

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Information		
Did you receive an Economic Impact Payment (EIP) as reported on Notice 1444?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency leave sick pay?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency family leave wages?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or		

have they been a victim of identity theft? If yes, attach the IRS letter. ☐ ☐

Purchases, Sales and Debt Information

Did you start a new business or purchase rental property during the year? ☐ ☐

Did you sell, exchange, or purchase any assets used in your trade or business? ☐ ☐

Did you acquire a new or additional interest in a partnership or S corporation? ☐ ☐

Did you sell, exchange, or purchase any real estate during the year? ☐ ☐

Did you purchase or sell a principal residence during the year? ☐ ☐

Did you foreclose or abandon a principal residence or real property during the year? ☐ ☐

Did you acquire or dispose of any stock during the year? ☐ ☐

Did you take out a home equity loan this year? ☐ ☐

Did you refinance a principal residence or second home this year? ☐ ☐

Did you sell an existing business, rental, or other property this year? ☐ ☐

Did you lend money with the understanding of repayment and this year it became totally uncollectable? ☐ ☐

Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)? ☐ ☐

Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year? ☐ ☐

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer? ☐ ☐

Did you receive any income from property sold prior to this year? ☐ ☐

Did you receive any unemployment benefits during the year? ☐ ☐

Did you receive any disability income during the year? ☐ ☐

Did you receive any Medicaid waiver payments as difficulty of care during the year? ☐ ☐

Did you receive tip income not reported to your employer this year? ☐ ☐

Did any of your life insurance policies mature, or did you surrender any policies? ☐ ☐

Did you receive any awards, prizes, hobby income, gambling or lottery winnings? ☐ ☐

Did you receive any income considered to be nonemployee compensation? ☐ ☐

Do you expect a large fluctuation in income, deductions, or withholding next year? ☐ ☐

Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services? ☐ ☐

Retirement Information

Are you an active participant in a pension or retirement plan? ☐ ☐

Did you receive any Social Security benefits during the year? ☐ ☐

Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? ☐ ☐

If yes, were any withdrawals due to a Federally declared disaster or COVID-19? ☐ ☐

If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2020? ☐ ☐

Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan? ☐ ☐

Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan? ☐ ☐

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year? ☐ ☐

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses ☐ ☐

Did anyone in your family receive a scholarship of any kind during the year? ☐ ☐

If yes, were any of the scholarship funds used for expenses other than tuition, ☐ ☐

such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur moving costs because of a permanent change of station as a member		

of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

Personal Information

1

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er))

[1]

Mark if you were married but living apart all year

[2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN)

[3]

	Taxpayer	Spouse
Social security number	[4]	[5]
First name	[6]	[7]
Last name	[8]	[9]
Occupation	[10]	[11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	[12]	[14]
Mark if dependent of another taxpayer	[15]	[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	[17]	
Mark if legally blind	[20]	[21]
Date of birth	[22]	[24]
Date of death	[26]	[27]
Work/daytime telephone number/ext number	[28] [29]	[30] [31]
Home/evening telephone number	[32]	[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	[34]	

Present Mailing Address

Address [40]
Apartment number [41]
City, state postal code, zip code [42] [43] [44]
Foreign country name [46]
Foreign phone number [49]
In care of addressee [50]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name ⁵¹	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	***Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent

[52]

Social security number of qualifying person

[53]

Dependent Codes

- | | | | |
|-----------|---|---------|--|
| *Basic | 1 = Child who lived with you | **Other | 1 = Student (Age 19 - 23) |
| | 2 = Child who did not live with you due to divorce/separation | | 2 = Disabled dependent |
| | 3 = Other dependent | | 3 = Dependent who is both a student and disabled |
| | 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC) | | |
| | 5 = Qualifying child for Earned Income Credit only | | |
| | 6 = Children who lived with you, but do not qualify for Earned Income Credit | | |
| | 7 = Children who lived with you, but do not qualify for Child Tax Credit | | |
| | 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit | | |
| ***Months | 77 = Reported on odd year return | | |
| | 88 = Reported on even year return | | |
| | 99 = Not reported on return | | |

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)

____ [8]

Taxpayer email address

____ [9]

Spouse email address

____ [10]

Taxpayer

Spouse

Fax telephone number

____ [11]

____ [19]

Mobile telephone number

____ [12]

____ [20]

Mobile telephone #2 number

____ [13]

____ [21]

Pager number

____ [14]

____ [22]

Other:

____ [15]

____ [23]

Telephone number

____ [16]

____ [24]

Extension

____ [17]

____ [25]

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

____ [18]

____ [26]

NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct.

__[1]

Primary account:

Financial institution routing transit number

_____[3]

Name of financial institution

_____[4]

Your account number

_____[5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*)

_____[6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)

_____[9]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)

_____[10]

Enter the maximum dollar amount, or percentage of total refund Dollar _____[11] or Percent (xxx.xx) _____[12]

Secondary account #1:

Financial institution routing transit number

_____[27]

Name of financial institution

_____[28]

Your account number

_____[29]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*)

_____[30]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)

_____[31]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)

_____[32]

Enter the maximum dollar amount, or percentage of total refund Dollar _____[13] or Percent (xxx.xx) _____[14]

Secondary account #2:

Financial institution routing transit number

_____[33]

Name of financial institution

_____[34]

Your account number

_____[35]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*)

_____[36]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)

_____[37]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)

_____[38]

Enter the maximum dollar amount, or percentage of total refund Dollar _____[17] or Percent (xxx.xx) _____[18]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both

Dollar _____[15] or Percent (xxx.xx) _____[16]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds _____[19] or Percent (xxx.xx) _____[20]

Owner's name (First Last)

_____[40] _____[41]

Co-owner or beneficiary (First Last)

_____[42] _____[43]

Mark if the name listed above is a beneficiary

_____[44]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds _____[23] or Percent (xxx.xx) _____[24]

Owner's name (First Last)

_____[45] _____[46]

Co-owner or beneficiary (First Last)

_____[47] _____[48]

Mark if the name listed above is a beneficiary

_____[49]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing

____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension)

____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account

____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN)

____[7]

Spouse self-selected Personal Identification Number (PIN)

____[8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____[1]
Identification number _____[2]
Issue date _____[3]
Expiration date (mm/dd/yyyy) _____[4]
Location of issuance (State issued only) _____[5]
Document number (New York only) _____[6]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____[9]
Identification number _____[10]
Issue date _____[11]
Expiration date (mm/dd/yyyy) _____[12]
Location of issuance (State issued only) _____[13]
Document number (New York only) _____[14]

NOTES/QUESTIONS:

If you have an overpayment of 2020 taxes, do you want the excess:

Refunded

[52]

Applied to 2021 estimated tax liability

[53]

Do you expect a considerable change in your 2021 income? (Y, N)

[54]

If yes, please explain any differences:

[55]

[56]

[57]

[58]

Do you expect a considerable change in your deductions for 2021? (Y, N)

[59]

If yes, please explain any differences:

[60]

[61]

[62]

[63]

Do you expect a considerable change in the amount of your 2021 withholding? (Y, N)

[64]

If yes, please explain any differences:

[65]

[66]

[67]

[68]

Do you expect a change in the number of dependents claimed for 2021? (Y, N)

[69]

If yes, please explain any differences:

[70]

[71]

[72]

[73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes

[74]

2020 Federal Estimated Tax Payments

2019 overpayment applied to 2020 estimates

+ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields.

[5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	7/15/20	[6]	+ [7]		
2nd quarter payment	7/15/20	[8]	+ [9]		
3rd quarter payment	9/15/20	[10]	+ [11]		
4th quarter payment	1/15/21	[12]	+ [13]		
Additional payment		[14]	+ [15]		

*Method of payment indicated in prior year

EFW = Electronic funds withdrawal

EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J)

[1]

State postal code

[2]

Amount paid with 2019 return

+ [3]

2019 overpayment applied to '20 estimates

+ [4]

Treat calculated amounts as paid

[8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	[9]	+ [10]	
2nd quarter payment	[11]	+ [12]	
3rd quarter payment	[13]	+ [14]	
4th quarter payment	[15]	+ [16]	
Additional payment	[17]	+ [18]	

2020 City Estimated Tax Payments

City #1	City #2
City name [28]	City name [50]
Amount paid with 2019 return + [31]	Amount paid with 2019 return + [53]
2019 overpayment applied to '20 estimates [32]	2019 overpayment applied to '20 estimates [54]
Treat calculated amounts as paid [36]	Treat calculated amounts as paid [58]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment [37]	+ [38]	1st quarter payment [59]	+ [60]
2nd quarter payment [39]	+ [40]	2nd quarter payment [61]	+ [62]
3rd quarter payment [41]	+ [42]	3rd quarter payment [63]	+ [64]
4th quarter payment [43]	+ [44]	4th quarter payment [65]	+ [66]

Calculated Amount

1st quarter payment _____
 2nd quarter payment _____
 3rd quarter payment _____
 4th quarter payment _____

Calculated Amount

1st quarter payment _____
 2nd quarter payment _____
 3rd quarter payment _____
 4th quarter payment _____

City #3	City #4
City name [72]	City name [94]
Amount paid with 2019 return + [75]	Amount paid with 2019 return + [97]
2019 overpayment applied to '20 estimates [76]	2019 overpayment applied to '20 estimates [98]
Treat calculated amounts as paid [80]	Treat calculated amounts as paid [102]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment [81]	+ [82]	1st quarter payment [103]	+ [104]
2nd quarter payment [83]	+ [84]	2nd quarter payment [105]	+ [106]
3rd quarter payment [85]	+ [86]	3rd quarter payment [107]	+ [108]
4th quarter payment [87]	+ [88]	4th quarter payment [109]	+ [110]

Calculated Amount

1st quarter payment _____
 2nd quarter payment _____
 3rd quarter payment _____
 4th quarter payment _____

Calculated Amount

1st quarter payment _____
 2nd quarter payment _____
 3rd quarter payment _____
 4th quarter payment _____

[illegible]

[illegible]

2020 Information

Prior Year Information

[illegible]

Control Totals+

2020 Information

Prior Year Information

[illegible]

Control Totals+

Interest Income

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

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

T/S/J	Type Code (**See codes below)	Interest Income [1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts +						
	2	Payer						
		Amounts +						
	3	Payer						
		Amounts +						
	4	Payer						
		Amounts +						
	5	Payer						
		Amounts +						
	6	Payer						
		Amounts +						
	7	Payer						
		Amounts +						
	8	Payer						
		Amounts +						
	9	Payer						
		Amounts +						
	10	Payer						
		Amounts +						

**Interest Codes

Blank = Regular Interest

4 = Accrued Interest

6 = ABP Adjustment

3 = Nominee Distribution

5 = OID Adjustment

7 = Series EE & I Bond

Control Totals +

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

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

T S J	Type Code (**See codes below)	Ordinary Dividends	[2] Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer										
		Amounts +										
	2	Payer										
		Amounts +										
	3	Payer										
		Amounts +										
	4	Payer										
		Amounts +										
	5	Payer										
		Amounts +										
	6	Payer										
		Amounts +										
	7	Payer										
		Amounts +										
	8	Payer										
		Amounts +										
	9	Payer										
		Amounts +										
	10	Payer										
		Amounts +										

**Dividend Codes

Blank = Other

3 = Nominee

Control Totals +

Did you have any securities become worthless during 2020? (Y, N)	__[9]
Did you have any debts become uncollectible during 2020? (Y, N)	__[10]
Did you have any commodity sales, short sales, or straddles? (Y, N)	__[11]
Did you exchange any securities or investments for something other than cash? (Y, N)	__[13]
Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? (Y, N)	__[3]

[illegible]

[illegible]

	Form ID: InfoD
--	----------------

	2020 Information	Prior Year Information
State and local income tax refunds	+ _____ [5]	

	T/S	Agreement Date	2020 Information	Prior Year Information
Alimony received	—	—	+ _____ [3]	
	—	—	+ _____ [3]	

**If you received unemployment benefits or any of the special unemployment compensation authorized under the Coronavirus Relief Act, both are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation**	+ _____ [9]	+ _____ [10]	
Unemployment compensation federal withholding	+ _____ [9]	+ _____ [10]	
Unemployment compensation state withholding	+ _____ [9]	+ _____ [10]	
Unemployment compensation repaid	+ _____ [12]	+ _____ [13]	
Alaska Permanent Fund dividends	+ _____ [18]	+ _____ [19]	

T/S/J	Self-Employment Income ? (Y, N)		2020 Information	Prior Year Information
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		
—	—		+ _____ [15]	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	
—	—		+ _____	

NOTES/QUESTIONS:

Gambling Winnings #1

20

Please provide all copies of Form W-2G.

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

Gambling Winnings #2

Please provide all copies of Form W-2G.

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

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

24

Please provide all Forms 1099-R.

	2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Name of payer	_____[3]	
State postal code	_____[5]	
Gross distributions received (Box 1)	+ _____[7]	
Taxable amount received (Box 2a)	+ _____[9]	
Federal withholding (Box 4)	+ _____[11]	
Distribution code (Box 7)	_____[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	_____[16]	
State withholding (Box 12)	+ _____[17]	
Local withholding (Box 15)	+ _____[19]	
Amount of rollover	+ _____[21]	_____
Mark if distribution was due to a pre-retirement age disability	_____[23]	_____

Control Totals+

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

	2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Name of payer	_____[3]	
State postal code	_____[5]	
Gross distributions received (Box 1)	+ _____[7]	
Taxable amount received (Box 2a)	+ _____[9]	
Federal withholding (Box 4)	+ _____[11]	
Distribution code (Box 7)	_____[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	_____[16]	
State withholding (Box 12)	+ _____[17]	
Local withholding (Box 15)	+ _____[19]	
Amount of rollover	+ _____[21]	_____
Mark if distribution was due to a pre-retirement age disability	_____[23]	_____

Control Totals+

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

	2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Name of payer	_____[3]	
State postal code	_____[5]	
Gross distributions received (Box 1)	+ _____[7]	
Taxable amount received (Box 2a)	+ _____[9]	
Federal withholding (Box 4)	+ _____[11]	
Distribution code (Box 7)	_____[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan	_____[16]	
State withholding (Box 12)	+ _____[17]	
Local withholding (Box 15)	+ _____[19]	
Amount of rollover	+ _____[21]	_____
Mark if distribution was due to a pre-retirement age disability	_____[23]	_____

Control Totals+

NOTES/QUESTIONS:

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)
State postal code

____ [1]
____ [2]

Social Security Benefits

	2020 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2020 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	_____
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	_____
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	_____
Prescription drug (Part D) premiums	+ _____ [14]	_____

Tier 1 Railroad Benefits

	2020 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2020 (Box 5)	+ _____ [22]	_____
Federal Income Tax Withheld (Box 10)	+ _____ [25]	_____
Medicare Premium Total (Box 11)	+ _____ [27]	_____

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any prior year benefits in 2020. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

_____	[40]
_____	[41]
_____	[42]
_____	[43]
_____	[44]

NOTES/QUESTIONS:

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2020	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2020	+ _____ [5]	+ _____ [6]
Enter the nondeductible contribution amount made in 2021 for use in 2020	+ _____ [7]	+ _____ [8]
Traditional IRA basis	+ _____ [17]	+ _____ [18]
Value of all your traditional IRA's on December 31, 2020:	+ _____ [19]	+ _____ [20]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

Roth IRA

Please provide copies of any 1998 through 2019 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__ [29]	__ [30]
Enter the total Roth IRA contributions made for use in 2020	+ _____ [31]	+ _____ [32]
Enter the amount a 2020 Roth IRA conversion should be adjusted by	+ _____ [39]	+ _____ [40]
Enter the total contribution Roth IRA basis on December 31, 2019	+ _____ [43]	+ _____ [44]
Enter the total Roth IRA contribution recharacterizations for 2020	+ _____ [45]	+ _____ [46]
Enter the Roth conversion IRA basis on December 31, 2019	+ _____ [47]	+ _____ [48]
Value of all your Roth IRA's on December 31, 2020:	+ _____ [49]	+ _____ [50]
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

NOTES/QUESTIONS:

Preparer use only

2020 Information		Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) [3]	State postal code [5]	
Physical address: Street _____	[6]	
City, state, zip code _____ [7] _____ [8]	[9]	
Foreign country _____	[11]	
Foreign province/county _____	[12]	
Foreign postal code _____	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) [14]		
Description of other type (Type code #8) _____	[15]	
Did you make any payments in 2020 that require you to file Form(s) 1099? (Y,N) _____	[16]	
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	_____
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]	
Percentage of ownership if not 100% _____	[22]	
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]	

Rent and Royalty Income

2020 Information		Prior Year Information
Rents and royalties _____	[33]	_____
_____ + _____		_____

Rent and Royalty Expenses

2020 Information	Percent if not 100%	Prior Year Information
Advertising + _____ [35]	_____ [36]	_____
Auto + _____ [38]	_____ [39]	_____
Travel + _____ [41]	_____ [42]	_____
Cleaning and maintenance + _____ [44]	_____ [45]	_____
Commissions: _____ + _____ [47]	_____ [49]	_____
_____ + _____		_____
Insurance: _____ + _____ [50]	_____ [52]	_____
_____ + _____		_____
Legal and professional fees + _____ [54]	_____ [55]	_____
Management fees: _____ + _____ [57]	_____ [59]	_____
_____ + _____		_____
Mortgage interest paid to banks, etc (Form 1098) _____ + _____ [60]	_____ [62]	_____
_____ + _____		_____
Other mortgage interest + _____ [63]	_____ [65]	_____
Qualified mortgage insurance premiums + _____ [66]	_____ [67]	_____
Other interest: _____ + _____ [69]	_____ [71]	_____
_____ + _____		_____
Repairs + _____ [72]	_____ [73]	_____
Supplies + _____ [75]	_____ [76]	_____
Taxes: _____ + _____ [78]	_____ [80]	_____
_____ + _____		_____
Utilities + _____ [81]	_____ [82]	_____
Depreciation + _____ [84]	_____ [85]	_____
Depletion + _____ [87]	_____ [88]	_____
Other expenses: _____ + _____ [90]		_____
_____ + _____		_____
_____ + _____		_____
_____ + _____		_____

Control Totals+

Form ID: Rent

☐ Preparer use only

Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2020 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name _____ [92]		
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2020 _____		
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		
Refinancing points paid -		
Recipient's/Lender's name _____		
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2020 _____		
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		
Refinancing points paid -		
Recipient's/Lender's name _____		
Date of refinance _____		
Total # Payments _____		
Reported on 1098 in 2020 _____		
Total points paid _____		
Points deemed as paid in current year (Preparer use only) _____		

Vacation Home Information

Preparer - Enter on Screen Rent-3

	2020 Information	Prior Year Information
Number of days home was used personally _____ [5]		
Number of days home was rented _____ [7]		
Number of day home owned, if not 366 _____ [9]		
Carryover of disallowed operating expenses into 2020 + _____ [21]		
Carryover of disallowed depreciation expenses into 2020 + _____ [22]		

Passive and Other Information

Preparer - Enter on Screen Rent-2

Preparer use only Carryovers	Non-QBI and Tax	For QBI & Tax	AMT
Operating	+ [25]	+ [26]	+ [27]
Short-term capital		+ [28]	+ [29]
Long-term capital		+ [30]	+ [31]
28% rate capital		+ [32]	+ [33]
Section 1231 loss	+ [34]	+ [35]	+ [36]
Ordinary business gain/loss +	[37]	+ [38]	+ [39]
Section 179	+ [40]	+ [41]	+ [42]

NOTES/QUESTIONS:

Control Totals+

Form ID: Rent-2

Please provide all Forms 1099-K

☐ Preparer use only

	2020 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Description	_____ [4]	
Principal Product	_____ [5]	
State postal code	_____ [6]	
Accounting method (1 = Cash, 2 = Accrual)	_____ [7]	
Agricultural activity code	_____ [9]	
Did you "materially participate" in this business? (Y, N)	_____ [12]	
Did you make any payments in 2020 that require you to file Form(s) 1099? (Y, N)	_____ [14]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [16]	
Mark if Schedule F net income or loss should be excluded from self-employment income	_____ [18]	
Medical insurance premiums paid by this activity	+ _____ [21]	
Long-term care premiums paid by this activity	+ _____ [25]	

Schedule F Income

Sales Code**	Income description	2020 Information	Prior Year Information
—	_____	+ _____ [35]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

** Sales Codes

1 = Cash sales of items bought for resale

4 = Custom hire (machine work)

2 = Cash sales of items raised

5 = Other income

3 = Accrual sales

	2020 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____ [37]	
Beginning inventory of livestock and other items (Accrual method)	+ _____ [39]	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____ [41]	
Ending inventory of livestock and other items (Accrual method)	+ _____ [43]	
Total cooperative distributions you received	+ _____ [45]	
Taxable cooperative distributions you received	+ _____ [47]	

2020 Total

2020 Taxable

Prior Year Information

Agricultural program payments

_____	+ _____	+ _____ [50]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

	2020 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____ [52]	
Commodity credit loans reported under election:	_____ [54]	
_____	_____	
Total commodity credit loans forfeited	+ _____ [56]	
Taxable commodity credit loans forfeited	+ _____ [58]	

2020 Total

2020 Taxable

Prior Year Information

Total crop insurance proceeds you received in 2020

_____	+ _____	+ _____ [61]	
_____	+ _____	+ _____	
_____	+ _____	+ _____	

Mark if electing to defer crop insurance proceeds to 2021

Crop insurance proceeds deferred from 2019

_____ [63]	
+ _____ [65]	

Control Totals+

Form ID: F-1

☐ Preparer use only

Description

	2020 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	_____
Chemicals	+ _____ [7]	_____
Conservation expenses	+ _____ [9]	_____
Carryover from prior years	+ _____ [11]	_____
Custom hire (machine work)	+ _____ [13]	_____
Depreciation	+ _____ [15]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	_____
Feed purchased	+ _____ [19]	_____
Fertilizers and lime	+ _____ [21]	_____
Freight and trucking	+ _____ [23]	_____
Gasoline, fuel, and oil	+ _____ [25]	_____
Insurance (Other than health)	+ _____ [28]	_____
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest (Paid to banks, etc.)	+ _____ [30]	_____
_____	+ _____	_____
_____	+ _____	_____
Other interest	+ _____ [32]	_____
Labor hired (Less employment credit)	+ _____ [34]	_____
Pension and profit sharing	+ _____ [36]	_____
Rent - vehicles, machinery, and equipment	+ _____ [38]	_____
Rent - other	+ _____ [40]	_____
Repairs and maintenance	+ _____ [42]	_____
Seed and plants purchased	+ _____ [44]	_____
Storage and warehousing	+ _____ [46]	_____
Supplies purchased	+ _____ [48]	_____
Taxes:	+ _____ [50]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [52]	_____
Veterinary, breeding, and medicine	+ _____ [54]	_____
Other expenses:	+ _____ [56]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [58]	_____

Control Totals+

Form ID: F-2

☐ Preparer use only

Description

2020 Information

Prior Year Information

Car and truck expenses

+ [6]

Chemicals

+ [8]

Conservation expenses

+ [10]

Carryover from prior years

+ [12]

Custom hire (machine work)

+ [14]

Depreciation

+ [16]

Employee benefit programs

+ [18]

Feed purchased

+ [20]

Fertilizers and lime

+ [22]

Freight and trucking

+ [24]

Gasoline, fuel, and oil

+ [26]

Insurance (Other than health):

+ [28]

+

+

Mortgage interest (Paid to banks, etc.):

+ [30]

+

+

Other interest

+ [33]

Labor hired (Less employment credit)

+ [35]

Pension and profit sharing

+ [37]

Rent - vehicles, machinery, and equipment

+ [39]

Rent - other

+ [41]

Repairs and maintenance

+ [43]

Seed and plants purchased

+ [45]

Storage and warehousing

+ [47]

Supplies purchased

+ [49]

Taxes:

+ [51]

+

+

+

+

Utilities

+ [53]

Veterinary, breeding, and medicine

+ [55]

Other expenses:

+ [57]

+

+

+

+

+

+

+

Preproductive period expenses

+ [59]

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

Control Totals+

Form ID: 4835-2

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

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

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

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

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

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

Complete this section if you paid interest on a qualified student loan in 2020 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2020. The amounts reported by the lender may differ from the amounts you actually paid.

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

NOTES/QUESTIONS:

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S)

[8]

Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction)

Student's social security number

Student's first name

Student's last name

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number

[8]

Institution's name

Institution's street address

Institution's city, state, zip code

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2020.

Enter the amount actually paid during 2020.

	2020 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ [8]	
Educational institution changed its reporting method for 2020 (Box 3)	—	
Adjustments made for a prior year (Box 4)	—	
Scholarships or grants (Box 5)	—	
Adjustments to scholarships or grants for a prior year (Box 6)	—	
Box 1 or 2 includes amounts for an academic period beginning January - March 2021 (Box 7)	—	
At least half-time student (Box 8)	—	
Graduate student (Box 9) (1=Yes, 2=No)	—	
Insurance contract reimbursement/refund (Box 10)	—	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	—	
American Opportunity Tax Credit (AOTC) disqualifier	—	
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2020		

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1 = Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

2020 Information

Prior Year Information

Amount contributed in current year + _____ [14]
 Basis of this account at 12/31/19 + _____ [17]
 Value of this account at 12/31/20 + _____ [19]
 Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse) + _____ [24]

Payments from Qualified Education Programs

2020 Information

Prior Year Information

Gross distribution (Box 1) + _____ [30]
 Earnings (Box 2) + _____ [32]
 Basis (Box 3) + _____ [34]
 Trustee-to-trustee rollover (Box 4) _____ [36]
 Trustee-to-trustee rollover amount if different than Box 1 + _____ [37]
 Box 5 -
 Private QTP _____ [39]
 State QTP _____ [40]
 Coverdell ESA _____ [41]
 Check if the recipient is not the designated beneficiary (Box 6) _____ [42]
 Qualified education expenses + _____ [43]
 Elementary and secondary education expenses + _____ [45]

NOTES/QUESTIONS:

T/S/J

2020 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1]		+	[2]
—		+	
—		+	
—		+	
—		+	
—		+	

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4]		+	[5]
—		+	
—		+	
—		+	

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7]		+	[8]
—		+	

Prescription medicines and drugs:

[10]		+	[11]
—		+	
—		+	

[13]	Miles driven for medical items	+	[14]
------	--------------------------------	---	------

Schedule A - Tax Expenses

T/S/J

2020 Information

Prior Year Information

State/local income taxes paid:

[18]		+	[19]
—		+	
—		+	
—		+	
—		+	

2019 state and local income taxes paid in 2020:

[21]		+	[22]
—		+	
—		+	

Real estate taxes paid:

[24]		+	[25]
—		+	
—		+	

Personal property taxes:

[27]		+	[28]
—		+	

Other taxes, such as: foreign taxes and State disability taxes

[30]		+	[31]
—		+	
—		+	

Sales tax paid on major purchases:

[36]		+	[37]
—		+	

Sales tax paid on actual expenses:

[39]		+	[40]
—		+	
—		+	

Control Totals+

Form ID: A-1

Interest Expenses

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T/S/J	2020 Interest Paid ^[2]	2020 Points Paid	Type*	2020 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	+	+		
-	+	+	+		
-	+	+	+		
-	+	+	+		
-	+	+	+		
-	+	+	+		
-	+	+	+		
-	+	+	+		
-	+	+	+		
-	+	+	+		

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J Payee's Name SSN or EIN 2020 Information Prior Year Information
Other, such as: Home mortgage interest paid to individuals

[4]			+	[5]	
Address					
City, state and zip code					
			+		
Address					
City, state and zip code					

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

-	Payer's/Borrower's name	[7]	
	Street Address		
	City/State/Zip code		
Refinancing Points paid in 2020 -			
	Taxpayer/Spouse/Joint (T, S, J)	[11]	
	Recipient/Lender name		
	Total points paid at time of refinance		
	Points deemed as paid in 2020 (Preparer use only)	+	[12]
	Date of refinance		
	Term of new loan (in months)		
	Reported on Form 1098 in 2020		
Taxpayer/Spouse/Joint (T, S, J)			
	Recipient/Lender name		
	Total points paid at time of refinance		
	Points deemed as paid in 2020 (Preparer use only)	+	
	Date of refinance		
	Term of new loan (in months)		
	Reported on Form 1098 in 2020		

T/S/J 2020 Information Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:

[15]		+	[16]	
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		
-		+		

Control Totals+

Form ID: A-2

Prior Year Information

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area

Miscellaneous Deductions

Prior Year Information

Other expenses

Gambling losses: (Enter only if you have gambling income)

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

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For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis + _____ [13]
 Fair market value + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]
 Part III Household Information -

	A. 2020 Monthly Premium Amount	Prior Year Information	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2020 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]
 Part III Household Information -

	A. 2020 Monthly Premium Amount	Prior Year Information	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2020 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)	____ [1]	
Name of Trustee	____ [4]	
State postal code	____ [2]	
Indicate type of health or medical savings account:		
HSA	____ [6]	
Archer MSA	____ [7]	
MA (Medicare Advantage) MSA	____ [9]	
Total HSA/MSA contributions made		
for 2020 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	____ [12]	
Number of months in qualified high deductible health plan in 2020	____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	____ [14]	
Total HSA/MSA contribution to be made for 2020	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2019 taken as constructive contributions for 2020	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [24]	
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2020? (Y, N) _____ [33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

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Please provide all Forms 1099-SA.

2020 Information		Prior Year Information
Taxpayer/Spouse (T, S)	_____[1]	
Name of Trustee	_____[4]	
State postal code	_____[2]	
Gross distributions received (Box 1)	+ _____[7]	
Earnings on excess contributions (Box 2)	+ _____[9]	
Distribution code (Box 3)	_____[11]	
Fair Market Value on date of death (Box 4)	+ _____[12]	
Box 5 -		
HSA	_____[13]	
Archer MSA	_____[14]	
MA MSA	_____[15]	
All distributions were used to pay unreimbursed qualified medical expenses	_____[17]	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2020	+ _____[19]	
Withdrawal of excess contributions by the due date of the return	+ _____[21]	
Amount of distribution rolled over for 2020	+ _____[23]	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/19	+ _____[27]	
For HSA accounts:		
Was the high deductible health plan coverage started in 2019 and in effect for the month of December 2019? (Y, N)	_____[29]	
Was the high deductible health plan coverage ended before 12/31/20? (Y, N)	_____[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2020 Information		Prior Year Information
Name of the insured chronically ill individual	_____[39]	
Social security number of insured	_____[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+ _____[42]	
Accelerated death benefits paid (Box 2)	+ _____[44]	
Check one (Box 3)		
Per diem	_____[46]	
Reimbursed amount	_____[47]	
Qualified contract (Box 4)	_____[48]	
Check, if applicable (Box 5)		
Chronically ill	_____[49]	
Terminally ill	_____[50]	
Are there other individuals who received LTC payments during 2020? (Y, N)	_____[52]	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	_____[53]	
Number of days during the long-term care period	_____[54]	
Cost incurred for qualified long-term care services during the long-term care period	+ _____[55]	

NOTES/QUESTIONS: