

2020  
**Organizer**  
for your income tax return  
information



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## Miscellaneous Questions

For all information in the Organizer, please indicate the type of currency if not U.S. dollars.  
If we do not have copies of your Federal, State, City and Foreign income tax returns for  
2017, 2018 and 2019, please include them with this Organizer.

\*\*\* Enter the amount of COVID19 economic stimulus payment received. If no payment  
was received, enter N/A . . . . . \_\_\_\_\_

Indicate **X** if:

1. You would like to have any overpayment of federal tax refunded . . . . . \_\_\_\_\_
2. You would like to have any overpayment of federal tax applied to your 2021 estimated tax . . \_\_\_\_\_
3. During 2020, you received any notices or settled any examinations concerning your prior  
years' Federal, State, Local, or Foreign tax returns. **If so, attach copies of notices** . . . . . \_\_\_\_\_
4. You or your spouse made any gifts (not charitable contributions) in excess of \$15,000 to  
any one donee during the year. If so, provide details on a continuation sheet . . . . . \_\_\_\_\_
5. You or your spouse made any gifts to a trust for any amount . . . . . \_\_\_\_\_  
If so, provide a copy of the trust instrument and provide details on a continuation sheet.
6. You received grants of stock options from your employer or disposed of any stock  
acquired under a qualified employee stock purchase plan . . . . . \_\_\_\_\_  
If so, provide details on a continuation sheet and copies of documentation.
7. You exercised any stock options during 2020. If so, provide details on a continuation sheet . . \_\_\_\_\_
8. You disposed of any corporate bonds for which you paid other than the principal  
amount (i.e., discount or premium). If so, provide details on a continuation sheet . . . . . \_\_\_\_\_
9. You loaned money for an interest rate less than the market rate of interest . . . . . \_\_\_\_\_  
If so, provide details on a continuation sheet.
10. You received any payments from a pension or profit-sharing plan this year or expect to  
receive next year . . . . . \_\_\_\_\_  
If so, provide details on a continuation sheet and attach statements from the plan.
11. You received a Form 1099-DIV that includes dividends you received as a nominee; that is,  
in your name, but the dividends actually belong to someone else. . . . . \_\_\_\_\_  
  
If so, indicate X if a 1099-DIV was prepared to transfer the dividend to the proper  
recipient and indicate the amount on the **Dividend Income** organizer form . . . . . \_\_\_\_\_
12. You have received K-1s from partnerships, estates and trusts, or S corporations . . . . . \_\_\_\_\_  
If so, please attach copies of all K-1 forms received and any other relevant tax information  
from the entities and identify the K-1's on the **Partnerships, Estates and Trusts,  
S Corporations** organizer form.
13. You had income from rental property that is not listed elsewhere in this organizer . . . . . \_\_\_\_\_  
If so, please provide details of income, expenses, and the acquisition dates and cost of the  
property and any equipment, furniture, fixtures, and appliances.
14. In 2020, you purchased a new alternative-powered vehicle that was not intended for resale.  
If so, please provide the certificate of uniformity provided by the manufacturer . . . . . \_\_\_\_\_
15. In 2020, you made extraordinary retail purchases (e.g., vehicle, boat, etc.) . . . . . \_\_\_\_\_  
If so, indicate the amount of total sales tax paid for these items on the medical expenses  
and taxes organizer page.
16. You or your family had qualifying health care coverage for every month of 2020.  
If you did not, attach supporting documents and provide details on continuation sheet . . . \_\_\_\_\_

17. You had a foreign bank account, securities account or signature authority over such an account at any time during 2020. If so, provide details on a continuation sheet . . . . . \_\_\_\_\_
18. You owned any non-bank account assets in foreign countries, including (but not limited to) real estate, commodities, business interests . . . . . \_\_\_\_\_
19. You paid household employee wages of \$2,200 or more or withheld federal income tax in 2020. If so, provide details on the **Household Employment Taxes** organizer form, or if new, provide detail on the continuation sheet . . . . . \_\_\_\_\_
20. You sold your **primary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale . . . . . \_\_\_\_\_
21. You sold your **secondary** residence this year. If so, please attach copies of closing statements from the original purchase and from this sale . . . . . \_\_\_\_\_
22. You moved in connection with your employment in 2020 . . . . . \_\_\_\_\_  
 Where you moved to . . . . . \_\_\_\_\_  
 When you moved . . . . . \_\_\_\_\_  
 If so, attach copies of documentation of expenses incurred related to the relocation (e.g. shipping, travel, lodging, meal expenses, etc). Also provide on a continuation sheet the number of miles from old residence to old work place and to new work place.
23. You refinanced a mortgage during 2020. If so, provide details on a continuation sheet. Attach the closing statements and the term of the new mortgage . . . . . \_\_\_\_\_
24. You incurred any nonbusiness bad debts . . . . . \_\_\_\_\_  
 If so, provide the following details on a continuation sheet:
  - A description of the debt, including the amount and the date it became due,
  - The name of the debtor, and any business or family relationship between you and the debtor,
  - The efforts you made to collect the debt, and
  - Why you decided the debt was worthless.
25. You have written substantiation for all employee business expenses (e.g., travel and entertainment expense) . . . . . \_\_\_\_\_  
 You should keep the following in a safe place:
  - Date, place, and amount of expense
  - Actual receipts for expenses in excess of \$75
  - Name and business affiliation of persons entertained
  - Business purpose of expense
  - Documentation of the business discussed before, during and after the entertainment
  - Receipts for hotel, airline, and other travel expense
26. You incurred any casualty or theft losses in 2020 . . . . . \_\_\_\_\_  
 If so, provide details on a continuation sheet - date of loss, type of property, type of loss, fair market value before and after the loss, the date the property was acquired, and any insurance proceeds received.
27. You used gasoline or special fuels for business purposes other than for a highway vehicle during the year. If so, please include the type of fuel, the number of gallons used, and the business purpose on a continuation sheet . . . . . \_\_\_\_\_
28. You paid mortgage interest on a loan where the proceeds were not used to buy, build or improve your new home. . . . . \_\_\_\_\_
29. You received a corrective distribution from a deferred compensation plan such as a 401(k) plan. If so, please provide related documents and details . . . . . \_\_\_\_\_
30. You made any out of state purchases and didn't pay a sales tax in your resident state. If so, enter details in the state section of the organizer or on Continuation Sheet . . . . . \_\_\_\_\_
31. You or your spouse receive compensation (either in the form of wages, payment for services or from "mining") in the form of virtual currency during tax year 2020? If so, please provide details in the compensation section. . . . . \_\_\_\_\_
32. You or your spouse sell or exchange virtual currency during tax year 2020? This includes exchanging virtual currency for goods or services in a commercial transaction. If so please provide the FMV of the virtual currency on the date of the sale or exchange and your basis in the virtual currency on the date of the sale or exchange in the capital gains or losses section. . . . . \_\_\_\_\_
33. Did you or your spouse make payments or pay wages using virtual currency to an independent contractor, employee, or other service provider? . . . . . \_\_\_\_\_

# Taxpayer Information

## Personal Information

First name	Initial	Last name	Social Security Number	M/F
_____	_____	_____	_____	_____ <b>TP</b>
_____	_____	_____	_____	_____ <b>SP</b>
Street address			Apt. number	
_____			_____	
_____			_____	
City	State	Zip code	County	
_____	_____	_____	_____	
Foreign Country	Foreign Province	Foreign Zip code		
_____	_____	_____		
Preferred:	Home/Cell	Business/Cell	Ext	Fax
Taxpayer Telephone . . .	( ) _____	( ) _____	_____	( ) _____
Spouse Telephone . . .	( ) _____	( ) _____	_____	( ) _____
E-Mail Address _____				
<b>X</b> if you want your tax return mailed to a different address. (Provide details on a continuation sheet.) _____				
<b>X</b> if you authorize taxing authority to discuss return with paid preparer    Federal . . _____    State . . _____				
<b>X</b> if you don't want state tax forms mailed to you next year . . . . . _____				

## Filing Status - Form 1040 - U.S. Citizen or Resident Alien

Indicate **X** for marital status at 12/31 (1040NR filers use the **Taxpayer Information - Nonresident Alien** form):

Single . . . . . \_\_\_\_\_ 13

Married, filing jointly . . . . . \_\_\_\_\_ 14

Married, filing separately . . . . . \_\_\_\_\_ 15

Head of household (Unmarried and providing more than half the cost of a home for a dependent or unmarried child) . . . . . \_\_\_\_\_ 16

Widow (widower), as of 2018 or later, who maintained a home as the principal place of residence for a dependent child, stepchild, adopted child or foster child . . . . . \_\_\_\_\_ 17

**Head of Household or Qualifying Widow(er)**

Indicate the name of the qualifying child who is not a dependent \_\_\_\_\_ 18

Social security number of qualifying child . . . . . \_\_\_\_\_ 19

Taxpayer	Spouse
Occupation: _____	_____
Date of birth: _____	_____
Date of death: _____	_____
Disabilities:    Blind ___ Deaf ___ Totally Disabled ___ Quadriplegic ___	Blind ___ Deaf ___ Totally Disabled ___ Quadriplegic ___
Paraplegic/Quadriplegic/Hemiplegic ___ Other ___	Paraplegic/Quadriplegic/Hemiplegic ___ Other ___
Contribute to Presidential Campaign Fund . Yes ___ No ___	Yes ___ No ___

## Bank Information for Direct Deposit of Refund/Debit of Payment Due

Routing number _____ (should be 9 digits)	Account type
Account number _____ (Attach a voided check)	Refunds will be deposited into your checking account. If you prefer a savings account deposit, please indicate with an X . . . . . _____
If you want to direct your refund to more than one bank account (up to three in total) or to Purchase Savings Bonds with your refund, please indicate such on the continuation sheet.	
Authorize direct debit for payment of taxes due, please indicate with an <b>X</b> . . . . . _____	

## Taxpayer Information (cont'd)

<b>General</b>	<b>Taxpayer</b>	<b>Spouse</b>	
Driver's license or State issued ID number: . . .	_____	_____	31
Indicate <b>X</b> if State Issued ID - not Driver's license . . . . .	_____	_____	32
Indicate <b>X</b> if Foreign ID . . . . .	_____	_____	33
Indicate <b>X</b> if do not have driver's license. . . . .	_____	_____	34
Indicate <b>X</b> if no driver's license provided . . . . .	_____	_____	35
State of issuance . . . . .	_____	_____	36
Document Number (NY Only) * . . . . .	_____	_____	37
Issuance Date: . . . . .	_____	_____	38
Expiration Date: . . . . .	_____	_____	39
Indicate <b>X</b> if State ID or license does not expire . . . . .	_____	_____	40
Indicate <b>Y</b> if full year medical coverage . . . . .	_____		
Indicate <b>X</b> for Active Duty, <b>S</b> for Reserves or <b>T</b> for Retired Military Service Indicator . . . . .	_____	_____	41 42
Combat Zone Deployment Dates . . . . .	_____	_____	43
<b>Organizer   General Information   Basic Return Data   Taxpayer Information</b>			

\* See website for explanation of NY document number <https://dmv.ny.gov/id-card/sample-photo-documents>.



# Dependent Information

## Dependents

In general, individuals may not be claimed as a dependent, unless:

- 1) they were a U.S. citizen or a U.S. legal resident, **and**
- 2) you provided over half of their total support in 2020, **and**
- 3) they had gross income of less than \$4,200 and was your qualifying relative, **or**, the individual was your child **and**
  - a) Your child was under age 19 at the end of 2020, **or**
  - b) Your child was under age 24 at the end of 2020 **and** was a student for any 5 mos.

No. of months lived in your home in 2020, born and died in the same year

Child care expenses incurred and paid in 2020\*

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

First name	Last name	Social security number	Date of birth	Dependency relationship son, other, grandchild, etc. (indicate with * if dependent is part of non-custodial agreement)	No. of months lived in your home in 2020, born and died in the same year	Child care expenses incurred and paid in 2020*

1  
2  
3  
4  
5  
6

\* Provide details on the **Child and Dependent Care Expenses** form, if provided, or on a continuation sheet. Only include expenses incurred prior to each dependent's 13th birthday.

Organizer | General Information | Dependents | Columnar Dependents Entry

## Miscellaneous Information

In this section, taxpayer may refer to your minor child.

Indicate: **X** if taxpayer can be claimed as a dependent on another's return . . . . .  7

Organizer | General Information | Basic Return Data | Taxpayer Information

## Computation of Tax for Minor Children with Investment Income

This section should be completed for children with investment income who are filing their own return and may be taxed at their parent's effective tax rate. Please attach supporting statements.

Indicate parent's filing status: **A** = Single, **B** = Married, filing jointly, **C** = Married, filing separately, **D** = Head of household, **E** = Qualifying widow(er)

↓ Parent's name

8

If your minor child has siblings who are also under age 18 (under 24 if a full-time student) at the end of 2020 and have unearned income, enter their names below. If we are not preparing the siblings returns, then also please provide their 2019 unearned income.

First name	Last name	Interest & Ordinary Dividends	2020 Unearned Income <sup>1</sup> Net Capital Gain	Investment Interest Expense	Qualified Dividends

9  
10  
11  
12

Organizer | Income | Kid-tax Income | Tax for Children

## Parent's Election to Report Child's Interest and Dividends

This section should be completed for children with investment income which may be reported on the parent's return. Please attach supporting statements. (Forms 1099-B; 1099-DIV and 1099-INT)

First name	Last name	Interest	Tax-exempt interest <sup>1</sup>	Capital gains	Total Dividends <sup>2</sup>

13  
14  
15  
16

<sup>1</sup> Please indicate amount of both short-term and long-term (including capital gain distribution).

<sup>2</sup> Please indicate amount of qualified and non-qualified dividends.

Organizer | Income | Kid-tax Income | Child's Int. & Div.

# Employee Compensation and Withholding

## Wages and Salaries

Please enclose all copies of 2020 Forms W-2. Enter payments of 2020 estimated tax on the **Payments of 2020 Federal, State & City Estimated Tax** organizer.

	Box 1	Box 2	Box 4	Box 6	Box 17	Box 19
Indicate: <b>T</b> = Taxpayer, <b>S</b> = Spouse	Wages and Salaries	Federal income tax withheld	Social Security tax withheld	Medicare tax withheld	State tax withheld Name state*:	City tax withheld Name state*:
Employer's name / Name of state						
Total (Lines 1-10)						

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
T

Organizer | Income | Wages and Salaries | Columnar Wages Entry

\* if more than one state/city please list under "Other Federal, State and City Tax Withholdings" section below

## Other Wage Information

### Other Federal, State and City Tax Withholdings

**Do not duplicate elsewhere.** Enter payments of 2020 estimated tax on the **Payments of 2020 Federal, State & City Estimated Tax** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

Description	Federal	State	City/Local	Name of state
Total (Lines 11-14)				

11  
12  
13  
14  
T

### Other W-2 Information

If your employer provided any other economic benefit not reported excluding company provided fringe benefits, indicate the total amount

Taxpayer	Spouse
_____	_____

15

If any of the following income items were received, provide details on a continuation sheet:

- tip income
- reimbursements in excess of expenses
- professional fees
- personal use of company automobile
- discriminatory medical payments

Organizer | Income | Wages and Salaries | Other Wage Withholding & Misc.



# Interest Income - Other

## Seller-Financed Mortgage Interest

	2020 amount	PY amount
Buyer's name _____		
Buyer's address _____ SSN _____		
Buyer's name _____		
Buyer's address _____ SSN _____		

Organizer | Income | Interest Income | Seller Financed Mortgage | Tax Exempt Interest

## Other Interest

	2020 amount	PY amount
Interest received on Federal tax refunds . . . . .		
Interest received on State tax refunds (list total for all State refunds)		
List state names included in total _____		
Interest received as a nominee . . . . .		
Interest accrued to buy bonds . . . . .		
Accrued Market Discount . . . . .		
Total interest income (Lines 5-9)		

Organizer | Income | Interest Income | Interest Adjustments

## Original Issue Discount, 1099-OID

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint  
Enter "**X**" if state withholding is present

	Box 1	Box 2	Box 3	Box 4	Box 5	Box 8	Box 9
Name of Payer	Original Issue Discount	Other Periodic Interest	Early Withdrawal Penalty	Federal Inc. Tax Withheld	Foreign Tax Paid	OID on US Treasury Obligations	Investment Expenses
_____							
_____							
_____							
_____							
_____							
_____							

## Early Withdrawal Penalty - 1099-INT

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint

	Box 2 Amount
Name of Payer	
_____	
_____	
_____	
_____	
_____	
_____	

Organizer | Income | Interest Income

## Dividend Income - 1099-DIV

List all dividends received by you or for your account.

Please enclose copies of all 1099-DIV's, Schedules K-1, and other documents indicating dividends received.

- Include dividends left with a company to be reinvested in the company's stock.
- Do **not** include Credit Union Dividends here. They should be included on the **Interest Income - 1099-INT** organizer.
- Do **not** include dividends received as a return of premiums from mutual insurance companies.
- Do **not** list dividends from Schedules K-1.
- If you've entered an amount in the Foreign Taxes Paid column, please enter foreign country and break out foreign qualified dividends on a Continuation Sheet.

**Dividends**

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint  
 Enter "X" if state withholding is present

Name of Payer	Box 1a Ordinary Dividends	Box 1a PY Amount	Box 1b Qualified Dividends	Box 2a Capital Gain distribution	U.S. Gov't Interest incl. in dividends	Box 2b Unrecap. sec. 1250 gain	Box 2c Sec. 1202 gain	Box 3 Non- taxable distribution	Box 5 Sec. 199A dividends	Box 6 Investment expenses	Box 7 Foreign Tax Paid	Box 10 Exempt- interest dividends	Box 11 Specified Private Activity	Foreign Source Dividend Income
<b>Organizer   Income</b>	<b>Total dividends</b>													

# Brokerage Income - Consolidated 1099

**Brokerage Name:** \_\_\_\_\_

**Account No.:** \_\_\_\_\_

**1099-INT**

Box 1 - Interest Income (not included in Box 3) _____	Prior year Interest Income <input style="width: 100px;" type="text"/>
Box 2 - Early Withdrawal Penalty _____	Box 3 - Interest on US Bonds _____
Box 4 - Federal Tax Withheld _____	Box 5 - Investment Expenses _____
Box 6 - Foreign Tax Paid _____	Box 7 - Foreign Country Name _____
Box 8 - Tax Exempt Interest _____	Box 9 - Spec. Private Activity Bond Int _____
Box 10 - Market Discount _____	Box 11 - Market Premium _____
Box 12 - Prem. on Treasury Oblig _____	Box 13 - Prem. on Tax-Exempt _____

**1099-DIV**

Box 1a - Ordinary Dividends _____	Prior year Ordinary Dividends <input style="width: 100px;" type="text"/>
Box 1b - Qualified Dividends _____	Box 2a - Total Capital Gain Distr. _____
Box 2b - Unrecap. Sec 1250 Gain _____	Box 2c - Section 1202 Gain _____
Box 2d - 28% Rate Gain _____	Box 3 - Nontaxable Distributions _____
Box 4 - Federal Tax Withheld _____	Box 5 - Section 199A Dividends _____
Box 6 - Investment Expenses _____	Box 7 - Foreign Tax Paid _____
Box 8 - Foreign Country Name _____	Box 11 - Interest Dividends _____
Box 12 - Spec. Private Activity Bond Div _____	

**1099 Brokerage Stock Transactions**

Indicate **T** = Taxpayer, **S** = Spouse, **J** = Joint

Number of shares and company name	Date Acquired	Date sold or date worthless	Net Sales proceeds	Cost or other basis	LT ST
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Subtotal			_____	_____	_____
Net gain or loss			_____	_____	_____

**1099-OID**

Enter "X" if state withholding is present

Name of Payer	OID Amount	Other Periodic Interest	Early Withdrawal	Fed. Tax Withheld	OID on US Treasury	Investment Expense
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

2020 amount      PY amount

**Margin Interest (Investment Interest Expense)** .....

# Schedule C - Profit or Loss from Business or Profession

<b>Activity Information</b>			
Indicate: <b>T</b> = Taxpayer, <b>S</b> = Spouse, <b>J</b> = Joint . . . . .			1
Business name . . . . .			2
Street . . . . .			3
City, state, zip, country . . . . .			4
Principal business/profession . . . . .			5
Employer identification number	Tax shelter ID number	Tax shelter registration number	6
<b>Accounting Method</b>			
Indicate method of accounting: <b>A</b> = Accrual, <b>O</b> = Other, <b>C</b> = Cash, <b>B</b> = Leave unanswered . . . . .			7
If other (specify) . . . . .			8
<b>Inventory Valuation</b>			
Indicate method of inventory valuation: (If "other", please provide explanation on a continuation sheet.)			
<b>C</b> = Cost, <b>L</b> = Lower of cost or market, <b>O</b> = Other, <b>D</b> = Not applicable . . . . .			9
<b>X</b> if there was any change in determining quantities, cost, or valuation of inventories . . . . .			10
<b>Miscellaneous Information</b>			
Indicate <b>X</b> if this business was started or acquired during 2020 . . . . .			11
Indicate <b>X</b> if you received earnings as a statutory employee . . . . .			12
Indicate <b>X</b> if the business was disposed of in 2020 . . . . .			13
Indicate <b>X</b> if the business was ever audited by IRS, State, or Foreign Tax Authority . . . . .			14
Year of audit . . . . .			15
Indicate <b>X</b> if you made any payments in 2020 that would require you to file Form(s) 1099 . . . . .			16
Indicate <b>X</b> if you filed all required Form(s) 1099 . . . . .			17

Organizer | Income | Business Income | Business Name | Business Information | Sch. C Activity Information

<b>Income</b>			
<b>Gross Receipts or Sales</b>			
	2020 amount	PY amount	
_____	_____		18
_____	_____		19
Total or override	_____		T
Returns & allowances . . . . .	_____		20
<b>Cost of Goods Sold and/or Operations</b>			
	2020 amount	PY amount	
Inventory at beginning of year . . . . .	_____		21
Purchases less cost of items withdrawn for personal use . . . . .	_____		22
Cost of labor . . . . .	_____		23
Materials and supplies . . . . .	_____		24
Other costs related to inventory	_____		25
_____	_____		26
<b>Inventory at end of year</b> . . . . .	_____		27
Total cost of goods sold and/or operations	_____		T
<b>Reimbursements</b>			
Meals and Entertainment . . . . .	_____		28
Other reimbursements . . . . .	_____		29
<b>Other Income</b>			
	2020 amount	PY amount	
_____	_____		30
_____	_____		31
Total other income (Lines 29-30)	_____		T
Portfolio Income . . . . .	_____		32

Organizer | Income | Business Income | Business Name | Business Information | Income/Expenses

# Schedule C - Profit or Loss from Business or Profession

**Business name:** \_\_\_\_\_

**Expenses**

	2020 amount	PY amount	
Advertising . . . . .	_____	_____	33
Car and truck expenses (Do not duplicate expenses listed on the vehicle business expense schedule page) . . . . .	_____	_____	34
Commissions and fees . . . . .	_____	_____	35
Contract Labor . . . . .	_____	_____	36
Employee benefit programs . . . . .	_____	_____	37
Insurance (other than health insurance) . . . . .	_____	_____	38
Mortgage interest paid to financial institutions . . . . . If amount is entered, please attach details and required bank documents.	_____	_____	39
Other interest . . . . .	_____	_____	40
Legal and professional services . . . . .	_____	_____	41
Office expenses postage, etc. . . . .	_____	_____	42
Pension and profit-sharing plans . . . . .	_____	_____	43
Machinery and equipment rent . . . . .	_____	_____	44
Other business property rent . . . . .	_____	_____	45
Repairs and maintenance . . . . .	_____	_____	46
Supplies . . . . .	_____	_____	47
Taxes and licenses . . . . .	_____	_____	48
Travel . . . . .	_____	_____	49
Meals & Entertainment & Overnight Meals (gross amount subject to limitation) . . . . .	_____	_____	50
Utilities . . . . .	_____	_____	51
Wages (gross) . . . . .	_____	_____	52
Total expenses (Lines 32-51)	_____	_____	T

Indicate **X** if you were subject to the Department of Transportation hours of service limits . . . . .  53

	2020 amount	PY amount
<b>Self-employed health insurance premium payments you made during 2020</b> . . . . .	_____	_____

**Other Expenses**

	2020 amount	PY amount	
Local transportation including train, cabs, bus, etc. . . . .	_____	_____	54
Overnight travel expense (lodging, car rental, taxi, etc. <b>excluding meals</b> ) . . . . .	_____	_____	55
Telephone . . . . .	_____	_____	56
Professional dues . . . . .	_____	_____	57
Stationery, postage . . . . .	_____	_____	58
Professional magazines, journals . . . . .	_____	_____	59
Other expenses (e.g. uniforms required as condition of employment)	_____	_____	60
_____	_____	_____	61
_____	_____	_____	62
_____	_____	_____	63
_____	_____	_____	64
Total (Lines 53-63)	_____	_____	T

**Sec. 199A Income and Wages Paid**

	2020	PY	
- Qualified Business Income . . . . .	_____	_____	65
- Specified Service Trade or Business . . . . .	_____	_____	66
- Wages were paid to employees. (Provide a copy of form W3) . . . . .	_____	_____	67



# Schedule C - Profit or Loss from Business or Profession

**Business name:** \_\_\_\_\_

## Depreciation and Amortization

Enter all property and equipment used in your business or profession. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price. Please indicate in the notes section if you would like to elect Section 179 expense for a particular asset placed in service in 2020. For vehicle expenses, make your entries on the **Business Expense Schedule and Form 2106** page, and indicate Schedule C on the property type code.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

**New Clients:** For assets placed in service prior to 1/1/2020, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this business, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Business Income | Business Name | Depreciation and Amortization | Asset Detail

Notes:

# Retirement Distributions

## Retirement Distributions

Indicate: **T** = Taxpayer, **S** = Spouse

Please attach all Forms 1099R

Name of payer \_\_\_\_\_

	2020 amount	PY amount	
Box 1 - Gross distribution (Mandatory) . . . . .	_____	_____	1
Portion of Box 1 treated as qualified charitable distribution . . . . .	_____	_____	2
Box 2a - Taxable amount . . . . .	_____	_____	3
Box 2b - Indicate X if taxable amount not determined . . . . .	_____		4
Indicate X if total distribution . . . . .	_____		5
Box 3 - Capital gain . . . . .	_____		6
Box 4 - Federal income tax withheld . . . . .	_____		7
Box 7 - Distribution code(s) (Mandatory) . . . . .	_____		8
Box 7 - Indicate X if from IRA/SEP/SIMPLE . . . . .	_____		9
Box 9a - Percentage of total distribution . . . . .	_____		10
Box 9b - Total employee contributions . . . . .	_____		11
Box 10 - Amount Allocable to IRR within 5 years . . . . .	_____		12
Box 11 - 1st year of Desig. Roth Contrib. . . . .	_____		13
Box 12 - State tax withheld . . . . . State name . . . . .	_____		14
Box 15 - Local tax withheld . . . . . Locality name . . . . .	_____		15
Indicate X if entire distribution was converted to a Roth IRA . . . . .	_____		16
Indicate X if entire distribution was rolled over . . . . .	_____		17
Indicate X if this is an inherited IRA . . . . .	_____		18
Indicate X if this distribution was used to pay qualified first-time homebuyer expenses, qualified medical or higher education expenses	_____		19
If partial rollover, enter amount of distribution rolled over . . . . .	_____	_____	20
If partial conversion to Roth IRA, enter amount converted . . . . .	_____		21
Amount subject to 10% penalty tax (Override) . . . . .	_____		22

Organizer | Income | Retirement Distributions | 1099-R

## Partly Taxable Pension/Annuity using Simplified Method or General Rule (For Preparer Use Only)

Pension/Annuity Type (A=Regular, B=Section 101(d), C=Section 101(d) with surviving spouse exclusion) . . . . .	_____		23
Cost in the plan (if different than box 9b amount) . . . . .	_____		24
Amounts previously recovered tax free in PY for post 1986 annuities	_____		25
<b>Simplified Method</b>			
Indicate X to use Simplified Method (default to General Rule) . . . . .	_____		26
Annuity starting date (Required) . . . . .	_____		27
Indicate X if annuity start date after 12/31/1997 and payments are for your life and that of beneficiary . . . . .	_____		28
Elect to skip line 3 of worksheet and enter amount from line 4 of PY worksheet here . . . . .	_____	_____	29
Number of months for which this year's payments were made . . . . .	_____		30
<b>General Rule</b>			
Expected return (if a regular pension or annuity) . . . . .	_____		31
Number of years in which payments are to be received (if section 101d)	_____		32
Percent or amount not taxable (50% = .50) (Override) . . . . .	_____		33

Organizer | Income | Retirement Distributions | 1099-R | Partly Taxable Pension/Annuity

# Rent and Royalty Income and Expense With No Personal Use

**Ownership**  
 Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint \_\_\_\_\_

**Activity Information**  
 Kind of property \_\_\_\_\_  
 Location of property \_\_\_\_\_  
 You disposed of the property in 2020 \_\_\_\_\_  
 Enter percentage of this property that is allocated to another \_\_\_\_\_

**Type of Property - Activity Type**  
 1 - Single Family Residence    3 - Vacation/Short-Term Rental    5 - Land    7 - Self-Rental  
 2 - Multi-Family Residence    4 - Commercial    6 - Royalties    8 - Other (describe) \_\_\_\_\_  
 If 3 - Vacation and rented out, provide details on the continuation page for vacation days and rental days.  
 If Royalty, indicate type:  
 Royalty other than oil and gas \_\_\_\_\_ Royal with oil and gas depletion \_\_\_\_\_ Royalty with no depletion \_\_\_\_\_

**If Rental Real Estate**  
 Indicate **1** if: You materially participated in the operation of the activity during 2020\*  
 Indicate **2** if: You actively participated in the operation of the activity during 2020\*  
 Indicate **3** if: You are a real estate professional  
 Indicate **X** if you made any payments in 2020 that would require you to file Form(s) 1099  
 Indicate **X** if you filed all required Form 1099(s)

(Include 100% of income including amounts attributable to others.)	2020 amount	PY amount
Income		

(Include 100% of expenses including amounts attributable to others.)	2020 amount	PY amount
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to financial institutions		
<small>(If an amount is entered, please attach detail.) Do not duplicate elsewhere.</small>		
Mortgage interest paid to individuals*		
<small>(If an amount is entered, please attach detail.) Do not duplicate elsewhere.</small>		
*If another received Form 1098, enter the recipient's name and address: _____		
Other interest		
Repairs (enter major improvements on the Asset Detail Organizer)		
Supplies		
Taxes		
Utilities		
Yard maintenance		
Other Expenses		
_____		
_____		
Total expenses (Lines 10-27)		

Qualified Business Income \_\_\_\_\_  
 Specified Service Trade or Business \_\_\_\_\_  
 Wages were paid to employees. (Provide a copy of Form W-3) \_\_\_\_\_

# Rent and Royalty Income and Expense With No Personal Use

**Property name:** \_\_\_\_\_

## Depreciation and Amortization

Enter all property and equipment used in your rental activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

**New Clients: For assets placed in service prior to 1/1/2020, please provide a schedule of accumulated depreciation on a per asset basis.**

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Rent and Royalty | *Property Name* | Depreciation and Amortization | Asset Detail \_\_\_\_\_

Notes:

# Office-in-Home

**Activity name:** \_\_\_\_\_

<b>Property Type Code</b>	1
A = Form 2106, C = Schedule C, F = Farm (Sch. F/Form 4835), R = Rent/Royalty . . . . .	
<b>Ownership</b>	1
Indicate: T = Taxpayer, S = Spouse, J = Joint . . . . .	
<b>Activity Information</b>	2
Kind of property . . . . .	2
Location of property . . . . .	3
<b>Business Use</b>	4
Indicate: Total area _____ Area used exclusively for business . . . . .	4
Simplified method used in prior year . . . . .	
<b>Day-Care Facilities Not Used Exclusively for Business</b>	5
Indicate the total hours: Used for day-care during the year _____ Available for use during the year . . . . .	5

Organizer | Income | Business Income | Business Name | Office-in-Home \_\_\_\_\_

**Note:** For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

<b>Office-in-Home Income and Expenses</b>				
	2020 amount		PY amount	
Income related to this office-in home (Type: Wages, Sch. C, etc.)				6
Please attach an explanation if expenses include amounts incurred when the property was rented.	2020	2020		
	*Direct amount	*Indirect amount	PY amounts	
Mortgage interest paid to financial institutions . . . . .	N/A			7
<i>(Attach detail - Do not duplicate elsewhere)</i>				
Real estate taxes . . . . .	N/A			8
Casualty loss after insurance reimbursement . . . . .	N/A			9
Advertising . . . . .				10
Auto and travel . . . . .				11
Cleaning and maintenance . . . . .				12
Commissions . . . . .				13
Insurance . . . . .				14
Legal and other professional fees . . . . .				15
Management fees . . . . .				16
Repairs and maintenance . . . . .				17
Rent . . . . .				18
Supplies . . . . .				19
Utilities . . . . .				20
Other expenses				21
_____				22
_____				23
_____				24
_____				25
_____				26
Total expenses (Lines 7-27)				T
<b>*Direct expenses</b> benefit only the business part of the property. <b>Indirect expenses</b> benefit both the business and personal parts of the property.				

Organizer | Income | Business Income | Business Name | Office-in-Home | OIH-Inc and Exp \_\_\_\_\_

**Note:** For an office-in-home tied to an entity other than a business, use the navigation cues for that entity.

# Vacation Home and Other Rental with Personal Use

<b>Ownership</b>	
Indicate: <b>T</b> = Taxpayer, <b>S</b> = Spouse, <b>J</b> = Joint . . . . .	1
<b>Activity Information</b>	
Kind of property (Mandatory) (House, Timeshare, etc.) _____	2
Location of Property (Including Country) . . . . .	3
<b>Activity Type</b>	
Indicate <b>V</b> if vacation home or <b>P</b> if other personal/business property . . . . .	4
<b>Other Rental</b>	
Indicate: Total area _____ Area used exclusively for business . . . . .	5
<b>Vacation Home</b>	
Indicate the total number of days in 2020: Rented at fair market value _____ Occupied by you or a relative _____	6
If property is a timeshare, indicate total number of days available to you . . . . .	7
<b>Passive Activity - Vacation Home or Other Personal/Business Property Information</b>	
Indicate <b>X</b> if you <b>actively</b> participated in the operation of the activity during 2020* . . . . .	8
Indicate <b>X</b> if you disposed of the property in 2020 . . . . .	9
*Note: <b>Active participation</b> is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.	

Organizer | Income | Rent and Royalty | Property Name | Rent and Royalty Information

<b>Rental Income</b>	2020 amount	PY amount
Income . . . . .		

<b>Rental Expenses</b>			
Please attach an explanation if expenses include amounts incurred when the property was rented.			
	2020 *Direct amount	2020 *Indirect amount	PY amounts
Mortgage interest paid to financial institutions . . . . . <i>(Attach detail - Do not duplicate elsewhere)</i>	N/A		
Real estate taxes . . . . .	N/A		
Casualty loss after insurance reimbursement . . . . .			
Advertising . . . . .			
Auto and travel . . . . .			
Cleaning and maintenance . . . . .			
Commissions . . . . .		N/A	
Insurance . . . . .			
Legal and other professional fees . . . . .			
Management fees . . . . .			
Repairs . . . . .			
Supplies . . . . .			
Utilities . . . . .			
Other expenses			
_____			
_____			
_____			
_____			
_____			
Total expenses (Lines 11-29)			

\*Direct expenses benefit only the business part of the property. Indirect expenses benefit both the business and personal parts of the property.

Organizer | Income | Rent and Royalty | Property Name | Rent and Royalty Information | Inc and Exp With Personal Use

# Office-in-Home, Vacation Home and Other Rental with Personal Use

**Property name:** \_\_\_\_\_

## Depreciation and Amortization

Enter all property and equipment used in your home office, vacation home, or any other rental/personal business property. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

**New Clients: For assets placed in service prior to 1/1/2020, please provide a schedule of accumulated depreciation on a per asset basis.**

If you had any amortization expenses (organizational costs, loan fees, etc.), for this property, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

**Organizer | Income | Business Income | Business Name | Depreciation and Amortization | Asset Detail** \_\_\_\_\_

**Note: If these are Office-in-Home assets tied to another entity, follow the navigation cues for that entity.**

Notes:

# Schedule K-1: Partnerships (including Limited Liability Companies), Estates and Trusts, S Corporations

Listed below are all partnerships, estates and trusts and S corporations that were included in your 2019 tax return. Please list any new or additional ones and indicate any that were sold or otherwise disposed of in 2020 and provide details of the sales transaction on a continuation page.

**Attach all Schedules K-1** and other supporting documents that you have received, including the amount paid for self-employed health insurance and state information.

Indicate:		Indicate X if Foreign Partnership	ID number	Indicate X if disposed of in 2020
	T = Taxpayer, S = Spouse, J = Joint			
	A = Partnership (Non-PTP), B = Estate/Trust, C = S Corp., F = Publicly Traded Partnership (PTP)			
	A = You materially participated in the operation of the activity during 2020*			
	B = Other Passive			
	C = Portfolio (Interest, Dividends)			
	D = Rental Real Estate			
	Name of Partnership, Estate/Trust, S Corporation, PTP			
1	_____			
2	_____			
3	_____			
4	_____			
5	_____			
6	_____			
7	_____			
8	_____			
9	_____			
10	_____			
11	_____			
12	_____			
13	_____			
14	_____			
15	_____			
16	_____			
17	_____			
18	_____			
19	_____			
20	_____			
21	_____			
22	_____			
23	_____			
24	_____			
25	_____			
	Self-employed health insurance premium payments you made during 2020 . . . . . _____			26

**\*Note: Material participation** consists of involvement in the activity on a regular, continuous, and substantial basis. **Active participation** is defined as a taxpayer who must participate in a significant and bona fide sense, such as making management decisions.



# Farm Income and Expense

**Ownership**  
 Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint . . . . . \_\_\_\_\_ 1

**Activity Information**

Farm name (**Mandatory**) . . . . . \_\_\_\_\_ 2  
 Principal product . . . . . \_\_\_\_\_ 3  
 Employer identification number . . . . . \_\_\_\_\_ 4  
 Tax shelter registration number . . . . . \_\_\_\_\_ 5  
 Tax shelter ID number. . . . . \_\_\_\_\_ 6

**Accounting Method**  
 Indicate method of accounting: Blank = Cash, **A** = Accrual, **B** = To leave question unanswered . . . . . \_\_\_\_\_ 7

**Activity Type**  
 Indicate **A** = Material participation\*, **B** = Other passive, **D** = Rental real estate  
**G** = Nonpassive tax shelter, **H** = Passive non-tax shelter . . . . . \_\_\_\_\_ 8  
**Note: Material participation** consists of involvement in the activity on a regular, continuous, and substantial basis.

**Miscellaneous Information**

Indicate **X** if a farm rental . . . . . \_\_\_\_\_ 9  
 Indicate **X** if you disposed of the business in 2020 . . . . . \_\_\_\_\_ 10  
 Indicate **X** if you made any payments in 2020 that would require you to file Form(s) 1099 . . . . . \_\_\_\_\_ 11  
 Indicate **X** if you filed all required Form 1099(s). . . . . \_\_\_\_\_ 12

	2020 amount	PY amount
<b>Self-employed health insurance premium payments you made during 2020</b> . . . . . _____		

13

Organizer | Income | Farm Income | Farm Name | Farm Information | Sch F Information

**Farm Income - Cash Method**

	2020 amount	PY amount
Sale of livestock and other items bought for resale . . . . . _____		
Cost or other basis of livestock and other items bought for resale . . . . . _____		
Custom hire (machine work) income . . . . . _____		
Sale of livestock, produce, grains, and other products you raised . . . . . _____		
Cooperative distributions: Total . . . . . _____		
Taxable amount . . . . . _____		
Agricultural program payments: Total . . . . . _____		
Taxable amount . . . . . _____		
Commodity Credit Corporation (CCC) loans reported under election . . . . . _____		
CCC loans forfeited or repaid with certificates: Total . . . . . _____		
Taxable amount . . . . . _____		
Crop insurance proceeds and disaster payments:		
Amount received in 2020 . . . . . _____		
Taxable amount . . . . . _____		
Deferred from 2019 . . . . . _____		
Other income		
_____		
_____		
_____		
Total income (Lines 12 - 28) _____		

T

Organizer | Income | Farm Income | Farm Name | Farm Information | Income and Expenses

# Farm Income and Expense

Farm name: \_\_\_\_\_

## Farm Expenses - Cash and Accrual

	2020 amount	PY amount	
Car and truck expenses . . . . .	_____	_____	31
Chemicals . . . . .	_____	_____	32
Conservation expenses (include prior year carryover) . . . . .	_____	_____	33
Custom hire (machine work) . . . . .	_____	_____	34
Employee benefit programs (other than pensions and profit-sharing plans)	_____	_____	35
Feed purchased . . . . .	_____	_____	36
Fertilizers and lime . . . . .	_____	_____	37
Freight and trucking . . . . .	_____	_____	38
Gasoline, fuel and oil . . . . .	_____	_____	39
Insurance (other than health insurance) . . . . .	_____	_____	40
Interest - mortgage (paid to banks, etc.) . . . . .	_____	_____	41
(If an amount is entered, please attach detail.)			
Interest - other . . . . .	_____	_____	42
Labor hired . . . . .	_____	_____	43
Pension and profit-sharing plans . . . . .	_____	_____	44
Rent or lease - vehicle, machinery and equipment . . . . .	_____	_____	45
Rent or lease - other (land, animals, etc.) . . . . .	_____	_____	46
Repairs and maintenance . . . . .	_____	_____	47
Seeds and plants purchased . . . . .	_____	_____	48
Storage and warehousing . . . . .	_____	_____	49
Supplies purchased . . . . .	_____	_____	50
Taxes . . . . .	_____	_____	51
Preproductive period expense . . . . .	_____	_____	52
Utilities . . . . .	_____	_____	53
Veterinary, breeding, and medicine fees . . . . .	_____	_____	54
Other expenses			
_____	_____	_____	55
_____	_____	_____	56
_____	_____	_____	57
_____	_____	_____	58
_____	_____	_____	59
_____	_____	_____	60
_____	_____	_____	61
_____	_____	_____	62
_____	_____	_____	63
_____	_____	_____	64
_____	_____	_____	65
Total expenses (Lines 29 - 63)	_____	_____	T

Organizer | Income | Farm Income | Farm Name | Farm Information | Income and Expenses

## Sec.199A Income and Wages Paid

	2020	PY	
- Qualified Business Income . . . . .	_____	_____	66
- Specified Service Trade or Business . . . . .	_____	_____	67
- Wages were paid to employees. (Provide a copy of form W3) . . . . .	_____	_____	68

# Farm Income and Expense

**Farm name:** \_\_\_\_\_

## Depreciation and Amortization

Enter all property and equipment, including livestock used in your farming activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

**New Clients: For assets placed in service prior to 1/1/2020, please provide a schedule of accumulated depreciation on a per asset basis.**

If you had any amortization expenses (organizational costs, loan fees, etc.), for this farm, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Farm Income | *Farm Name* | Depreciation and Amortization | Asset Detail

Notes:

# Farm Income Averaging

<b>2019 Information</b>		
Filing Status:		
Single . . . . .	<input type="checkbox"/> Qualified widow(er) <input type="checkbox"/> Married filing separately <input type="checkbox"/>	1
Married filing joint <input type="checkbox"/>	Head of household <input type="checkbox"/>	2
Enter Amount From:		
Form 1040, Line 3a . . . . .	_____	3
Form 1040, Line 11b . . . . .	_____	4
Form 1040, Line 12b (do not include any amount from Form 4972 or 8814) . . . . .	_____	5
Schedule D, Line 15 . . . . .	_____	6
Schedule D, Line 16 . . . . .	_____	7
Schedule D, Line 18 . . . . .	_____	8
Schedule D, Line 19 (unrecaptured section 1250 gain) . . . . .	_____	9
Form 4952, Line 4e . . . . .	_____	10
Form 4952, Line 4g . . . . .	_____	11
<b>2018 Information</b>		
Filing Status:		
Single . . . . .	<input type="checkbox"/> Qualified widow(er) <input type="checkbox"/> Married filing separately <input type="checkbox"/>	12
Married filing joint <input type="checkbox"/>	Head of household <input type="checkbox"/>	13
Enter Amount From:		
Form 1040, Line 3a . . . . .	_____	14
Form 1040, Line 10 . . . . .	_____	15
Form 1040, Line 11 (do not include any amount from Form 4972 or 8814) . . . . .	_____	16
Schedule D, Line 15 . . . . .	_____	17
Schedule D, Line 16 . . . . .	_____	18
Schedule D, Line 18 . . . . .	_____	19
Schedule D, Line 19 (unrecaptured section 1250 gain) . . . . .	_____	20
Form 4952, Line 4e . . . . .	_____	21
Form 4952, Line 4g . . . . .	_____	22
<b>2017 Information</b>		
Filing Status:		
Single . . . . .	<input type="checkbox"/> Qualified widow(er) <input type="checkbox"/> Married filing separately <input type="checkbox"/>	23
Married filing joint <input type="checkbox"/>	Head of household <input type="checkbox"/>	24
Enter Amount From:		
Form 1040, Line 9b . . . . .	_____	25
Form 1040, Line 43 . . . . .	_____	26
Form 1040, Line 44 (do not include any amount from Form 4972 or 8814) . . . . .	_____	27
Schedule D, Line 15 . . . . .	_____	28
Schedule D, Line 16 . . . . .	_____	29
Schedule D, Line 18 . . . . .	_____	30
Schedule D, Line 19 (unrecaptured section 1250 gain) . . . . .	_____	31
Form 4952, Line 4e . . . . .	_____	32
Form 4952, Line 4g . . . . .	_____	33
Organizer   Income   Farm Income   Sch. J - Farm Income Averaging   Schedule J Information		

If amounts are not preprinted above, provide preparer with a copy of the three previous tax returns.

# Miscellaneous Income

## Social Security/RRTA Payments

	2020 amount	PY amount	
Refer to Box 5 on SSA 1099			
Social Security and RRTA payments received - Taxpayer . . . . .	_____	_____	1
Medicare Insurance Premiums after Social Security - Taxpayer <small>(Enter gross amount before medicare deductions.) (enter related withholding on the Employee compensation &amp; withholding page)</small>	_____	_____	2
Social Security and RRTA payments received - Spouse . . . . .	_____	_____	3
Medicare Insurance Premiums after Social Security - Spouse <small>(Enter gross amount before medicare deductions.)</small>	_____	_____	4

Organizer | Income | Miscellaneous Income | Social Security/RRTA Payments

## Miscellaneous Income

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2020 amount	PY amount	
* List states or localities on Continuation sheet.			
State income tax refunds received in 2020 (total for all states)* . . . . .	_____	_____	5
Local income tax refunds received in 2020 (total for all localities)* . . . . . <small>Include interest received on the <b>Interest Income - 1099-INT</b> organizer; include withholding taxes from Form W-2 on the <b>Employee Compensation and Withholding</b> organizer.</small>	_____	_____	6
Alimony income or legal separation payments received for pre-2019 settlements . . . . .	_____	_____	7
Year of divorce . . . . .	_____	_____	8
Unemployment insurance compensation . . . . .	_____	_____	9
Insurance reimbursements for prior-year medical expenses that you deducted . . . . .	_____	_____	10
Total miscellaneous income (Lines 5 - 9)	_____	_____	T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

## Other Miscellaneous Income

List below other miscellaneous income including director's fees, jury duty fees, trustee's fees, HSA distributions not used for unreimbursed qualified medical expenses, executor's fees, gambling winnings, barter income, etc. Please enter any taxes withheld related to other miscellaneous income in the **Other Wage Information** section of the **Employee Compensation & Withholding** organizer.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

**Preparer Use Only: A or Blank** = Subject to S/E Tax, **B** = Not subject to S/E Tax

	2020 amount	in state Amount taxable	PY amount	
Description			_____	
_____	_____	_____	_____	11
_____	_____	_____	_____	12
_____	_____	_____	_____	13
Total other miscellaneous income (Lines 10 - 12)	_____	_____	_____	T

Organizer | Income | Miscellaneous Income | Miscellaneous Income

## Qualified Education Program/Distributions (1099-Q) and Coverdell ESA Contributions

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2020 amount	PY amount	
Name of payer			
Box 1 - Gross distribution . . . . .	_____	_____	14
Box 2 - Earnings . . . . .	_____	_____	15
Box 3 - Basis . . . . .	_____	_____	16
Box 5 - Enter X if a private 529 program . . . . .	_____	_____	17
Box 5 - Enter X if a state 529 program . . . . .	_____	_____	18
Box 5 - Enter X if a Coverdell ESA . . . . .	_____	_____	19
Amount contributed to this Coverdell ESA in 2020 . . . . .	_____	_____	20
Basis in this Coverdell ESA for 2019 and prior years . . . . .	_____	_____	21
Type of Plan: Coverdell ESA	Amount	529 Plan	
Adjusted qualified higher education expense paid for during 2020 . . . . .	_____	_____	22
For whom was the expense incurred? . . . . .	_____	_____	23

Organizer | Income | Miscellaneous Income | Qualified Education Program Payments



# Installment Sales

## Property Information

**Note: Installment Sale** is defined as receiving periodic payments of principal and interest as a result of the sale. If this is the year of the sale, please attach supporting documents such as sales contract and record of purchase. If documents are not available, describe terms of the sale on a continuation sheet.

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint . . . . . \_\_\_\_\_ 1  
Description and location of property sold: \_\_\_\_\_ 2

\_\_\_\_\_ 3  
Date acquired (MM/DD/YYYY) . . . . . \_\_\_\_\_ 3  
Date sold (MM/DD/YYYY) . . . . . \_\_\_\_\_ 4

## Computation of Gain

	Amount
Gross sales price . . . . .	_____ 5
If this mortgage was assumed or the property was purchased subject to a mortgage enter the amount of mortgage assumed. . . . .	_____ 6
Original cost . . . . .	_____ 7
Improvements added . . . . .	_____ 8
Commissions and expenses of sale . . . . .	_____ 9
Depreciation taken to date. . . . .	_____ 10

## Collections and Profit

Indicate the total amount of principal collected in 2020 (Principal only,  
do not list interest income here. Include on **Interest Income** form.) . . . . . \_\_\_\_\_ 11  
If property was sold in a prior year, indicate total collections in prior years. (Do not  
include current-year collections.) . . . . . \_\_\_\_\_ 12

## Other Information

Indicate **X** if:  
Investment property . . . . . \_\_\_\_\_ 13  
Installment sale is a sale of residence . . . . . \_\_\_\_\_ 14

## Related Party Information

If this sale was to a relative, enter name, address and ID number of relative below:  
Name \_\_\_\_\_ 15  
Address \_\_\_\_\_ 16  
Indicate **X** if related party disposed of the property in the current year. . . . . \_\_\_\_\_ 17  
Indicate **X** if the property was a marketable security. . . . . \_\_\_\_\_ 18

# Adjustments to Income

## Individual Retirement Arrangement (IRA)

For IRAs, contributions **must** be made on or before April 15, 2021, even if the due date of the return is extended beyond that date.

	Taxpayer	PY Amount	Spouse	PY Amount	
Amount contributed to your IRA(s)					
Regular IRA* or SEP IRA* during 2020 . . . . .	_____	[ ]	_____	[ ]	1
Regular IRA or SEP IRA Jan - April 2021 . . . . .	_____	_____	_____	_____	2
Roth IRA** during 2020 . . . . .	_____	[ ]	_____	[ ]	3
Roth IRA Jan - April 2021 . . . . .	_____	_____	_____	_____	4
Conversion from Regular to Roth IRA . . . . .	_____	_____	_____	_____	5

\* Do not include amounts withdrawn for 2020 or rolled over before 1/1/2021

Indicate <b>X</b> if you were eligible to participate in a qualified employee maintained retirement plan . . . . .	Taxpayer	Spouse		
	_____	_____		6
Indicate <b>X</b> if you want maximum IRA contribution calculated . . . . .	_____	_____		7

(Enter "IRA Management Fees" on the **Miscellaneous Deductions** form.)

Organizer | Adjustments to Income | IRA | IRA Contributions

## Value of all IRA(s) as of 12/31/2020

Provide IRA values here **only** if **either** of the following applies.

- You made nondeductible contributions to your IRA for 2020, or
- You received IRA distributions in 2020 and you have at any time made nondeductible contributions to any of your IRA(s).

	Value on 12/31/2020		
Name of Trustee	Taxpayer	Spouse	
_____	_____	_____	8
_____	_____	_____	9
_____	_____	_____	10
Total IRA basis for 2019 and prior years . . . . .	_____	_____	11

Organizer | Adjustments to Income | IRA | IRA Values

## Self-Employed Retirement Plan (Qualified Plan and SEP)

	Taxpayer	PY Amount	Spouse	PY Amount	
Amount contributed:					
By your employer to SEP (if self-employed or a partner) . . . . .	_____	[ ]	_____	[ ]	12
To a Qualified plan . . . . .	_____	[ ]	_____	[ ]	13

Indicate <b>X</b> if you want maximum SEP contribution calculated . . . . .	Taxpayer	Spouse		
	_____	_____		14
Indicate <b>X</b> if you want maximum Qualified Plan contribution calculated . . . . .	_____	_____		15

Organizer | Adjustments to Income | Qualified Plan, SEP, and Simple Deductions

## Alimony, Penalty on Early Withdrawal of Savings and Other Adjustments

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2020 Amount	PY Amount	
Amount of penalty on early withdrawal of savings . . . . .	_____	[ ]	16
Alimony or legal separation payments made for pre-2019 settlements . . . . .	_____	[ ]	17
Recipient's social security number . . . . .	_____	_____	18
Amount of qualified student loan interest paid . . . . .	_____	[ ]	19
Supplemental unemployment benefits repaid . . . . .	_____	_____	20
Other adjustments to income . . . . .	_____	[ ]	21
Educator expenses . . . . .	_____	_____	22
Contributions made to health savings account (HSA) . . . . .	_____	[ ]	23
Distributions from health savings account (HSA) . . . . .	_____	[ ]	24
Amount of HSA distributions spent on qualified medical expenses. . . . .	_____	[ ]	25

Organizer | Adjustments to Income | Other Adjustments to Income



# Payments of 2020 Federal, State & City Estimated Tax

## Federal Payments of Estimated Tax

Include prior year overpayment credited to estimated tax (Form 1040-ES) from 2019. Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. (Expatriate returns - Do not include hypothetical tax reductions.)

**Note:** Enter the amounts that were actually paid and the date of payment for each installment.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
2019 overpayment applied to 2020 estimate . . . . .	_____	_____	_____	1
1st installment (due 7/15/2020) (excluding extension payment) _____	_____	_____	_____	2
2nd installment (due 7/15/2020) . . . . .	_____	_____	_____	3
3rd installment (due 9/15/2020) . . . . .	_____	_____	_____	4
4th installment (due 1/15/2021) . . . . .	_____	_____	_____	5
Total federal estimated tax paid . . . . .	_____	_____	_____	T

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

## State and City Payments of Estimated Tax

Enter withholding taxes from Form W-2 on the **Employee Compensation and Withholding** organizer. Enter state and local income tax refunds on the **Miscellaneous Income** organizer.

	Calculated tax paid	Date paid MM/DD/YYYY	Actual tax paid	
State/City name _____				6
2019 estimated tax paid in 2020 . . . . .	_____	_____	_____	7
2019 extension amount paid in 2020 . . . . .	_____	_____	_____	8
2019 balance due paid in 2020 . . . . .	_____	_____	_____	9
2019 overpayment applied to 2020 estimate . . . . .	_____	_____	_____	10
1st installment . . . . .	_____	_____	_____	11
2nd installment . . . . .	_____	_____	_____	12
3rd installment (due 9/15/2020) . . . . .	_____	_____	_____	13
4th installment (due 1/15/2021) . . . . .	_____	_____	_____	14
Total state/city estimated tax paid . . . . .	_____	_____	_____	15
State/City name _____				16
2019 estimated tax paid in 2020 . . . . .	_____	_____	_____	17
2019 extension amount paid in 2020 . . . . .	_____	_____	_____	18
2019 balance due paid in 2020 . . . . .	_____	_____	_____	19
2019 overpayment applied to 2020 estimate . . . . .	_____	_____	_____	20
1st installment . . . . .	_____	_____	_____	21
2nd installment . . . . .	_____	_____	_____	22
3rd installment (due 9/15/2020) . . . . .	_____	_____	_____	23
4th installment (due 1/15/2021) . . . . .	_____	_____	_____	24
Total state/city estimated tax paid . . . . .	_____	_____	_____	25
State/City name _____				26
2019 estimated tax paid in 2020 . . . . .	_____	_____	_____	27
2019 extension amount paid in 2020 . . . . .	_____	_____	_____	28
2019 balance due paid in 2020 . . . . .	_____	_____	_____	29
2019 overpayment applied to 2020 estimate . . . . .	_____	_____	_____	30
1st installment . . . . .	_____	_____	_____	31
2nd installment . . . . .	_____	_____	_____	32
3rd installment (due 9/15/2020) . . . . .	_____	_____	_____	33
4th installment (due 1/15/2021) . . . . .	_____	_____	_____	34
Total state/city estimated tax paid . . . . .	_____	_____	_____	35

Organizer | Itemized Deductions | Taxes And Interest | Estimated Tax Payments

# Medical Expenses and Taxes

## Medical Expenses

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

**NOTE:** Medical expenses are only deductible if over 10% of AGI.

**Medical and dental expenses** (including health insurance, Medicare Part B premiums, prescriptions, glasses, hearing aids, Stop Smoking Program, special school tuition for autism and other disabilities, etc.)

	2020 amount	PY amount	
_____	_____		1
_____	_____		2
_____	_____		3
_____	_____		4
_____	_____		5
_____	_____		6
_____	_____		7
_____	_____		8
_____	_____		9
_____	_____		10
_____	_____		11
_____	_____		12
_____	_____		13
_____	_____		14
_____	_____		15
Medical expense reimbursements received in 2020 - (not necessary if amounts listed above are net of any reimbursements) ( _____ )	( _____ )		16
Taxpayer long term care insurance . . . . .	_____		17
Spouse long term care insurance . . . . .	_____		18

### Vehicle Expenses

Standard medical miles Jan - Dec . . . . .	_____		19
Actual gas/oil, expenses incurred . . . . .	_____		20
Parking fees/tolls . . . . .	_____		21

Total (Lines 1 - 18, 20 & 21) \_\_\_\_\_ **T**

Organizer | Itemized Deductions | Medical and Dental Expenses

## Deductible Taxes

**Real estate taxes** - (Exclude taxes reported on **Rent and Royalty Income, Vacation Home, Office-in-Home, or Form 1098.**) **NOTE:** A portion of real estate taxes may be deductible even if you do not itemize.

	2020 amount	PY amount	
_____	_____		22
_____	_____		23
_____	_____		24
_____	_____		25
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____		26
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____		27
Personal property taxes (e.g. auto, boat, etc.) (including license fees based on property value)	_____		28
State unemployment and disability taxes . . . . .	_____		29
State/local sales or excise taxes paid during 2020	_____		30
Include copy(ies) of purchase invoice for each vehicle referenced above . . . . .	_____		31
Other state income taxes paid in 2020 (including amounts paid for prior year)	_____		32
Other city income taxes paid in 2020 (including amounts paid for prior year)	_____		33
Other deductible taxes	_____		34
_____	_____		35
_____	_____		36

Total (Lines 22 - 36) \_\_\_\_\_ **T**

Organizer | Itemized Deductions | Taxes and Interest | Taxes - Other

# Interest Expense

## Home Mortgage Interest Expense (include Prepayment Penalties and Late Fees)

(Enclose mortgage statement/settlement sheet if home was purchased, refinanced, or sold in 2020. Do not include interest paid shown on the Rental and Royalty Income and Expense organizer or the **Vacation Home** organizer or the **Office-in-Home** organizer.)

### Form 1098 - Mortgage Interest and Taxes (Name of Lender)

	2020 amount	PY amount
<input type="checkbox"/> <b>X if home equity line/loan</b>		
Mortgage interest received from payer(s)/borrower(s) (Box 1) . . . . .		
Points paid on purchase of principal residence (Box 6) . . . . .		
Refund of overpaid interest (Box 4) . . . . .		
Qualified Mortgage Insurance Premiums (Box 5) . . . . .		
Real estate taxes paid or other amount shown . . . . .		

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

### Form 1098 - Mortgage Interest and Taxes (Name of Lender)

(Enter any additional Form 1098 information on a continuation sheet)

	2020 amount	PY amount
<input type="checkbox"/> <b>X if home equity line/loan</b>		
Mortgage interest received from payer(s)/borrower(s) (Box 1) . . . . .		
Points paid on purchase of principal residence (Box 6) . . . . .		
Refund of overpaid interest (Box 4) . . . . .		
Qualified Mortgage Insurance Premiums (Box 5) . . . . .		
Real estate taxes paid or other amount shown . . . . .		

Organizer | Source Documents | Form 1098 - Mortgage Interest & Taxes | Form 1098 - Mortgage Interest & Taxes

### Other Mortgage Interest Not Reported on Form 1098

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

	2020 amount	PY amount
_____		
_____		
Total (Lines 13 - 14)		

Organizer | Itemized Deductions | Taxes and Interest | Interest - Other

### Points Not Reported on Form 1098

	Start date of loan	Life of loan in years	2020 Points Paid	PY amount
<input type="checkbox"/> <b>X if loan is a refinancing</b>	_____	_____	_____	

Organizer | Itemized Deductions | Taxes and Interest | Interest - Points Paid No 1098

### Mortgage Interest Paid To an Individual

Name _____	SSN _____	I confirm this loan has properly
Address _____		been recorded _____
		_____

Organizer | Itemized Deductions | Taxes and Interest | Interest - Paid to Individual

### Other Mortgage Information

If your **home acquisition debt** (mortgages to buy, build, or improve your principal home and one other residence) totaled \$750,000 or more at any time during 2020 (\$375,000 if married filing separately) or your **home equity debt** totaled \$100,000 or more at any time during 2020 (\$50,000 if married filing separately), provide balances below.

	Loan 1	Loan 2	Loan 3	Loan 4
Name of Lender	_____	_____	_____	_____
Jan 1 Beginning Balance	_____	_____	_____	_____
Dec 31 Ending Balance	_____	_____	_____	_____
Interest paid per Form 1098	_____	_____	_____	_____

If you meet the requirements listed above **and** you borrowed any new amounts on a mortgage this year, you prepaid more than one month's principal, or you did not make level payments at fixed intervals, also provide all monthly loan statements.

### Investment Interest Expense

Include margin loan interest paid to purchase securities

	2020 amount	PY amount
_____		
_____		
Total (Lines 22 - 23)		

Organizer | Itemized Deductions | Taxes and Interest | Investment Interest Expense

# Charitable Contributions & Misc. Itemized Deductions

## Contributions

### Cash Contributions

List only contributions to United States or Canadian organized charities. Include payroll deduction amounts for 2020. Keep written receipts from donee organization, canceled checks or payroll pledge card to substantiate contributions. **Each contribution of \$250 or more requires written acknowledgment** of the contribution from the charitable organization - cancelled checks are not considered adequate substantiation for this purpose. Do not include political contributions. Reduce any contribution made by the value of any benefit received; i.e. meals, merchandise.

Name of organization:	prep. use only 30% 60% 100%	2020 Amount	PY amount	
_____				1
_____				2
_____				3
_____				4
_____				5
_____				6
_____				7
_____				8
_____				9
_____				10
_____				11
_____				12
_____				13
_____				14
_____				15
Total (Lines 1 - 15)				T

### Volunteer Expenses

Standard charitable miles Jan - Dec . . . . .				16
Actual gas/oil, expenses incurred . . . . .				17
Parking fees/tolls . . . . .				18

Organizer | Itemized Deductions | Contributions | Contributions - CY and Carryovers

## Miscellaneous Deductions

	2020 amount	PY amount	
Amortized Bond Premium:			
_____			19
_____			20
Claim Repayments:			
_____			21
_____			22
Unrecovered Pension Investments:			
_____			23
_____			24
Gambling losses (not to exceed gambling winnings) . . . . .			T
Total (Lines 25 - 30)			

Organizer | Itemized Deductions | Miscellaneous

# Noncash Charitable Contributions

## Noncash Contributions

Enter noncash contributions here if your total of ALL noncash contributions is **\$500 or less**

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint

↓ Description of property contributed and organization name:

prep. use only  
20% 50%  
30% 100%

2020 amount

Total (Lines 1 - 4)			

Enter noncash contributions below if your total of ALL noncash contributions is **greater than \$500**

**Note:** An appraisal may be required for contributions over \$5000. Include out-of-pocket expenses.

If you donated a vehicle, boat or airplane during 2020, please provide Form 1098-C, the written acknowledgement you received from the charity.

For stock donations, provide the high & low selling prices per share on the date of donation.

**Note:** Clothing and household goods will be deductible only if in good to excellent condition when donated.

### Ownership

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint



Name and Address of Donee\*

Description of Donated Property

1		
2		
3		
4		
5		

	<u>Contribution Date</u>	<u>Date Acquired</u>	<u>How Acquired</u>	<u>Cost or Basis</u>	<u>Fair Market Value</u>	<u>Method Used to Determine FMV</u>
1						
2						
3						
4						
5						

\*Preparer Note: Up to five donee organizations can be entered for each ownership code on the organizer screen.

# Business Expense Schedule and Form 2106

**Activity name:** \_\_\_\_\_

Use this organizer if you had "out-of-pocket" expenses related to your employment or business activities.

<b>Property Type Code</b>	_____	
A = Form 2106, C = Schedule C, F = Farm (Sch. F/Form 4835), K= Partnership, R = Rent/Royalty _____		
<b>Ownership</b>	_____	
Indicate: <b>T</b> = Taxpayer, <b>S</b> = Spouse, <b>J</b> = Joint . . . . . _____		
<b>Occupation Information</b>	_____	
Occupation (Mandatory) . . . . . _____		
<b>Special Treatment</b>	_____	
Indicate: <b>A</b> if you are a qualifying performing artist or <b>B</b> if you are a handicapped employee or		
<b>C</b> if you are a state or local government employee who is compensated on a fee basis or		
<b>D</b> if you are a reservist/national guard . . . . . _____		
Indicate: <b>X</b> if you are a rural mail carrier . . . . . _____		
if you are an employee subject to DOT hours of service limits. . . . . _____		
Organizer   Itemized Deductions   Employee Business Expense   Occupation   Business Expense Information   Occupation Info 2106 _____		

1  
2  
3  
4  
5

**Note:** For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select General Business Expense.

<b>Business Expenses</b>			
<b>Reimbursements</b>			
(Enter either the "total" reimbursements or reimbursements allocated between "meals" and "other" reimbursements, but not both.)			
Employer's reimbursements, not included in box 1 of Form W-2 . . . . .	Total	Meals	Other
_____	_____	_____	_____

6

<b>Expenses (If you are self-employed, enter Business Expenses on the Schedule C Organizer Page)</b>		
<b>Do not duplicate on any other form.</b>		
	2020 amount	PY amount
Meals only . . . . .	_____	_____
Parking fees and tolls . . . . .	_____	_____
Local transportation including train, cabs, bus, plane, etc. . . . .	_____	_____
Overnight travel expense (lodging, airplane, car rental, taxi, etc. <b>excluding meals</b> ) . . . . .	_____	_____
Telephone . . . . .	_____	_____
Professional dues . . . . .	_____	_____
Stationery, postage . . . . .	_____	_____
Professional magazines, journals . . . . .	_____	_____
Other expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total (Lines 7-23)	_____	_____

7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
T

**Note:** For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select General Business Expense.

# Business Expense Schedule and Form 2106 - Vehicle Expenses

**Activity name:** \_\_\_\_\_

## Vehicle Exp Question

**Note:** Please attach copies of documentation of business use (mileage logs, business purpose of trip, receipts for repairs and maintenance, etc.) The first 4 lines apply to all vehicles in this activity.

Indicate **N** for no, **Y** for yes, or **B** to leave question blank:

Do you have evidence to support your deduction? \_\_\_\_\_ 24

Is the evidence written? \_\_\_\_\_ 25

### Questions for Vehicle used by Employees

Do you (or your spouse) have another vehicle available for personal use? \_\_\_\_\_ 26

Was an employer-provided vehicle available for personal use during off-duty hours? \_\_\_\_\_ 27

Vehicle number (1, 2, 3, 4, 5, or 6) \_\_\_\_\_ 28

Vehicle description \_\_\_\_\_ 29

### Questions for Vehicles used by a "Self-Employed" Person

Was the vehicle available for personal use during off-duty hours? \_\_\_\_\_ 30

Was the vehicle used primarily by more than a 5% owner or related person? \_\_\_\_\_ 31

Was another vehicle available for personal use? \_\_\_\_\_ 32

If you purchased or leased a business auto this year, please provide a copy of your invoice or lease.

## Vehicle Mileage

We will determine whether actual expenses or those based on miles driven are better.	2020 amount	PY amount	
Total miles driven: _____	_____		33
Total business miles driven: _____	_____		34
or percentage of total miles applicable to business (50% = .50) _____	_____		35
Average daily round trip commuting distance _____	_____		36
Total commuting miles driven during the year _____	_____		37
Date acquired (MM/DD/YYYY) _____	_____		38

## Vehicle Expenses

(Include both business & personal amounts) <b>Note:</b> We will automatically prorate car expenses between business and personal use based on the miles driven.	2020 amount	PY amount	
Gasoline, oil, repairs, insurance, etc. _____	_____		39
State and local taxes (not sales tax) <b>-Do not duplicate</b> _____	_____		40
Interest (Paid to acquire the car) _____	_____		41
Vehicle rentals/lease payments _____	_____		42
Inclusion amount _____	_____		43
Value of employer-provided vehicle _____	_____		44

Organizer | Itemized Deductions | Employee Business Expense | Occupation | Vehicle Exp. Info

**Note:** For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

## Miscellaneous vehicle expenses

	2020 amount	
_____	_____	45
_____	_____	46
_____	_____	47
_____	_____	48
_____	_____	49
_____	_____	50
_____	_____	51
_____	_____	52
_____	_____	53
_____	_____	54
Total (Lines 45-54)	_____	T

Organizer | Adjustments to Income | Employee Business Expense | Occupation | Columnar Vehicle Expense Entry

**Note:** For a schedule tied to another entity (i.e. non-2106), follow the navigation cues for that activity, then select Vehicle Expense.

# Business Expense Schedule and Form 2106 - Depreciation

**Activity name:** \_\_\_\_\_

**Depreciation and Amortization** \_\_\_\_\_

Enter all property, including automobiles, and equipment used in your business or occupation, that is related to your "out-of-pocket" expenses for this activity. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

1  
2  
3  
4  
5  
6  
7  
8  
T

Total (Lines 1-8) \_\_\_\_\_

**New Clients** For assets placed in service prior to 1/1/2020, please provide a schedule of accumulated depreciation on a per asset basis.

Indicate X if you purchased a vehicle in 2020 which is powered by an electric motor or alternative means \_\_\_\_\_

9

If you had any amortization expenses (organizational costs, loan fees, etc.), for this activity, provide details (description, date purchased, cost, life, etc.) below:

_____
_____
_____
_____

10  
11  
12  
13

**Organizer | Adjustments to Income | Employee Business Expense | Occupation | Depreciation and Amortization | Asset Detail** \_\_\_\_\_

**Note:** If these are Business Expense Schedule assets tied to another entity, follow the navigation cues for that entity.

Notes:



# Household Employment Taxes

## General Information

Indicate: **T** = Taxpayer, **S** = Spouse

Employer ID number

## Social Security, Medicare, and Income Taxes

Indicate **X** if:

You paid **any one** household employee wages of \$2,200 or more in 2020

You withheld Federal income tax during 2020 at the request of any household employee

You paid **total** wages of \$1,000 or more in **any** calendar **quarter** of 2020 or 2019 to household employees

You have filed Form W-2 for each of the employees you paid wages in 2020. **Attach copy.**

### Wages subject to

Name of household employee	Social security taxes	Medicare taxes	FUTA tax	Federal income tax withheld
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Federal Unemployment (FUTA) Tax

The limit is \$7,000 per year per employee.

Indicate **X** if:

You paid unemployment contributions to only one state

You paid all state unemployment contributions for 2020 by April 18, 2021

All wages that are taxable for FUTA tax were also taxable for state's unemployment tax

Complete this section for each state where you have paid unemployment contributions:

Name of state where you paid unemployment contributions

State reporting number as shown on state unemployment tax return

Contributions you paid to state unemployment fund for 2020

State experience rate period From: \_\_\_\_\_ To: \_\_\_\_\_

State experience rate

# Child and Dependent Care Expenses

Note: Enter the qualified expenses incurred and paid for each dependent on the *Dependent Information Page*

## Miscellaneous

Indicate: **T** = Taxpayer, **S** = Spouse, **J** = Joint . . . . . 1

Indicate **X** if:

Taxpayer meets all the requirements to be treated as unmarried even though the filing status is MFS \_\_\_\_ 2

Taxpayer received employer provided dependent care benefits and is not claiming the credit . . . . . 3

Qualified expenses incurred for care allocated towards spouse's dependent care benefit withholdings \_\_\_\_\_ 4

Indicate the employer provided dependent care benefits forfeited in 2020-Taxpayer \_\_\_\_\_ 5

Indicate the employer provided dependent care benefits forfeited in 2020-Spouse \_\_\_\_\_ 6

Organizer | Credits | Child and Dependent Care Credit | Credit Information

## Persons or Organizations Who Provided The Care

Name . . . . . 7

Street Address . . . . . 8

City, State and Zip Code . . . . . 9

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) . . . . . 10

Amount Paid . . . . . 11

Phone Number (CA only) . . . . . 12

Hawaii Tax ID Number . . . . . 13

Name . . . . . 14

Street Address . . . . . 15

City, State and Zip Code . . . . . 16

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) . . . . . 17

Amount Paid . . . . . 18

Phone Number (CA only) . . . . . 19

Hawaii Tax ID Number . . . . . 20

Name . . . . . 21

Street Address . . . . . 22

City, State and Zip Code . . . . . 23

I.D. Number (SSN, EIN or Tax Exempt) (Mandatory) . . . . . 24

Amount Paid . . . . . 25

Phone Number (CA only) . . . . . 26

Hawaii Tax ID Number . . . . . 27

Organizer | Credits | Child and Dependent Care Credit | Care Providers

## Spouse Who Was a Full-Time Student or Disabled

If you are married and you or your spouse were disabled, indicate **T** for Taxpayer or **S** for Spouse . . . \_\_\_\_ 28

If so, indicate the number of months you or your spouse was disabled . . . . . 29

If you are married and you or your spouse was a full-time student, indicate either **T** for Taxpayer or **S** for Spouse . . . . . 30

If so, indicate the number of months for which you or your spouse was a full-time student . . . . . 31

Indicate the monthly income of the spouse who was a full-time student. Enter "**NONE**" if there is no earned income in a month for which the taxpayer was a full-time student.

January

February

March

April

May

June

\_\_\_\_\_  
\_\_\_\_\_ 32

July

August

September

October

November

December

\_\_\_\_\_  
\_\_\_\_\_ 33

Organizer | Credits | Child and Dependent Care Credit | Disabled or student

# Credits

## Credit For The Elderly And Disabled

### General Information

Indicate: **A** = Taxpayer, **B** = Spouse, **C** = Both

You are retired and permanently and totally disabled . . . . . \_\_\_\_\_ 1

A physician's statement was filed in a prior year . . . . . \_\_\_\_\_ 2

### Taxpayer

Date of disability retirement if subsequent to 1/1/1977 (MM/DD/YYYY) . . . . . \_\_\_\_\_ 3

Name of Physician \_\_\_\_\_ 4

Address of Physician \_\_\_\_\_ 5

### Spouse

Date of disability retirement if subsequent to 1/1/1977 (MM/DD/YYYY) . . . . . \_\_\_\_\_ 6

Name of Physician \_\_\_\_\_ 7

Address of Physician \_\_\_\_\_ 8

Organizer | Credits | Elderly or the Disabled Credit

## Education Credits - American Opportunity/Lifetime

Please include copies of Form 1098T

### American Opportunity Credit Qualifications (all four must be met)

1. As of the beginning of 2020, the student had not completed the first 4 years of post-secondary education.
2. The student was enrolled in 2020 in a program that leads to a degree, certificate, or other recognized educational credential.
3. The student was taking at least one-half the normal full-time workload for his or her course of study for at least one academic period beginning in 2020.
4. The student has not been convicted of a felony for possessing or distributing a controlled substance.

### Lifetime Credit Qualifications *(these qualifications are less strict than those for the American Opportunity Credit)*

#### Applies:

1. For all years of post-high school education and for courses to acquire or improve job skills
2. For an unlimited number of years
3. To students who may not be pursuing a degree, certificate or credential
4. For one or more courses
5. Even if student has had a felony drug conviction

	Enter A if qualified for American Opportunity Credit, or L if qualified For Lifetime Credit	Qualified Education Expenses* during 2020
Taxpayer . . . . .	_____	_____
Spouse . . . . .	_____	_____
<b>Dependents</b>		
First Name      Last Name      SSN		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Qualified expenses are amounts paid for tuition, fees, books, supplies and equipment required for the students' enrollment or attendance at an eligible educational institution. (do not include expenses for room and board or nonacademic fees)

NOTES You cannot take the American Opportunity Credit and Lifetime Learning Credit for the same student in the same year. Also, income limits apply to these credits.

Organizer | Credits | Education Credits

# Credits - Residential Energy/Alternative Motor Vehicle

## Residential Energy Credits

### Residential Energy Efficiency Property Credit

Available for any dwelling unit used as a residence, including a seasonal or vacation home.

Enter total cost of energy efficiency improvements including:

- qualified solar electric property costs . . . . . \_\_\_\_\_ 1
- qualified solar water heating property costs . . . . . \_\_\_\_\_ 2
- qualified small wind property costs . . . . . \_\_\_\_\_ 3
- qualified geothermal heat pump property costs . . . . . \_\_\_\_\_ 4
- qualified fuel cells\* (list expenditures for your main home only). . . . . \_\_\_\_\_ 5
- kilowatt capacity of qualified fuel cell property above . . . . . \_\_\_\_\_ 6

Organizer | Credits | Residential Energy Credit

**Alternative Motor Vehicle Credit** - Includes the following 2 vehicle types that are new vehicles, and used predominantly in the U.S.

Vehicle Type	Vehicle 1			Vehicle 2		
	Year, Make & Model	Vehicle Identification Number (VIN)	Date Placed in Service	Year, Make & Model	Vehicle Identification Number (VIN)	Date Placed in Service
Qualified fuel cell	_____	_____	_____	_____	_____	_____
Qualified plug-in electric drive	_____	_____	_____	_____	_____	_____

Organizer | Credits | Alternative Motor Vehicle Credit

# Foreign Bank Account Information

## Ownership

T = Taxpayer                      S = Spouse                      J = Joint  
D = Taxpayer Joint Account/Spouse is not the principal owner  
E = Spouse Joint Account/Taxpayer is not the principal owner

\_\_\_\_\_ (Indicate Owner Code)

Number of Joint Owners . . . \_\_\_\_\_

Maximum Value of Account during the calendar year in local foreign currency . . . \_\_\_\_\_

Name of foreign currency . . . \_\_\_\_\_

## Type of Account

Indicate X for the type of account:

Bank \_\_\_\_\_ Securities Account \_\_\_\_\_ Other (specify) \_\_\_\_\_

## Information on Foreign Account in which you had a financial interest

Name of financial institution with which account is held: \_\_\_\_\_

Account number or other designation . . . . . \_\_\_\_\_

Mailing address of financial institution . . . . . \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Taxpayer - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: \_\_\_\_\_ Passport \_\_\_\_\_ Foreign TIN \_\_\_\_\_ Other \_\_\_\_\_

Number \_\_\_\_\_ Country of Issue \_\_\_\_\_

Spouse - Foreign Identification (Required only if taxpayer does not have a U.S. Social Security Number or ITIN)

Type: \_\_\_\_\_ Passport \_\_\_\_\_ Foreign TIN \_\_\_\_\_ Other \_\_\_\_\_

Number \_\_\_\_\_ Country of Issue \_\_\_\_\_

**"X" if filer has Signature or Other Authority but no Financial Interest in the Accounts: \_\_\_\_\_**

Enter **only** if no Financial Interest in Accounts

Last name or organization name of owner . . . . . \_\_\_\_\_

First name . . . . . \_\_\_\_\_

Middle Initial . . . . . \_\_\_\_\_ | TIN Type: SSN \_\_\_\_\_ Foreign \_\_\_\_\_ EIN \_\_\_\_\_

Tax identifying number . . . . . \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Filer's Title with this Owner . . . \_\_\_\_\_

## Principal Joint Ownership Information: Enter Information ONLY if Spouse is not Joint Owner

First name of joint owner . . . . . \_\_\_\_\_

Last Name/Organization name of joint owner . . . . . \_\_\_\_\_

Middle Initial of joint owner . . . . . \_\_\_\_\_ | TIN Type: SSN \_\_\_\_\_ Foreign \_\_\_\_\_ EIN \_\_\_\_\_

Taxpayer Identification Number of joint owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

