

2020	1040	US	Tax Organizer
------	------	----	---------------

**Tax Return Appointment**

Date:  
Time:  
Location:

Telephone number:  
Fax number:  
E-mail address:

This tax organizer will assist you in gathering information necessary for the preparation of your 2020 tax return. Please enter all pertinent 2020 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

Taxpayer

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 . . . . .		
Home phone . . . . .		
Work phone . . . . .		
Work extension . . . . .		
Cell phone . . . . .		
E-mail address . . . . .		

Address	In care of . . . . .	
	Street address . . . . .	
	Apartment number . . . . .	
	City . . . . .	
	State . . . . .	
	ZIP code . . . . .	

**DEPENDENTS**

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

Dependent No.

Dependent No.

First name . . . . .		
Last name . . . . .		
Title/suffix . . . . .		
Date of birth (m/d/y) . . . . .		
Date of death (m/d/y) . . . . .		
Date of adoption (m/d/y) . . . . .		
Social security number . . . . .		
Relationship . . . . .		
Months lived at home . . . . .		

2020	1040	US	Tax Organizer
------	------	----	---------------

Please enter all pertinent 2020 information. If you have attached a government form for an item, check the box and do not enter a 2020 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

2020 Amount	2019 Amount
Attach Forms W-2	

**INTEREST INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-INT	

**DIVIDEND INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-DIV	

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____

Attach Forms 1099-R & W-2G	

Winnings not reported on W-2G.....

Total gambling losses.....

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history) .....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income .....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments .....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) .....

Attach Forms 1099	
-------------------	--

<input type="checkbox"/>	Form 1099-G - State tax refunds.....
--------------------------	--------------------------------------

Attach Forms 1099	
-------------------	--

Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

Attach Forms 1099	
-------------------	--

Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

Attach Forms 1099	
-------------------	--

2020	1040	US	Tax Organizer
------	------	----	---------------

MISCELLANEOUS INCOME

Taxpayer: Alimony received .....

Spouse: Alimony received .....

Other: \_\_\_\_\_


RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum) .....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....

Spouse: Traditional IRA contributions (1=maximum) .....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....

	2020 Amount	2019 Amount

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest .....

Form 1098-T - Tuition and related expenses .....

Attach Forms 1098	

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement .....

Form 1095- B - Health Coverage .....

Form 1095-C - Employer-Provided Health Insurance Offer and Coverage .....

Attach Forms 1095	

ADJUSTMENTS TO INCOME

Taxpayer:

Self-employed health insurance premiums .....

Educator expenses .....

Other adjustments to income:

\_\_\_\_\_

\_\_\_\_\_

Alimony paid - Recipient name & SSN .....

\_\_\_\_\_

\_\_\_\_\_


Spouse:

Self-employed health insurance premiums .....

Educator expenses .....

Other adjustments to income:

\_\_\_\_\_

\_\_\_\_\_

Alimony paid - Recipient name & SSN .....

\_\_\_\_\_

\_\_\_\_\_


MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs .....

Doctors, dentists and nurses .....

Hospitals and nursing homes .....

Insurance premiums .....

Long-term care premiums - taxpayer .....

Long-term care premiums - spouse .....

Insurance reimbursement .....

Out-of-pocket lodging and transportation expenses .....

Number of medical miles .....

Other: \_\_\_\_\_

\_\_\_\_\_


TAXES PAID

State income taxes - 1/20 payment on 2019 state estimate .....

--	--

2020	1040	US	Tax Organizer
------	------	----	---------------

**TAXES PAID (continued)**

- State income taxes - paid with 2019 state extension .....
- State income taxes - paid with 2019 state return .....
- State income taxes - paid for prior years and/or to other states .....
- 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 .....
- State and local sales taxes (except autos and special items) .....
- Use taxes paid on 2020 purchases .....
- Use taxes paid on 2019 state return .....
- Sales tax on autos not included above .....
- Sales taxes paid on boats, aircraft, and other special items .....
- Real estate taxes - principal residence .....
- Real estate taxes - property held for investment .....
- Foreign income taxes .....
- Personal property taxes (including automobile fees in some states) .....

2020 Amount	2019 Amount
<b>Attach Tax Notice</b>	

**INTEREST PAID**

Home mortgage interest and points paid:  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Attach Forms 1098</b>	

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):  
 \_\_\_\_\_  
 \_\_\_\_\_


Points not reported on Form 1098:  
 \_\_\_\_\_  
 \_\_\_\_\_


Mortgage insurance premiums on post 12/31/06 contracts .....

Investment interest (interest on margin accounts):  
 \_\_\_\_\_  
 \_\_\_\_\_


Passive interest .....

**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).

\_\_\_\_\_  
 \_\_\_\_\_


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

Number of charitable miles .....

**NONCASH CONTRIBUTIONS**

NOTE: 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.

\_\_\_\_\_  
 \_\_\_\_\_


**MISCELLANEOUS DEDUCTIONS**

- Union and professional dues .....
- Tax return preparation fee .....
- Safe deposit box rental .....
- Investment expenses .....
- Estate tax, section 691(c) .....
- Unreimbursed employee expenses:


\_\_\_\_\_  
 \_\_\_\_\_


Other: \_\_\_\_\_  
 \_\_\_\_\_

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Business Income (Schedule C)</b>	No. <input style="width:40px;" type="text"/>	<b>16</b>
-------------	-------------	-----------	-------------------------------------	--	-----------

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

**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**

	2020 Amount	2019 Amount
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.

2020	1040	US	Capital Gains & Losses (Schedule D)	17
------	------	----	-------------------------------------	----

If you sold any stocks, bonds, or other investment property in 2020, please list the pertinent information for each sale below or provide a spreadsheet file with this information.  
Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)

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.



2020

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region .....	
Foreign postal code .....	
Foreign country .....	

OIL AND GAS

	2020 Amount	2019 Amount
Production type (preparer use only) .....		
Cost depletion .....		
Percentage depletion rate or amount .....		
State cost depletion, if different (-1 if none) .....		
State % depletion rate or amount, if different (-1 if none) .....		

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use .....	
Number of days owned (if optional method elected) .....	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

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:		
_____		
_____		
_____		
_____		
_____		

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

**GENERAL INFORMATION**

Principal product .....	<input style="width:90%; height:20px;" type="text"/>
Employer ID number .....	<input style="width:90%; height:20px;" type="text"/>

Agricultural activity code .....	
Accounting method: 1=cash, 2=accrual .....	
1=spouse, 2=joint .....	
1=farm rental (Form 4835) .....	
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other .....	
1=crop insurance proceeds election .....	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....	
1=did not "materially participate" (Schedule F only) .....	
1=did not actively participate (Farm rental only) .....	
1=real estate professional (farm rental only) .....	
1=single member limited liability company .....	
% of ownership if not 100% (.xxxx) (Farm rental only) .....	

**FARM INCOME**

	2020 Amount	2019 Amount
<b>Cash method:</b>		
Sales of livestock and other resale items .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Cost or basis of livestock or other resale items .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Sales of products raised .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
<b>Accrual method:</b>		
Sales of livestock, produce, etc. ....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Beginning inventory of livestock, etc. ....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Cost of livestock, etc. purchased .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Ending inventory of livestock, etc. ....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
<b>Other farm income:</b>		
Total cooperative distributions .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable cooperative distributions .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Total agricultural program payments (other than CRP) .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable agricultural program payments (other than CRP) .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Total conservation reserve program payments .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable conservation reserve program payments .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Commodity credit loans reported under election .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Total commodity credit loans forfeited or repaid .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable commodity credit loans forfeited or repaid .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Total crop insurance proceeds received in 2020 .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable crop insurance proceeds received in 2020 .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Taxable crop insurance proceeds deferred from 2019 .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>
Custom hire (machine work) income not included above .....	<input style="width:95%; height:20px;" type="text"/>	<input style="width:95%; height:20px;" type="text"/>

2020

1040

US

Farm Income (Sch. F/Form 4835) (cont.)

No.

19 p2

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

FARM INCOME (continued)

Other income:

2020 Amount

2019 Amount



FARM EXPENSES

- Car and truck expenses (not entered elsewhere) .....
- Chemicals .....
- Conservation expenses .....
- Custom hire (machine work) .....
- Employee benefit programs .....
- Feed purchased .....
- Fertilizers and lime .....
- Freight and trucking .....
- Gasoline, fuel, and oil .....
- Insurance (other than health) .....
- Mortgage interest (paid to banks, etc.) .....
- Other interest (not entered elsewhere) .....
- Labor hired .....
- Pension and profit sharing - contributions .....
- Pension and profit sharing plans - admin. and education costs .....
- Rent - vehicles, machinery, and equipment (not entered elsewhere) .....
- Rent - other (land, animals, etc.) .....
- Repairs and maintenance .....
- Seeds and plants purchased .....
- Storage and warehousing .....
- Supplies purchased .....
- Taxes (not entered elsewhere) .....
- Utilities .....
- Veterinary, breeding, and medicine .....
- Capitalized preproductive period expenses (also enter below) .....
- Other expenses:



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

19 p2

2020	1040	US	Partnership and S corporation Information	20.1,20.2
------	------	----	---	-----------

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**

2020	1040	US	Estate or Trust and REMIC Information	20.3,20.4
------	------	----	---------------------------------------	-----------

Please add, change or delete 2020 information as appropriate.  
Be sure to attach all Schedule K-1s and Schedule Qs.

**ESTATE OR TRUST INFORMATION (20.3)**

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

**REMIC INFORMATION (20.4)**

No.	Name of REMIC	Employer Identification Number

	<b>20.3,20.4</b>
--	------------------

**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:		
_____		
_____		
_____		

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Health Savings Accounts (8889)</b>	<b>32.1</b>
-------------	-------------	-----------	---------------------------------------	-------------

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 .....				

	<b>32.1</b>
--	-------------

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 style="width:40px;" 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 .....		<b>2019 amt:</b>
	1=disabled .....		
	1=spouse, 2=joint .....		

No. <input style="width:40px;" 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 .....		<b>2019 amt:</b>
	1=disabled .....		
	1=spouse, 2=joint .....		

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" 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 .....		<b>2019 amt:</b>
	1=spouse, 2=joint .....		



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 .....	

	2020 Amount	2019 Amount
Social security, Medicare and income taxes:		
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 .....		

2020

1040

US

Report of Foreign Bank and Financial Accounts

82.1

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 & 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
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.....		

82.1 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

2020

1040

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 .....

Table with 2 columns and 8 rows for issuer/counterparty #1.

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 .....

Table with 2 columns and 8 rows for issuer/counterparty #2.

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 .....

Table with 2 columns and 8 rows for issuer/counterparty #3.

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 .....

Table with 2 columns and 8 rows for issuer/counterparty #4.

2
Type of Issuer or Counterparty
1 = Individual
2 = Partnership
3 = Corporation
4 = Trust
5 = Estate

82.2 p2