

2020

1040

US

Client Information

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## Tax Return Appointment

Telephone number:  
Fax number:  
E-mail address:

Date:  
Time:  
Location:

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

## CLIENT INFORMATION

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

## Filing Status

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

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## Client Information (continued)

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Please add, change or delete information for 2020.

## CLIENT INFORMATION

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

1 p2

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
Please add, change or delete information for 2020.				
<b>DEPENDENTS</b>				
		Dependent	Dependent	<p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer  2 = Child not living w/taxpayer  3 = Dependent other than child  4 = Head of household or qualifying widow(er) only, not a dependent  5 = Earned income credit only, not a dependent</p> <p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)  2 = Student age 19 to 23  3 = Disabled  4 = Force  5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <p>1. School records or statement  2. Landlord or property management statement  3. Health care provider statement  4. Medical records  5. Child care provider records  6. Placement agency statement  7. Social service records or statement  8. Place of worship statement  9. Indian tribe office statement  10. Employer statement</p> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <p>1. Doctor statement  2. Other health care provider statement  3. Social services agency or program statement</p>
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				
		Dependent	Dependent	
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				
		Dependent	Dependent	
First name.....				
Last name.....				
Title/suffix.....				
Date of birth (m/d/y).....				
Date of death.....				
Date of adoption.....				
Social security number.....				
Relationship.....				
Months lived at home.....				
Type of dependent (see table).....				
Earned income credit (see table).....				
Claimed by: 1=taxpayer, 2=spouse.....				
IRS theft protection PIN.....				

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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**If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.**

**YES****NO****PERSONAL INFORMATION**☐☐

Did your marital status change during the year?

☐☐

Did your address change during the year?

☐☐

Could you be claimed as a dependent on another person's tax return for 2020?

**DEPENDENTS**☐☐

Were there any changes in dependents?

☐☐

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2020?

☐☐

Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

**HEALTH CARE COVERAGE**☐☐

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

**INCOME**☐☐

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

☐☐

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

☐☐

Did you receive any disability income?

☐☐

Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**☐☐

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

☐☐

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

☐☐

Did you buy or sell any stocks, bonds or other investment property in 2020?

☐☐

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

☐☐

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

☐☐

Did you have any debts cancelled or forgiven?

☐☐

Does anyone owe you money which has become uncollectible?

**2020****1040****US****Miscellaneous Questions (continued)**

**If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.**

**YES****NO****RETIREMENT PLANS**

- ☐ ☐ Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- ☐ ☐ Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- ☐ ☐ Did you transfer or rollover any amount from one retirement plan to another retirement plan?

**EDUCATION**

- ☐ ☐ Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- ☐ ☐ Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

**ITEMIZED DEDUCTIONS**

- ☐ ☐ Did you incur a loss because of damaged or stolen property?
- ☐ ☐ Did you work out of town for part of the year?
- ☐ ☐ Did you use your car on the job (other than to and from work)?

**ESTIMATED TAXES**

- ☐ ☐ Did you apply an overpayment of 2019 taxes to your 2020 estimated tax (instead of being refunded)?
- ☐ ☐ If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)?
- ☐ ☐ Do you expect your 2021 taxable income and withholdings to be different from 2020?

**MISCELLANEOUS**

- ☐ ☐ Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- ☐ ☐ Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- ☐ ☐ May the IRS discuss your tax return with your preparer?
- ☐ ☐ Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

**2020****1040****US****Miscellaneous Questions (continued)**

**If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.**

**YES****NO****MISCELLANEOUS (continued)**☐☐

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

☐☐

Was your home rented out or used for business?

☐☐

Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

☐☐

Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?

☐☐

Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?

☐☐

Did you engage the services of any household employees?

☐☐

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

☐☐

Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?

☐☐

Did your bank account information change within the last twelve months?

☐☐

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

**CORONA VIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (CARES ACT)**☐☐

Did you receive an economic impact payment? If so, how much?

☐☐

Did your business have any PPP loan amounts forgiven?

☐☐

Did you receive a distribution from your retirement plan because of COVID?



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

7.1

Please enter all pertinent 2020 information.

**APPLICATION OF 2020 OVERPAYMENT (7.1)**

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

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

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**2021 ESTIMATED TAX INFORMATION**

Do you expect your 2021 taxable income to be different from 2020? ..... Yes ☐ No ☐

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_

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Do you expect your 2021 withholding to be different from 2020? ..... Yes ☐ No ☐

If "yes" explain any differences: \_\_\_\_\_

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7.1



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

### WAGES, SALARIES, TIPS (10)

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

### PENSIONS, IRA DISTRIBUTIONS (13.1)

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

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

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

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

Total gambling losses.....  
Winnings not reported on Form W-2G.....

2020 Amount	TS	2019 Amount

**10, 13.1, 13.2**

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Interest &amp; Dividend Income</b>	<b>11, 12</b>
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Please enter all pertinent 2020 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.  
Last year's amounts are provided for your reference.

### INTEREST INCOME (11)

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

### DIVIDEND INCOME (12)

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

**11, 12**

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

## MISCELLANEOUS INCOME

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

## TAX WITHHELD (not entered elsewhere)

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

**14.1**

2020	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2
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Please add, change or delete 2020 information as appropriate.  
Be sure to attach all 1099-G forms.

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

2020 1099-G Amount

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

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

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

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

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

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

### ABLE DISTRIBUTIONS / CONTRIBUTIONS

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

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

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

## GENERAL INFORMATION

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

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

## INCOME

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

## COST OF GOODS SOLD

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

**2020****1040****US****Business Income (Schedule C) (cont.)**No. **16** p2

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

**EXPENSES**

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

Other expenses:


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

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Series: 52 Capital Gains & Losses (Schedule D)

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Installment Sales (Form 6252)

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

**PRIOR YEAR INSTALLMENT SALE**

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

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

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

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

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

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

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

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2020

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US

Sale of Home &amp; Moving Expenses

17, 27

If you sold your home or moved in 2020, please complete the information below.  
For the sale of home, please provide Form 1099-S and closing statements from  
the purchase and sale of your home.

**SALE OF HOME (17)**

Description of property (Box 3) .....

Date acquired (m/d/y) .....

Date sold (m/d/y) (Box 1) .....

Sales price (Box 2) .....

1=sale of home .....

1=owned and used property as main home for at least 2 of 5 years before sale .....

1=first-time homebuyer credit was previously taken on this home .....

1=business use in year of sale .....

Number of days after December 31, 2008 that home was not used as principal residence .....


**Adjusted Basis**

Original cost .....

Improvements:

.....

.....

.....

Adjusted basis .....


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

.....

.....

.....

Total expenses of sale .....


**Reduced Exclusion**

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

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) .....

1=sale due to change in health, employment or unforeseen circumstances .....

Days used as main home - taxpayer .....

Days used as main home - spouse .....

Days property owned - taxpayer .....

Days property owned - spouse .....


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

1=spouse, 2=joint. ....

1=armed forces move due to permanent change of station .....

Miles from old home to new work place .....

Miles from old home to old work place .....

Expenses for transportation and storage of household goods and personal effects .....

Lodging and travel (excluding meals):

Lodging and travel (excluding automobile) .....

Parking fees and tolls .....

Gas and oil .....

Miles driven to new home .....


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

17, 27

2020

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US

## Rental &amp; Royalty Income (Schedule E)

No. 

18

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

## GENERAL INFORMATION

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

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

## INCOME

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

## DIRECT EXPENSES

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

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

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

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[illegible]

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

PARTNERSHIP INFORMATION (20.1)

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

S CORPORATION INFORMATION (20.2)

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

				20.1,20.2
--	--	--	--	-----------

Series: 57, 58 Estate or Trust and REMIC Information

Series: 61 Asset Disposition List



Series: 61 Asset Acquisition List

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

### GENERAL INFORMATION

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

### AUTOMOBILE MILEAGE

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

### ACTUAL EXPENSES

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

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Adjustments to Income</b>	<b>24</b>
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Please enter all pertinent 2020 information. Last year's amounts are provided for your reference.

### TRADITIONAL IRA CONTRIBUTIONS

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

### ROTH IRA CONTRIBUTIONS

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

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

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

### ADJUSTMENTS TO INCOME

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

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

	<b>24</b>
--	-----------

2020

1040

US

Itemized Deductions

25

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

## MEDICAL AND DENTAL EXPENSES

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

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

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

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

## SALES AND USE TAXES PAID

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

## OTHER TAXES PAID

Real estate taxes - principal residence:

_____			
_____			

Real estate taxes - held for investment :

_____			
_____			
_____			

Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...

Foreign income taxes .....			
----------------------------	--	--	--

Other taxes:

_____			
-------	--	--	--

25

**2020****1040****US****Itemized Deductions (continued)****25** p2

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

**INTEREST PAID**

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

**2020 Amount****TS****2019 Amount**

_____
_____
_____


Home mortgage interest not reported on Form 1098:

Payee's name.....	
Payee's SSN or FEIN....	
Payee's street address..	
Payee's city.....	
Payee's state.....	
Payee's ZIP code.....	
Payee's region.....	
Payee's postal code....	
Payee's country.....	

Amount paid.....

--	--	--

Points not reported on Form 1098:

_____
-------

--	--	--

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

--	--	--

Investment interest (interest on margin accounts):

_____
-------

--	--	--

Passive interest.....

--	--	--

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

**CASH CONTRIBUTIONS**

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

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

Contributions by cash or check:

_____
_____
_____
_____


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

Number of charitable miles .....


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

Contributions by cash or check:

_____
_____
_____
_____


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

Number of charitable miles .....


**25** p2

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Itemized Deductions (continued)</b>	<b>25</b> p3
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

### NONCASH CONTRIBUTIONS

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

50% limitation (see above):

	2020 Amount	TS	2019 Amount
_____			
_____			
_____			
_____			

30% limitation (see above):

_____			
_____			
_____			
_____			

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

_____			
_____			
_____			
_____			

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

_____			
_____			
_____			
_____			

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

Union and professional dues.....

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

_____			
_____			
_____			
_____			
_____			
_____			

Investment expense:

_____			
_____			
_____			
_____			
_____			
_____			

Tax return preparation fee.....

Safe deposit box rental.....


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

_____			
_____			
_____			
_____			
_____			
_____			

Series: 400 (T=taxpayer, S=spouse, Blank=joint) Itemized Deductions (continued)

2020

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US

Itemized Deductions (continued)

25 p5

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

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

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

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

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

## LOAN INFORMATION

Loan #1

Lender's name . . . . .

Form (see table) . . . . .

Number of form . . . . .

1=taxpayer, 2=spouse, blank=joint . . . . .

Interest paid . . . . .

Points paid . . . . .

Total principal paid . . . . .

Lump sum principal payment (if paid off) . . . . .

Months outstanding (if not 12) . . . . .

1=home acquisition debt incurred after 12/15/17 . . . . .

Home acquisition debt balance - beginning of year . . . . .

Home acquisition debt borrowed in 2020 . . . . .

Home equity debt balance - beginning of year . . . . .

Home equity debt borrowed in 2020 . . . . .

Grandfather debt balance - beginning of year . . . . .


Loan #2

Lender's name . . . . .

Form (see table) . . . . .

Number of form . . . . .

1=taxpayer, 2=spouse, blank=joint . . . . .

Interest paid . . . . .

Points paid . . . . .

Total principal paid . . . . .

Lump sum principal payment (if paid off) . . . . .

Months outstanding (if not 12) . . . . .

1=home acquisition debt incurred after 12/15/17 . . . . .

Home acquisition debt balance - beginning of year . . . . .

Home acquisition debt borrowed in 2020 . . . . .

Home equity debt balance - beginning of year . . . . .

Home equity debt borrowed in 2020 . . . . .

Grandfather debt balance - beginning of year . . . . .


### Form

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

25 p5



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

## LOAN INFORMATION (continued)

### Loan #3

2020 Amount

TS

2019 Amount

Lender's name.....

Form (see table).....

Number of form.....

1=taxpayer, 2=spouse, blank=joint.....

Interest paid.....

Points paid.....

Total principal paid.....

Lump sum principal payment (if paid off).....

Months outstanding (if not 12).....

1=home acquisition debt incurred after 12/15/17.....

Home acquisition debt balance - beginning of year.....

Home acquisition debt borrowed in 2020.....

Home equity debt balance - beginning of year.....

Home equity debt borrowed in 2020.....

Grandfather debt balance - beginning of year.....

[illegible]

Loan #4

Lender's name.....

Form (see table).....

Number of form.....

1=taxpayer, 2=spouse, blank=joint.....

Interest paid.....

Points paid.....

Total principal paid.....

Lump sum principal payment (if paid off).....

Months outstanding (if not 12).....

1=home acquisition debt incurred after 12/15/17.....

Home acquisition debt balance - beginning of year.....

Home acquisition debt borrowed in 2020.....

Home equity debt balance - beginning of year.....

Home equity debt borrowed in 2020.....

Grandfather debt balance - beginning of year.....

[illegible]

## Form

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

2020

1040

US

## Noncash Contributions (Form 8283)

26

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

- \* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- \* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

### DONATED PROPERTY INFORMATION

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

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

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

26

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Business Use of Home (Form 8829)</b>	No. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	<b>29</b>
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**Please enter 2020 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.**

## BUSINESS USE OF HOME

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

## INDIRECT EXPENSES

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

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

## DIRECT EXPENSES

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

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

**2020****1040****US****Health Savings Accounts (8889)****32.1**

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

**HSA CONTRIBUTIONS**

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

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

**HSA DISTRIBUTIONS**

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

**32.1**

2020	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2
------	------	----	---	-----------

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

### DEPENDENT CARE EXPENSES (33.1)

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

### PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

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

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

### PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

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

2020	1040	US	Qualified Adoption Expenses (Form 8839)	37
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Please enter all pertinent 2020 information. Last year's amounts are provided for your reference.

**ELIGIBLE CHILDREN**

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

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US

Education Credits / Tuition Deduction

No. 

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

**STUDENT INFORMATION**

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

First name.....

Last name.....

Social security number.....

Number of years hope credit claimed.....

Number of prior years AOC claimed.....

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

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

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

**EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name.....

Street address.....

City.....

State.....

ZIP code.....

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

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

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

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

**EDUCATIONAL INSTITUTION ATTENDED (#2)**

Name.....

Street address.....

City.....

State.....

ZIP code.....

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

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

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

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

**QUALIFIED EDUCATION EXPENSES**

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

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

Books &amp; supplies not entered above.....

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

2020 Amount

2019 Amount


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

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**2020****1040****US****Household Employment Taxes (Schedule H)****42**

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

## HOUSEHOLD EMPLOYMENT TAXES

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

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


Social security, Medicare and income taxes:

**2020 Amount**

**2019 Amount**

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


Federal unemployment tax:

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


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US

Parent's Election to Report Child's Inc.

No. 

44

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

**CHILD'S INFORMATION**

First name.....  
Last name.....  
Social security number.....  
Date of birth (m/d/y).....  
1=nontaxable to federal.....  
1=nontaxable to state.....


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

Banks, credit unions, etc. (Box 1):

2020 Amount

2019 Amount

.....  
.....


U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):

.....  
.....


Tax-exempt interest:

Total municipal bonds.....  
In-state municipal bonds.....


Adjustments:

Nominee distribution.....  
Accrued interest.....  
Tax-exempt interest (1099-INT in error).....  
OID adjustment.....  
ABP adjustment.....


Foreign:

1=interest in or authority over foreign account.....  
Name of foreign country.....  
1=grantor/transferor or received distribution from foreign trust.....


Post 8/7/86 private activity bond interest (included above) (6251) .....

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

Total ordinary dividends (Box 1a):

.....  
.....


Qualified dividends (Box 1b) .....

--	--

Total capital gain distributions (Box 2a):

.....  
.....


Unrecaptured section 1250 gain (Box 2b) .....

--	--

Section 1202 gain (Box 2c) .....

--	--

Collectibles (28%) gain (Box 2d) .....

--	--

Nontaxable distributions (Box 3) .....

--	--

Tax-exempt interest:

Total municipal bonds.....  
In-state municipal bonds.....


Nominee distributions:

Ordinary dividends.....  
Qualified dividends.....  
Capital gain distributions.....


Alaska permanent fund dividends included above .....

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<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Report of Foreign Bank and Financial Accounts</b>	<b>82.1</b>
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

## GENERAL INFORMATION

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

**82.1**

2020

1040

US

Report of Foreign Bank &amp; Fin. Accts.

No. 

82.1 p2

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

### INFORMATION ON FINANCIAL ACCOUNTS

1=spouse. ....

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

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

Financial institution:

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

Name of institution (Line 2) .....

Mailing address. ....

Account number .....

City. ....

State. ....

ZIP/postal code .....

Country (if not US) .....

Accounts owned jointly:

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

Principal joint owner:

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

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

Last name .....

First name .....

Middle initial .....

Address .....

City .....

State .....

ZIP/postal code .....

Country (if not US) .....

Accounts where filer has no financial interest:

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

First name .....

Middle initial .....

Taxpayer identification number .....

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

Address .....

City .....

State .....

ZIP/postal code .....

Country (if not US) .....

Filer's title .....

2020 Amount

2019 Amount

82.1 p2

**2020 1040 US Foreign Reporting (8938)**No. **82.2** p2

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

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

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

**OTHER FOREIGN ASSETS (Part II)**

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

**1****Type of Entity**

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

**82.2** p2

2020

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US

Foreign Reporting (8938) (continued)

No. 

82.2 p2

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

### OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

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


Issuer or counterparty (#2):

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


Issuer or counterparty (#3):

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


Issuer or counterparty (#4):

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


2

#### Type of Issuer or Counterparty

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

82.2 p2

Series:	Additional Information
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