>	Description of property .....		
	Date acquired (m/d/y) .....		
	Date sold (m/d/y) .....		
	Gross profit ratio (.xxxx) .....		
	Current year principal payments (-1 if none) .....		

No. <input type="text"/>	Description of property .....		
	Date acquired (m/d/y) .....		
	Date sold (m/d/y) .....		
	Gross profit ratio (.xxxx) .....		
	Current year principal payments (-1 if none) .....		

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Sale of Home &amp; Moving Expenses</b>	<b>17, 27</b>
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**If you sold your home or moved in 2020, please complete the information below.  
For the sale of home, please provide Form 1099-S and closing statements from  
the purchase and sale of your home.**

**SALE OF HOME (17)**

Description of property (Box 3) .....	
Date acquired (m/d/y) .....	
Date sold (m/d/y) (Box 1) .....	
Sales price (Box 2) .....	
1=sale of home .....	
1=owned and used property as main home for at least 2 of 5 years before sale .....	
1=first-time homebuyer credit was previously taken on this home .....	
1=business use in year of sale .....	
Number of days after December 31, 2008 that home was not used as principal residence .....	

**Adjusted Basis**

Original cost .....	
Improvements:	
_____	
_____	
_____	
Adjusted basis .....	

**Expenses of Sale** (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

_____	
_____	
_____	
Total expenses of sale .....	

**Reduced Exclusion**

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:  
**a) Did not meet the ownership and use tests \***, or **b) Excluded gain on the sale of another home after May 6, 1997.**

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) .....	
1=sale due to change in health, employment or unforeseen circumstances .....	
Days used as main home - taxpayer .....	
Days used as main home - spouse .....	
Days property owned - taxpayer .....	
Days property owned - spouse .....	

**MOVING EXPENSES (27)** (If you are a member of the Armed Forces and moved due to a permanent change in station)

1=spouse, 2=joint .....	
1=armed forces move due to permanent change of station .....	
Miles from old home to new work place .....	
Miles from old home to old work place .....	
Expenses for transportation and storage of household goods and personal effects .....	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile) .....	
Parking fees and tolls .....	
Gas and oil .....	
Miles driven to new home .....	

(\* owned and used property as main home for at least 2 of 5 years before sale)

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

**GENERAL INFORMATION**

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

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

**INCOME**

	2020 Amount	2019 Amount
Rents or royalties received .....		

**DIRECT EXPENSES**

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

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

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



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

GENERAL INFORMATION

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

OIL AND GAS

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

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

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

INDIRECT EXPENSES

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

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

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

**PARTNERSHIP INFORMATION (20.1)**

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

**S CORPORATION INFORMATION (20.2)**

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

				20.1,20.2
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2020	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2020 information as appropriate.  
Be sure to attach all Schedule K-1s and Schedule Qs.

**ESTATE OR TRUST INFORMATION (20.3)**

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

**REMIC INFORMATION (20.4)**

No.	Name of REMIC	Employer Identification Number

	<b>20.3,20.4</b>
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<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Asset Disposition List</b>	<b>22</b>
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**If you disposed of any business assets in 2020, please enter date sold, sales price, and expenses of sale.  
For real estate transactions, be sure to attach all 1099-S forms and closing statements.**

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2020, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method

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

**GENERAL INFORMATION**

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

**AUTOMOBILE MILEAGE**

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

**ACTUAL EXPENSES**

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

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

**TRADITIONAL IRA CONTRIBUTIONS**

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

**ROTH IRA CONTRIBUTIONS**

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

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

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

**ADJUSTMENTS TO INCOME**

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
<b>Self-employed health insurance:</b>				
Total premiums (excluding long-term care) .....				
Long-term care premiums .....				
Student loan interest paid (1098-E, box 1) .....				
Educator expenses (kindergarten thru grade 12) .....				
Jury duty pay given to employer .....				
Expenses from rental of personal property .....				
Other adjustments to income:				
_____				
_____				
_____				

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
<b>Alimony paid:</b>				
Date of divorce or sep. agreement .....				
Recipient's first name .....				
Recipient's last name .....				
Recipient's SSN .....				
Amount paid .....				
			<b>2019 amt:</b>	

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

**MEDICAL AND DENTAL EXPENSES**

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

	2020 Amount	TS	2019 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer .....			
Long-term care premiums - spouse .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Medical miles driven .....			
Other medical and dental expenses:			
_____			
_____			
_____			

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

State income taxes - 1/20 payment on 2019 state estimate .....			
State income taxes - paid with 2019 state return extension .....			
State income taxes - paid with 2019 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/20 payment on 2019 city/local estimate .....			
City/local income taxes - paid with 2019 city/local extension .....			
City/local income taxes - paid with 2019 city/local return .....			

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items) .....			
Use taxes paid on 2020 purchases .....			
Use taxes paid with 2019 state return .....			
Sales tax on autos not included above .....			
Sales tax on boats, aircraft, other special items .....			

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____			
_____			
Real estate taxes - held for investment :			
_____			
_____			
_____			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...			
Foreign income taxes .....			
Other taxes:			
_____			



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

INTEREST PAID

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

2020 Amount

TS

2019 Amount

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

Home mortgage interest not reported on Form 1098:

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

Table with 3 columns: 2020 Amount, TS, 2019 Amount for home mortgage interest not reported on Form 1098.

Points not reported on Form 1098:

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

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

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

Investment interest (interest on margin accounts):

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

Passive interest . . . . .

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

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

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

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

Number of charitable miles . . . . .

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

Contributions by cash or check:

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

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

Number of charitable miles . . . . .

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

**NONCASH CONTRIBUTIONS**

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

50% limitation (see above):

_____
_____
_____

2020 Amount	TS	2019 Amount

30% limitation (see above):

_____
_____
_____


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

_____
_____
_____


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

_____
_____
_____


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

Union and professional dues .....

--	--	--

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

_____
_____
_____
_____


Investment expense:

_____
_____
_____
_____


Tax return preparation fee .....

Safe deposit box rental .....

--	--	--

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

_____
_____
_____
_____




**If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.**

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

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

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

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

**LOAN INFORMATION**

Loan #1

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


Loan #2

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


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

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

**LOAN INFORMATION (continued)**

Loan #3

2020 Amount TS 2019 Amount

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

2020 Amount	TS	2019 Amount

Loan #4

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

2020 Amount	TS	2019 Amount

**Form**

1 = Schedule A (default)  
 2 = Business use of home  
 3 = Schedule E

**If your total noncash contributions are in excess of \$500 in 2020, please complete the information below for each donee using the following guidelines:**

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

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

**DONATED PROPERTY INFORMATION**

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

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

<p><b>1 How Property was Acquired</b></p> <table style="width: 100%;"> <tr> <td>1 = Purchase</td> <td>3 = Inheritance</td> </tr> <tr> <td>2 = Gift</td> <td>4 = Exchange</td> </tr> </table>	1 = Purchase	3 = Inheritance	2 = Gift	4 = Exchange	<p><b>2 Method Used to Determine FMV</b></p> <table style="width: 100%;"> <tr> <td>1 = Appraisal</td> <td>3 = Catalog</td> </tr> <tr> <td>2 = Thrift shop value</td> <td>4 = Comparable sales</td> </tr> </table> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>	1 = Appraisal	3 = Catalog	2 = Thrift shop value	4 = Comparable sales
1 = Purchase	3 = Inheritance								
2 = Gift	4 = Exchange								
1 = Appraisal	3 = Catalog								
2 = Thrift shop value	4 = Comparable sales								

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

**BUSINESS USE OF HOME**

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

**INDIRECT EXPENSES**

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

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

**DIRECT EXPENSES**

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

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

2020

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

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

**GENERAL INFORMATION**

Occupation, if different from Form 1040

Form

Number of form (1=first Schedule C, 2=second, etc.)

1=spouse

1=performance artist, 2=handicapped, 3=fee-basis government official

1=minister's expenses

**EMPLOYEE BUSINESS EXPENSES**

	2020 Amount	2019 Amount
Meal and entertainment expenses	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance)	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.)	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1	<input type="text"/>	<input type="text"/>

Other business expenses:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

30



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

VEHICLE INFORMATION

- 1=vehicle used primarily by more than 5% owner .....
- 1=vehicle is available for off-duty personal use .....
- 1=no other vehicle is available for personal use .....
- 1=no evidence to support your deduction .....
- 1=no written evidence to support your deduction .....

2020 Amount	2019 Amount

VEHICLE 1

- Description of vehicle .....
- Date placed in service (m/d/y) .....
- Total mileage (for the tax year) .....
- Business mileage .....
- Commuting mileage (for the tax year) .....
- Average daily round-trip commute .....
- Number of months of business use if changed from 100% personal use .....
- Parking fees and tolls (business portion only) .....


Actual expenses:

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


VEHICLE 2

- Description of vehicle .....
- Date placed in service (m/d/y) .....
- Total mileage (for the tax year) .....
- Business mileage .....
- Commuting mileage (for the tax year) .....
- Average daily round-trip commute .....
- Number of months of business use if changed from 100% personal use .....
- Parking fees and tolls (business portion only) .....


Actual expenses:

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


2020

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2020 information.

GENERAL INFORMATION

1=spouse.....	<input type="text"/>	<input type="text"/>
Foreign address of taxpayer, if different from Form 1040:		
Street address.....	<input type="text"/>	
City.....	<input type="text"/>	
Region.....	<input type="text"/>	
Postal code.....	<input type="text"/>	
Country.....	<input type="text"/>	
Employer:		
Name.....	<input type="text"/>	
U.S. street address.....	<input type="text"/>	
U.S. city.....	<input type="text"/>	
U.S. state.....	<input type="text"/>	
U.S. ZIP code.....	<input type="text"/>	
Foreign street address.....	<input type="text"/>	
Foreign city.....	<input type="text"/>	
Foreign region.....	<input type="text"/>	
Foreign postal code.....	<input type="text"/>	
Foreign country.....	<input type="text"/>	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other.....	<input type="text"/>	<input type="text"/>
Employer type, if other.....	<input type="text"/>	

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of citizenship.....	<input type="text"/>
-----------------------------	----------------------

City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

31.1

Please enter all pertinent 2020 information.

**TRAVEL INFORMATION**

NOTE: Please enter all travel for 2020 as well as travel for 2021 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

**BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST**

Beginning date for bona fide residence (m/d/y) .....	<input type="text"/>	
Ending date for bona fide residence (m/d/y) .....	<input type="text"/>	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer .....	<input type="text"/>	
Names of family living abroad with taxpayer (if applicable):	<input type="text"/>	
Relationship	<input type="text"/>	Period family lived abroad
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

1=submitted statement to country of bona fide residence .....	<input type="text"/>	
1=required to pay income tax to country of bona fide residence .....	<input type="text"/>	
Contractual terms relating to length of employment abroad .....	<input type="text"/>	
Type of visa you entered foreign country under .....	<input type="text"/>	
Explanation why visa limited stay or employment in country (if applicable) .....	<input type="text"/>	
	<input type="text"/>	

Address of home in U.S. maintained while living abroad (if applicable):	<input type="text"/>	ZIP Code	<input type="text"/>	1=U.S. home rented (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Principal country of employment .....

**FOREIGN HOUSING EXPENSES**

	2020 Amount	2019 Amount
Qualified housing expenses .....	<input type="text"/>	<input type="text"/>
Location of housing expenses:	Qualifying days in location (multiple locations only)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Travel Type**

1 = Travel to U.S. (default)  
 2 = Travel to foreign country  
 3 = Travel to restricted country

Please enter all pertinent 2020 amounts and attach all W-2 forms, or other wage statements.  
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

**FOREIGN WAGES, SALARIES, TIPS**

	2020 Amount	2019 Amount
Name or number .....		
1=spouse .....		
1=retirement plan (Box 13) .....		
Name of employer (Box c) .....		
Wages, tips, other compensation (Box 1) .....		
Federal income tax withheld (Box 2) .....		
Social security tax withheld (Box 4) .....		
Medicare tax withheld (Box 6) .....		
State income tax withheld (Box 17) .....		
Local income tax withheld (Box 19) .....		

**FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME**

**Noncash Income**

Home (lodging) .....		
Meals .....		
Car .....		
Other properties or facilities:		

**Allowances and Reimbursements**

Cost of living and overseas differential .....		
Family .....		
Education .....		
Home leave .....		
Quarters .....		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119) .....		
-----------------------------------------------------------------------------------------------------	--	--

**Other Foreign Earned Income**


**2020 Days Worked Allocation Information**

Total number of days worked (if not 240) .....		
Total days worked before and after foreign assignment .....		
Foreign days worked before and after foreign assignment .....		

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Health Savings Accounts (8889)</b>	<b>32.1</b>
-------------	-------------	-----------	---------------------------------------	-------------

Please enter all pertinent 2020 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.

**HSA CONTRIBUTIONS**

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

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

**HSA DISTRIBUTIONS**

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

	<b>32.1</b>
--	-------------

Please enter all pertinent 2020 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

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

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

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

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

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

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

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

**ELIGIBLE CHILDREN**

2020 Amount

2019 Amount

No. <input style="width:40px;" type="text"/>	First name .....			
	Last name .....			
	Identification number .....			
	Date of birth (m/d/y) .....			
	1=born before 2003 and was disabled .....			
	1=special needs child .....			
	1=foreign child .....			
	1=adoption was not final in 2020 .....			
	1=adoption was not final in 2020 .....			
	Qualified Adoption Expenses Paid in	2019 for adoption not finalized by end of 2020 .....		
		Prior years for adoption of foreign child finalized in 2020 .....		
		2019 and 2020 for adoption finalized in 2020 .....		
2020 for adoption finalized before 2020 .....				
1=spouse, 2=joint .....				

No. <input style="width:40px;" type="text"/>	First name .....			
	Last name .....			
	Identification number .....			
	Date of birth (m/d/y) .....			
	1=born before 2003 and was disabled .....			
	1=special needs child .....			
	1=foreign child .....			
	1=adoption was not final in 2020 .....			
	1=adoption was not final in 2020 .....			
	Qualified Adoption Expenses Paid in	2019 for adoption not finalized by end of 2020 .....		
		Prior years for adoption of foreign child finalized in 2020 .....		
		2019 and 2020 for adoption finalized in 2020 .....		
2020 for adoption finalized before 2020 .....				
1=spouse, 2=joint .....				

No. <input style="width:40px;" type="text"/>	First name .....			
	Last name .....			
	Identification number .....			
	Date of birth (m/d/y) .....			
	1=born before 2003 and was disabled .....			
	1=special needs child .....			
	1=foreign child .....			
	1=adoption was not final in 2020 .....			
	1=adoption was not final in 2020 .....			
	Qualified Adoption Expenses Paid in	2019 for adoption not finalized by end of 2020 .....		
		Prior years for adoption of foreign child finalized in 2020 .....		
		2019 and 2020 for adoption finalized in 2020 .....		
2020 for adoption finalized before 2020 .....				
1=spouse, 2=joint .....				

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

**STUDENT INFORMATION**

1=taxpayer, 2=spouse .....

First name .....

Last name .....

Social security number .....

Number of years hope credit claimed .....

Number of prior years AOC claimed .....

1=student was NOT enrolled at least half-time for at least one academic period that began in 2020 (or the first 3 months of 2021 if the qualified expenses were made in 2020) at an eligible institution in a qualified program .....

1=student completed first four years of post-secondary education before 2020 .....

1=student was convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance .....


**EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name .....

Street address .....

City .....

State .....

ZIP code .....

1=2020 Form 1098-T was NOT received .....

1=2020 Form 1098 -T received with Box 2 & 7 completed .....

1=2019 Form 1098-T received with Box 2 & 7 completed .....

Federal ID number from Form 1098-T .....


**EDUCATIONAL INSTITUTION ATTENDED (#2)**

Name .....

Street address .....

City .....

State .....

ZIP code .....

1=2020 Form 1098-T was NOT received .....

1=2020 Form 1098 -T received with Box 2 & 7 completed .....

1=2019 Form 1098-T received with Box 2 & 7 completed .....

Federal ID number from Form 1098-T .....


**QUALIFIED EDUCATION EXPENSES**

Qualified tuition & fees paid in 2020 (net of refund or assistance, & not entered elsewhere) .....

Books & supplies required to be purchased from institution .....

Books & supplies not entered above .....

Amount of prior year refund or assistance \* .....

2020 Amount	2019 Amount

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



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

**HOUSEHOLD EMPLOYMENT TAXES**

NOTE: If you paid any one household employee cash wages of \$ 2,200 or more in 2020; withheld federal income tax during 2020 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to household employees, please complete the following:

Employer identification number .....	
1=spouse, 2=joint .....	

	2020 Amount	2019 Amount
Social security, Medicare and income taxes:		
1=paid any one employee cash wages of \$2,200 or more .....		
1=withheld federal income tax for household employee .....		
Total cash wages subject to social security taxes .....		
Total cash wages subject to Medicare taxes .....		
Federal income tax withheld .....		
Taxes withheld from state disability payments .....		

Federal unemployment tax:		
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 .....		
Total cash wages subject to FUTA tax .....		
1=paid unemployment contributions to only one state .....		
1=paid all state unemployment contributions by 4/15/21 .....		
1=all wages taxable for FUTA were also taxable for state unemployment .....		
Name of state .....		
Contributions paid to state unemployment fund .....		

Please enter all pertinent 2020 amounts & attach all 1099-INT and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**CHILD'S INFORMATION**

First name .....	<input style="width:95%;" type="text"/>
Last name .....	<input style="width:95%;" type="text"/>
Social security number .....	<input style="width:95%;" type="text"/>
Date of birth (m/d/y) .....	<input style="width:95%;" type="text"/>
1=nontaxable to federal .....	<input style="width:95%;" type="text"/>
1=nontaxable to state .....	<input style="width:95%;" type="text"/>

**INTEREST INCOME (Form 1099-INT)**

	2020 Amount	2019 Amount
Banks, credit unions, etc. (Box 1):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments:		
Nominee distribution .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Accrued interest .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest (1099-INT in error) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
OID adjustment .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
ABP adjustment .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Foreign:		
1=interest in or authority over foreign account .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of foreign country .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
1=grantor/transferee or received distribution from foreign trust .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

**DIVIDEND INCOME (Form 1099-DIV)**

	2020 Amount	2019 Amount
Total ordinary dividends (Box 1a):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends (Box 1b) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total capital gain distributions (Box 2a):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Unrecaptured section 1250 gain (Box 2b) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Section 1202 gain (Box 2c) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Collectibles (28%) gain (Box 2d) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nontaxable distributions (Box 3) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nominee distributions:		
Ordinary dividends .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Capital gain distributions .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Alaska permanent fund dividends included above .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

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

**GENERAL INFORMATION**

	2020 Amount	2019 Amount
Canadian province or Mexican state .....		
Other type of filer .....		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN .....		
Other type of identification .....		
Number .....		
Country of issue .....		
Spouse:		
1=passport, 2=foreign TIN .....		
Other type of identification .....		
Number .....		
Country of issue .....		
Taxpayer:		
Title .....		
Spouse:		
Title .....		

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US

Report of Foreign Bank & Fin. Accts.

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

**INFORMATION ON FINANCIAL ACCOUNTS**

1=spouse.....

Type of account: 1=bank account, 2=securities account, or specify.....

Maximum value of account (-1 if unknown).....

Financial institution:

    Name of institution (Line 1) (mandatory).....

    Name of institution (Line 2).....

    Mailing address.....

    Account number.....

    City.....

    State.....

    ZIP/postal code.....

    Country (if not US).....

2020 Amount	2019 Amount

Accounts owned jointly:

    Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer).....

    Principal joint owner:

        Taxpayer identification number, if not joint filer.....

        TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.....

        Last name.....

        First name.....

        Middle initial.....

        Address.....

        City.....

        State.....

        ZIP/postal code.....

        Country (if not US).....

2020 Amount	2019 Amount

Accounts where filer has no financial interest:

    Last name or org. name (mandatory).....

    First name.....

    Middle initial.....

    Taxpayer identification number.....

    TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign , 4=unknown.....

    Address.....

    City.....

    State.....

    ZIP/postal code.....

    Country (if not US).....

    Filer's title.....

2020 Amount	2019 Amount

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

**FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)**

	2020 Amount	2019 Amount
Description of asset .....		
Type of account: 1=deposit, 2=custodial .....		
Use financial institution information from Form 114 .....		
Financial institution information (if not filing Form 114):		
Maximum value of account during year .....		
Name of institution .....		
Account number (mandatory for part I) .....		
Mailing address of institution .....		
City of institution .....		
State/province of institution .....		
Postal code of institution .....		
Country of institution .....		
1=account opened during year .....		
1=account closed during year .....		
1=account jointly owned with spouse .....		
1=no tax item in Part III with respect to this account .....		
1=used foreign currency exchange rate to convert value to US dollars .....		
Foreign currency in which account is maintained .....		
Foreign currency exchange rate (xxxx.xxxx) .....		
Source of exchange rate .....		

**OTHER FOREIGN ASSETS (Part II)**

Identifying number or other designation (mandatory for part II) .....		
Date asset acquired during year (m/d/y) .....		
Date asset disposed of during year (m/d/y) .....		
1=jointly owned with spouse .....		
1=no tax item in Part III with respect to this asset .....		
Maximum value of asset during year .....		
1=used foreign currency exchange rate to convert value to US dollars .....		
Foreign currency in which asset is denominated .....		
Foreign currency exchange rate (xxxx.xxxx) .....		
Source of exchange rate .....		
Foreign entity information (complete if stock or interest):		
Name of entity .....		
Type of entity .....		
Mailing address of entity .....		
City of entity .....		
State/province of entity .....		
Postal code of entity .....		
Country of entity .....		

**1**

**Type of Entity**

1 = Partnership  
 2 = Corporation  
 3 = Trust  
 4 = Estate

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

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name .....
1=issuer, 2=counterparty .....
Type of issuer or counterparty (see table 2) .....
Issuer or counterparty: 1=US person, 2=foreign person .....
Mailing address .....
City .....
State/province .....
Postal code .....
Country .....

Table with 2 columns and 8 rows for issuer/counterparty #1.

Issuer or counterparty (#2):

Name .....
1=issuer, 2=counterparty .....
Type of issuer or counterparty (see table 2) .....
Issuer or counterparty: 1=US person, 2=foreign person .....
Mailing address .....
City .....
State/province .....
Postal code .....
Country .....

Table with 2 columns and 8 rows for issuer/counterparty #2.

Issuer or counterparty (#3):

Name .....
1=issuer, 2=counterparty .....
Type of issuer or counterparty (see table 2) .....
Issuer or counterparty: 1=US person, 2=foreign person .....
Mailing address .....
City .....
State/province .....
Postal code .....
Country .....

Table with 2 columns and 8 rows for issuer/counterparty #3.

Issuer or counterparty (#4):

Name .....
1=issuer, 2=counterparty .....
Type of issuer or counterparty (see table 2) .....
Issuer or counterparty: 1=US person, 2=foreign person .....
Mailing address .....
City .....
State/province .....
Postal code .....
Country .....

Table with 2 columns and 8 rows for issuer/counterparty #4.

2
Type of Issuer or Counterparty
1 = Individual
2 = Partnership
3 = Corporation
4 = Trust
5 = Estate

