

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? _____		_____			

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

	2020	2019
Family health coverage	_____	_____

Income

	2020	2019
Gross receipts or sales	_____	_____
Returns and allowances	_____	_____
Other income	_____	_____

Cost of Goods Sold

	2020	2019
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	_____	_____

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.)	_____	_____	_____	_____	_____

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		

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000 | <input type="checkbox"/> Equipment | <input type="checkbox"/> Collectibles |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Qualified conservation | <input type="checkbox"/> Securities | <input type="checkbox"/> 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

- | | | |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000 | <input type="checkbox"/> Equipment | <input type="checkbox"/> Collectibles |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Qualified conservation | <input type="checkbox"/> Securities | <input type="checkbox"/> Other |

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		

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 _____		

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 not 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you or your spouse have another vehicle available for personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes," is the evidence written?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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					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.
Real estate taxes					
Excess mortgage interest					
Excess real estate taxes					
Insurance					
Rent					
Repairs & maintenance					
Utilities					
Other expenses					

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? <input type="checkbox"/> Yes <input type="checkbox"/> No Value of land		
Date placed in service		
Date taken out of service		

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: _____ Yes No

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: _____

- Yes
- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?
- 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	_____	_____

Educational Institution	EIN	_____
	Name	_____
	Street	_____
	City	_____ State _____ ZIP _____

Student's first and last name: _____ SSN: _____

- Yes
- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?
- 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	_____	_____

Educational Institution	EIN	_____
	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	_____	_____

