

## 2020 Tax Organizer Personal and Dependent Information

### Personal Information

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

#### Marital Status at end of 2020

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

#### Other information

- Are you blind?  Yes  No  
 Are you disabled?  Yes  No  
 Are you a full-time student?  Yes  No  
 Do you want \$3 to go to the Presidential Election Campaign Fund?  Yes  No

#### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

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

### Dependent Information

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

List dependents required to file a return \_\_\_\_\_

### COVID-19 Implications

Yes No

- Did you receive an Economic Impact Payment (EIP)?  
 If "Yes," provide Notice 1444 from the IRS.
- Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?  
  Were you unemployed for any portion of the year due to COVID-19?  
  Did you continue to receive wages from your employer even if you were unable to work?  
  Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?  
  If you own a farm or business, did you continue to pay any employee while they were not working?  
  If you own a farm or business, did you delay withholding FICA taxes from any employee's pay?  
  If you own a farm or business, did you receive a Paycheck Protection Program (PPP) loan?  
 If "Yes," was the loan forgiven or have you applied for forgiveness? \_\_\_\_\_
- If you own a farm or business and were unable to work due to COVID-19, would you have qualified for sick or family leave if employed by someone other than yourself?

### Appointment Information

Your 2020 appointment is scheduled for \_\_\_\_\_

### Additional Taxpayer Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Estimates**

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

**Account Information for Deposits or Withdrawals**

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

**Identification Information**

**Taxpayer**

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

Driver's license or state-issued photo ID number \_\_\_\_\_

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

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

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

**Spouse**

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

Driver's license or state-issued photo ID number \_\_\_\_\_

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

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

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



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

**PRIMARY TAXPAYER**

	All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

**SPOUSE**

	All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

### Healthcare Coverage Questionnaire for Dependents (for preparer use)

	All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?										

	All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?										

	All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/> NO <input type="checkbox"/>		AGI of that return?										

### Child and Dependent Care

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Child Care Provider's Information**

2020

2019

Social Security Number or Employer ID Number \_\_\_\_\_ Amount paid \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

2020

2019

Social Security Number or Employer ID Number \_\_\_\_\_ Amount paid \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

2020

2019

Social Security Number or Employer ID Number \_\_\_\_\_ Amount paid \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

2020

2019

Social Security Number or Employer ID Number \_\_\_\_\_ Amount paid \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

### Wages and Salaries

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form W-2**

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	2020	2019		2020	2019
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	2020	2019		2020	2019
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			







Form 1099-G Unemployment Compensation

Name:

SSN:

Provide all copies of Form 1099-G

TSJ \_\_\_\_\_ Payer's Federal I.D. Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

U.S. only State, ZIP: \_\_\_\_\_

Foreign only Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_ Account number: \_\_\_\_\_

	2020	2019		2020	2019
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year . . . . .	_____	_____	Market gain . . . . .	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____		
Tax year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
Federal tax withheld . . . . .	_____	_____	State withholding . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants . . . . .	_____	_____			
Agriculture . . . . .	_____	_____			

TSJ \_\_\_\_\_ Payer's Federal I.D. Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

U.S. only State, ZIP: \_\_\_\_\_

Foreign only Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_ Account number: \_\_\_\_\_

	2020	2019		2020	2019
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year . . . . .	_____	_____	Market gain . . . . .	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____		
Tax year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
Federal tax withheld . . . . .	_____	_____	State withholding . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants . . . . .	_____	_____			
Agriculture . . . . .	_____	_____			

Form 1099-MISC

Name:

SSN:

Provide all copies of Form 1099-MISC

NOTE: Nonemployee compensation reported on Form 1099-MISC for 2019 will be reported on Form 1099-NEC for 2020

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Address: \_\_\_\_\_

	2020	2019	2020	2019
Rents . . . . .	_____	_____	State _____ State I.D. _____	
Royalties . . . . .	_____	_____	State tax withheld . . . . .	_____
Other income . . . . .	_____	_____	State income . . . . .	_____
Description _____			Name of locality _____	
Federal tax withheld . . . . .	_____	_____	Local tax withheld . . . . .	_____
Fishing boat proceeds . . . . .	_____	_____	Local income . . . . .	_____
Medical and health care payments . . . . .	_____	_____	State _____ State I.D. _____	
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			State tax withheld . . . . .	_____
Substitute payments . . . . .	_____	_____	State income . . . . .	_____
Crop insurance proceeds . . . . .	_____	_____	Name of locality _____	
Gross attorney proceeds . . . . .	_____	_____	Local tax withheld . . . . .	_____
Taxable Proceeds . . . . .	_____	_____	Local income . . . . .	_____
Section 409A deferrals . . . . .	_____	_____		
Excess golden parachute payment . . . . .	_____	_____		
Nonqualified deferred compensation	_____	_____		

Provide all copies of Form 1099-NEC

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Address: \_\_\_\_\_

	2020	2019	2020	2019
Non-employee compensation . . . . .	_____	_____	State _____ State I.D. _____	
Federal tax withheld . . . . .	_____	_____	State tax withheld . . . . .	_____
			State income . . . . .	_____
			Name of locality _____	
			Local tax withheld . . . . .	_____
			Local income . . . . .	_____
			State _____ State I.D. _____	
			State tax withheld . . . . .	_____
			State income . . . . .	_____
			Name of locality _____	
			Local tax withheld . . . . .	_____
			Local income . . . . .	_____

**Pension, Annuities, Retirement, Etc. Distributions**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.**

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Address: \_\_\_\_\_

	2020	2019		2020	2019
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .	_____	_____
Gross distribution . . . . .	_____	_____	State distribution . . . . .	_____	_____
Taxable amount . . . . .	_____	_____	Name of locality _____		
Total distribution . . . . .	<input type="checkbox"/>		Local income tax withheld . . . . .	_____	_____
Capital gain . . . . .	_____	_____	Local distribution . . . . .	_____	_____
Federal income tax withheld . . . . .	_____	_____	State _____ State I.D. _____		
Employee contributions or insurance premiums . . . . .	_____	_____	State income tax withheld . . . . .	_____	_____
Distribution code(s) . . . . .	_____	_____	State distribution . . . . .	_____	_____
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution	_____	_____	Local income tax withheld . . . . .	_____	_____
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local distribution . . . . .	_____	_____

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Address: \_\_\_\_\_

	2020	2019		2020	2019
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .	_____	_____
Gross distribution . . . . .	_____	_____	State distribution . . . . .	_____	_____
Taxable amount . . . . .	_____	_____	Name of locality _____		
Total distribution . . . . .	<input type="checkbox"/>		Local income tax withheld . . . . .	_____	_____
Capital gain . . . . .	_____	_____	Local distribution . . . . .	_____	_____
Federal income tax withheld . . . . .	_____	_____	State _____ State I.D. _____		
Employee contributions or insurance premiums . . . . .	_____	_____	State income tax withheld . . . . .	_____	_____
Distribution code(s) . . . . .	_____	_____	State distribution . . . . .	_____	_____
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution	_____	_____	Local income tax withheld . . . . .	_____	_____
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local distribution . . . . .	_____	_____

**Social Security Benefit Statement**

TS _____	2020	2019	TS _____	2020	2019
Net benefits . . . . .	_____	_____	Net benefits . . . . .	_____	_____
Medicare premiums . . . . .	_____	_____	Medicare premiums . . . . .	_____	_____
Income tax withheld . . . . .	_____	_____	Income tax withheld . . . . .	_____	_____

## Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Moving Expenses

TSJ \_\_\_\_\_

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

2020

2019

Enter the number of miles from your OLD home to your NEW workplace . . . . . \_\_\_\_\_

Enter the number of miles from your OLD home to your OLD workplace . . . . . \_\_\_\_\_

Enter the amount you paid for transportation and storage of household goods and personal effects . . . . . \_\_\_\_\_

Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals) \_\_\_\_\_

Enter the amount of moving expenses reimbursed to you by your employer . . . . . \_\_\_\_\_

### Self-Employed Health Insurance

TSJ \_\_\_\_\_

2020

2019

Enter the qualified long term care amount . . . . . \_\_\_\_\_

Enter your Medicare wages from an S corporation . . . . . \_\_\_\_\_

### Self-Employed Pensions

TSJ \_\_\_\_\_

2020

2019

Enter your plan contribution rate as a decimal . . . . . \_\_\_\_\_

Enter your allowable elective deferrals made during 2020 . . . . . \_\_\_\_\_

Enter your catch-up contributions . . . . . \_\_\_\_\_

Enter the amount of designated ROTH contributions included above . . . . . \_\_\_\_\_

### Nondeductible IRAs

TS \_\_\_\_\_

2020

2019

Total traditional IRA contributions made for 2020 . . . . . \_\_\_\_\_

Total basis in traditional IRAs as of 12/31/2020 . . . . . \_\_\_\_\_

Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers) . . . . . \_\_\_\_\_

Amount of traditional IRAs converted to ROTH IRAs . . . . . \_\_\_\_\_

IRA basis before conversion . . . . . \_\_\_\_\_

Total ROTH IRA contributions made for 2020 . . . . . \_\_\_\_\_

### Health Savings Account

TSJ \_\_\_\_\_

2020

2019

HSA contributions made for 2020 . . . . . \_\_\_\_\_

Total distributions from all HSAs during 2020 . . . . . \_\_\_\_\_

Distributions included above that were rolled over into another account . . . . . \_\_\_\_\_

Qualified medical expenses paid using HSA distributions . . . . . \_\_\_\_\_

## Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Other Income

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

### Adjustments

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

### Household Employment

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes**    **No**

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

2020

2019

Total cash wages subject to Social Security tax . . . . .		
Total cash wages subject to Medicare tax . . . . .		
Total cash wages subject to Additional Medicare tax withholding . . . . .		
Federal income tax withheld . . . . .		

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes**    **No**

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

2020

2019

Total cash wages subject to Social Security tax . . . . .		
Total cash wages subject to Medicare tax . . . . .		
Total cash wages subject to Additional Medicare tax withholding . . . . .		
Federal income tax withheld . . . . .		

**Schedule A - Itemized Deductions**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Medical and Dental Expenses**

	2020	2019
Health insurance premiums (paid by you, not through work) . . . .	_____	_____
Long-term care premiums (you) . . .	_____	_____
Long-term care premiums (your spouse)	_____	_____
Long-term care premiums (dependents)	_____	_____
Mileage driven for medical purposes . .	_____	_____
Out of pocket medical and dental expenses (list) . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Taxes Paid**

State and local income taxes . . . .	_____	_____
Sales tax . . . . .	_____	_____
Real estate taxes . . . . .	_____	_____
Personal property taxes . . . . .	_____	_____
Other taxes (list)	_____	_____
_____	_____	_____
_____	_____	_____

**Interest Paid**

Mortgage interest paid (attach Form 1098)	_____	_____
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home		
Mortgage interest paid to an individual	_____	_____
Paid to:		
Name _____		
Address _____		
City, State, ZIP _____		
SSN or EIN _____		
Mortgage insurance premiums . . . .	_____	_____
Investment interest . . . . .	_____	_____

**Charitable Contributions**

	2020	2019
Donations to charity (cash) . . . .	_____	_____
Disaster relief contributions . . .	_____	_____
Miles driven for charitable purposes	_____	_____
Donations to charity (noncash) . .	_____	_____
If noncash donations are greater than \$500, list below		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Miscellaneous Deductions**

Amortizable bond premiums . . . .	_____	_____
Federal estate tax . . . . .	_____	_____
Gambling losses . . . . .	_____	_____
Impairment-related work expenses	_____	_____
Claim repayments . . . . .	_____	_____
Unrecovered pension investments	_____	_____
Schedule K-1 . . . . .	_____	_____
Ordinary loss debt instrument . . .	_____	_____
Excess deduction on termination	_____	_____

**For state purposes ONLY**

<b>Job Expenses &amp; Certain Miscellaneous Deductions</b>		
Necessary job expenses you paid that were not reimbursed by your employer (list)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Union dues . . . . .	_____	_____
Tax preparation fees . . . . .	_____	_____
Other nonpersonal expenses related to taxable income (list)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Investment expenses not entered elsewhere . . . . .	_____	_____
Home equity interest . . . . .	_____	_____



### Mortgage Interest

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form 1098**

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2020	2019		2020	2019
Mortgage interest received . . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2020	2019		2020	2019
Mortgage interest received . . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2020	2019		2020	2019
Mortgage interest received . . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2020	2019		2020	2019
Mortgage interest received . . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real Estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

### Noncash Charitable Contributions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_  Capital gain property

Date contributed \_\_\_\_\_

**Property type (if over \$5,000)**  Donated property is publicly traded security

- Art valued more than \$20,000
- Equipment
- Collectibles
- Qualified conservation - qualified farmer/rancher
- Art valued less than \$20,000
- Intellectual Property
- Qualified conservation - non-qualified farmer/rancher
- Other real estate
- Vehicles
- Qualified conservation
- Securities
- Other

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_  Capital gain property

Date contributed \_\_\_\_\_

**Property type (if over \$5,000)**  Donated property is publicly traded security

- Art valued more than \$20,000
- Equipment
- Collectibles
- Qualified conservation - qualified farmer/rancher
- Art valued less than \$20,000
- Intellectual Property
- Qualified conservation - non-qualified farmer/rancher
- Other real estate
- Vehicles
- Qualified conservation
- Securities
- Other

**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Principal business product or profession \_\_\_\_\_ Business code \_\_\_\_\_

Employer I.D. number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other \_\_\_\_\_

Inventory method, if not cost  Lower of cost or market  Other \_\_\_\_\_

Change of inventory method  Yes  No

You started or acquired this business during 2020

Some investment is NOT at risk

You disposed of this property during 2020

Did you make any payments in 2020 that would require you to file Forms 1099?  Yes  No

If "Yes," did you or will you file all required Forms 1099 for the individuals?  Yes  No

**Other Information**

	<b>2020</b>	<b>2019</b>
Family health coverage . . . . .	_____	_____

**Income**

	<b>2020</b>	<b>2019</b>
Gross receipts or sales . . . . .	_____	_____
Returns and allowances . . . . .	_____	_____
Other income . . . . .	_____	_____

**Cost of Goods Sold**

	<b>2020</b>	<b>2019</b>
Inventory at beginning of the year . . . . .	_____	_____
Purchases (less cost of items withdrawn for personal use) . . . . .	_____	_____
Cost of labor . . . . .	_____	_____
Materials and supplies . . . . .	_____	_____
Other costs (list on detail worksheet) . . . . .	_____	_____
Inventory at end of year . . . . .	_____	_____



## Employee Business Expense

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Employee Business Expense

TSJ \_\_\_\_\_ Occupation \_\_\_\_\_

- You are a qualifying performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy

#### Part I - Employee Business Expense and Reimbursements

2020

2019

Parking fees, tolls, and local transportation, including train, bus, etc. . . . .	_____	_____
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
Meals . . . . .	_____	_____
DOT meals . . . . .	_____	_____
Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses . . . . .	_____	_____
Meals . . . . .	_____	_____
Portion of total expenses that is for impairment-related work expenses of disabled employee . . . . .	_____	_____
Portion of total expenses that is for an Armed Forces reservist . . . . .	_____	_____

#### Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2020	2019	2020	2019
Enter the date vehicle was placed in service . . . . .	_____	_____	_____	_____
Total miles vehicle was driven during 2020 . . . . .	_____	_____	_____	_____
Business miles . . . . .	_____	_____	_____	_____
Average daily roundtrip commuting distance . . . . .	_____	_____	_____	_____
Commuting miles included in total miles above . . . . .	_____	_____	_____	_____
Taxes . . . . .	_____	_____	_____	_____
Gasoline, oil, repairs, vehicle insurance, etc. . . . .	_____	_____	_____	_____
Vehicle rentals . . . . .	_____	_____	_____	_____
Inclusion amount . . . . .	_____	_____	_____	_____
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) . . . . .	_____	_____	_____	_____
Enter cost or other basis . . . . .	_____	_____	_____	_____
Enter section 179 deduction . . . . .	_____	_____	_____	_____
Enter depreciation percentage . . . . .	_____	_____	_____	_____

- If your employer provided a vehicle, was personal use during off duty hours permitted?  Yes  No
- Do you or your spouse have another vehicle available for personal use? . . . . .  Yes  No
- Do you have evidence to support your deduction? . . . . .  Yes  No
- If "Yes," is the evidence written? . . . . .  Yes  No



## Auto Expense Worksheet

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

For \_\_\_\_\_

Business name and profession/product \_\_\_\_\_

Description \_\_\_\_\_

Date placed in service \_\_\_\_\_

Was this vehicle available for use during off-duty hours?       Yes       No

Do you or your spouse have another vehicle available for personal use?       Yes       No

Do you have evidence to support your deduction?       Yes       No

If "Yes," is the evidence written?       Yes       No

Enter the number of miles your vehicle was used for:	2020	2019	Prior year total
a Business . . . . .			Business
b Commuting . . . . .			Total
c Other . . . . .			

**Expenses**

	2020	2019
Garage rent . . . . .		
Gas . . . . .		
Insurance . . . . .		
Licenses . . . . .		
Oil . . . . .		
Parking fees . . . . .		
Rental fees . . . . .		
Interest . . . . .		
Property tax . . . . .		
Repairs . . . . .		
Tires . . . . .		
Tolls . . . . .		
Lease addbacks . . . . .		
Other expenses (list):	Apply business %	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	

### Expenses for Business Use of Your Home

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Business Use of Home**

TSJ \_\_\_\_\_ For \_\_\_\_\_

2020

2019

Square footage of home used exclusively for business . . . . . \_\_\_\_\_

Total square footage of home. . . . . \_\_\_\_\_

**Use of Home for Daycare**

2020

2019

Area used part time for business . . . . . \_\_\_\_\_

Total hours used for daycare . . . . . \_\_\_\_\_

Total hours available . . . . . \_\_\_\_\_

Did you live in the home all year?  Yes  No

**Expenses**

	Office expenses		Home expenses	
	2020	2019	2020	2019

Mortgage interest . . . . .				
-----------------------------	--	--	--	--

Real estate taxes . . . . .				
-----------------------------	--	--	--	--

Excess mortgage interest . . . . .				
------------------------------------	--	--	--	--

Excess real estate taxes . . . . .				
------------------------------------	--	--	--	--

Insurance . . . . .				
---------------------	--	--	--	--

Rent . . . . .				
----------------	--	--	--	--

Repairs & maintenance . . . . .				
---------------------------------	--	--	--	--

Utilities . . . . .				
---------------------	--	--	--	--

Other expenses . . . . .				
--------------------------	--	--	--	--

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

**Cost of Home**

2020

2019

Enter the **smaller** of your home's adjusted basis or its fair market value . . . . . \_\_\_\_\_

Does this include the value of the land?  Yes  No . . . . . Value of land \_\_\_\_\_

Date placed in service . . . . . \_\_\_\_\_

Date taken out of service . . . . . \_\_\_\_\_



### Casualties and Thefts

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

FEMA code \_\_\_\_\_

Description of property \_\_\_\_\_

Location of property \_\_\_\_\_

Was property  Personal  Business  Income-producing  Employee income-producing

Date acquired \_\_\_\_\_ Fair market value before incident \_\_\_\_\_

Cost or other basis \_\_\_\_\_ Fair market value after incident \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) \_\_\_\_\_ Date of incident \_\_\_\_\_

#### Theft Loss Deduction for Ponzi-Type Investment Scheme

##### Part I Computation of Deduction

Initial investment \_\_\_\_\_ Percentage of qualified investment \_\_\_\_\_

Subsequent investments \_\_\_\_\_ Actual recovery \_\_\_\_\_

Income reported in prior years \_\_\_\_\_ Potential insurance / SIPC recovery \_\_\_\_\_

Withdrawals \_\_\_\_\_

##### Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

FEMA code \_\_\_\_\_

Description of property \_\_\_\_\_

Location of property \_\_\_\_\_

Was property  Personal  Business  Income-producing  Employee income-producing

Date acquired \_\_\_\_\_ Fair market value before incident \_\_\_\_\_

Cost or other basis \_\_\_\_\_ Fair market value after incident \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) \_\_\_\_\_ Date of incident \_\_\_\_\_

#### Theft Loss Deduction for Ponzi-Type Investment Scheme

##### Part I Computation of Deduction

Initial investment \_\_\_\_\_ Percentage of qualified investment \_\_\_\_\_

Subsequent investments \_\_\_\_\_ Actual recovery \_\_\_\_\_

Income reported in prior years \_\_\_\_\_ Potential insurance / SIPC recovery \_\_\_\_\_

Withdrawals \_\_\_\_\_

##### Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Installment Sale Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

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

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

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

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

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



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

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Property Information

Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

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

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

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

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

### Income

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

### Expenses

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

**Form 4835 - Farm Rental Income and Expenses**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Description \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2020

**Income**

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

**Expenses**

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

## Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2020

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

Yes  No You filed Forms 1099 for the individuals

**Income**

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

**Expenses**

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



### Foreign Earned Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Part I - General Information

Taxpayer's foreign address

Street 1 . . . . . \_\_\_\_\_

Street 2 . . . . . \_\_\_\_\_

Foreign city . . . . . \_\_\_\_\_

Province/State . . . . . \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Occupation . . . . . \_\_\_\_\_

Employer's name . . . . . \_\_\_\_\_

Employer's U.S. address

Street . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Employer's foreign address

Street 1 . . . . . \_\_\_\_\_

Street 2 . . . . . \_\_\_\_\_

City . . . . . \_\_\_\_\_

Province/State . . . . . \_\_\_\_\_ Country \_\_\_\_\_ Postal code \_\_\_\_\_

Employer is: (check any that apply)

A foreign entity

A U.S. company

Self

A foreign affiliate of a U.S. company

Other (specify): \_\_\_\_\_

If you have previously filed Form 2555, enter the last year you filed Form 2555. \_\_\_\_\_

If you claimed an exclusion in an earlier year, have you ever revoked your choice?  Yes  No

If "Yes," give the type of exclusion \_\_\_\_\_ and tax year \_\_\_\_\_

Of which country are you a citizen? \_\_\_\_\_

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home?  Yes  No

If yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country

Number of days

_____	_____
_____	_____
_____	_____

List your tax homes during your tax year and dates established

Home

Date established

_____	_____
_____	_____
_____	_____



## Foreign Earned Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Part II - Bona Fide Residence Test

Date bona fide residence began \_\_\_\_\_, ended \_\_\_\_\_

Type of living quarters in foreign country  Purchased house  Rented house or apartment  
 Rented room  Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year?  Yes  No

If yes, who and for what period Relationship For what period

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country?  Yes  No

Are you required to pay income tax to the country where you claim bona fide residence?  Yes  No

If you were present in the United States during the tax year, enter the information below.

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business		Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business
_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____
_____	_____	_____	_____		_____	_____	_____	_____

List any contractual terms or other conditions relating to the length of your employment abroad: \_\_\_\_\_

List the type of visa under which you entered the foreign country: \_\_\_\_\_

Did your visa limit the length of your stay or employment in a foreign country?  Yes  No

If yes, explain \_\_\_\_\_

Did you maintain a home in the United States while living abroad?  Yes  No

If yes, enter the address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of occupant \_\_\_\_\_ Relationship of occupant \_\_\_\_\_

Was the home rented?

### Part III - Physical Presence Test

The physical presence test is based on the 12-month period from: \_\_\_\_\_ through: \_\_\_\_\_

Enter your principal country of employment during your tax year: \_\_\_\_\_

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." Do not include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Foreign Earned Income**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Part IV - Foreign Earned Income**

**2020**

**2019**

Total wages, salaries, bonuses, commissions, etc. . . . . \_\_\_\_\_

Allowable share of income for personal services performed:

In a business (including farming) or profession . . . . . \_\_\_\_\_

In a partnership (list name, address, and type of income) \_\_\_\_\_

**Noncash income:**

Home (lodging) . . . . . \_\_\_\_\_

Meals . . . . . \_\_\_\_\_

Car . . . . . \_\_\_\_\_

Other property or facility (specify) \_\_\_\_\_

**Allowances, reimbursements, or expenses paid on your behalf for services performed:**

Cost of living and overseas differential . . . . . \_\_\_\_\_

Family . . . . . \_\_\_\_\_

Education . . . . . \_\_\_\_\_

Home leave . . . . . \_\_\_\_\_

Quarters . . . . . \_\_\_\_\_

Other (specify) \_\_\_\_\_

Other foreign earned income (specify): \_\_\_\_\_

Meals and lodging that are excludable . . . . . \_\_\_\_\_

**For Taxpayers Claiming the Housing Exclusion or Deduction**

**2020**

**2019**

Qualified housing expenses for the tax year . . . . . \_\_\_\_\_

Location where housing expenses incurred \_\_\_\_\_

Limit on housing expenses . . . . . \_\_\_\_\_

Enter the number of days in qualifying period that fall within your 2020 tax year . . . . . \_\_\_\_\_

Enter employer-provided amounts . . . . . \_\_\_\_\_

**For Taxpayers Claiming the Foreign Earned Income Exclusion**

**2020**

**2019**

Enter the number of days in qualifying period that fall within your 2020 tax year . . . . . \_\_\_\_\_

### Residential Energy Credits

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_

#### Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs . . . . . \_\_\_\_\_

Qualified solar water heating property costs . . . . . \_\_\_\_\_

Qualified small wind energy property costs . . . . . \_\_\_\_\_

Qualified geothermal heat pump property costs . . . . . \_\_\_\_\_

Was qualified fuel cell property installed on or in your main home in U.S.?  Yes  No

Address of main home \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Qualified fuel cell property costs . . . . . \_\_\_\_\_

Kilowatt capacity of property on line 22 . . . . . \_\_\_\_\_

Amount of unused credit from 2019 Form 5695, line 28 . . . . . \_\_\_\_\_

#### Part II - Nonbusiness Energy Property Credit

Were improvements or costs made to your main home located in the US?  Yes  No

Address of main home \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Were improvements or costs related to the construction of this main home?  Yes  No

Enter the nonbusiness energy property credit that you took in:

2006 \_\_\_\_\_ 2010 \_\_\_\_\_ 2013 \_\_\_\_\_ 2016 \_\_\_\_\_ 2019 \_\_\_\_\_

2007 \_\_\_\_\_ 2011 \_\_\_\_\_ 2014 \_\_\_\_\_ 2017 \_\_\_\_\_

2009 \_\_\_\_\_ 2012 \_\_\_\_\_ 2015 \_\_\_\_\_ 2018 \_\_\_\_\_

#### Qualified Energy Efficient Improvements

Insulation material or systems primarily designed to reduce heat loss or gain . . . . . \_\_\_\_\_

Exterior doors that meet or exceed Energy Star requirements . . . . . \_\_\_\_\_

Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain . . . . . \_\_\_\_\_

Exterior windows and skylights that meet or exceed Energy Star requirements . . . . . \_\_\_\_\_

Enter the amount of window expense you claimed in:

2006 \_\_\_\_\_ 2010 \_\_\_\_\_ 2013 \_\_\_\_\_ 2016 \_\_\_\_\_ 2019 \_\_\_\_\_

2007 \_\_\_\_\_ 2011 \_\_\_\_\_ 2014 \_\_\_\_\_ 2017 \_\_\_\_\_

2009 \_\_\_\_\_ 2012 \_\_\_\_\_ 2015 \_\_\_\_\_ 2018 \_\_\_\_\_

#### Residential Energy Property Costs

Energy efficient building property costs . . . . . \_\_\_\_\_

Qualified natural gas, propane, or oil furnace or hot water boiler . . . . . \_\_\_\_\_

Advanced main air circulating fan used in a natural gas, propane, or oil furnace . . . . . \_\_\_\_\_

Education Credits and Deduction

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Provide all Form(s) 1098-T

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes
- Was the student enrolled at least half time for at least one academic period that began in 2020 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
- Did the student complete the first four years of post-secondary education before 2020?
- Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?
- Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

	2020	2019
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution	_____	_____
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution	_____	_____
Tax-free education assistance received in 2020 allocable to the academic period	_____	_____
Tax-free education assistance received in 2021 (and before 2020 return is filed) allocable to the academic period	_____	_____
Refunds of qualified education expenses paid in 2020 if the refund is received before the 2020 return is filed	_____	_____

EIN \_\_\_\_\_

Educational Institution Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes
- Was the student enrolled at least half time for at least one academic period that began in 2020 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
- Did the student complete the first four years of post-secondary education before 2020?
- Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?
- Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

	2020	2019
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution	_____	_____
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution	_____	_____
Tax-free education assistance received in 2020 allocable to the academic period	_____	_____
Tax-free education assistance received in 2021 (and before 2020 return is filed) allocable to the academic period	_____	_____
Refunds of qualified education expenses paid in 2020 if the refund is received before the 2020 return is filed	_____	_____

EIN \_\_\_\_\_

Educational Institution Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Energy Credits

Name:

SSN:

#### Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle . . . . .	_____	_____
Make of vehicle . . . . .	_____	_____
Model of vehicle . . . . .	_____	_____
How many wheels does the vehicle have? . . . . .	_____	_____
Vehicle Identification Number . . . . .	_____	_____
Date vehicle was placed in service . . . . .	_____	_____
Tentative credit . . . . .	_____	_____
Business/investment use percentage . . . . .	_____	_____

#### Form 8910 - Alternative Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle . . . . .	_____	_____
Make of vehicle . . . . .	_____	_____
Model of vehicle . . . . .	_____	_____
Vehicle Identification Number . . . . .	_____	_____
Date vehicle was placed in service . . . . .	_____	_____
Tentative credit . . . . .	_____	_____
Business/investment use percentage . . . . .	_____	_____



