



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2020 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2020 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2019 information is included for your reference. You do not need to make any 2019 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2019 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, or Form 1099-NEC.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

HARPER, POSTON & MOREE, CPAs, P.A.
106 WALL ST
PAWLEYS ISLAND, SC 29585
Telephone: (843) 237-9125 Fax: (843) 237-1621
E-mail: HPM@sc.rr.com

Topic Index

ORG2

<p>Alimony paid ORG28</p> <p>Alimony received ORG10</p> <p>Annuity payments received ORG7</p> <p>Business income and expenses ORG19</p> <p>Car and truck expenses ORG18</p> <p>Casualties and thefts..... ORG3</p> <p>Charitable contributions ORG14</p> <p>Child and dependent care expenses ORG35</p> <p>Dependent information ORG6</p> <p>Depreciable property - additions ORG51</p> <p>Depreciable property - deletions ORG50</p> <p>Dividend income ORG11</p> <p>Education ORG36</p> <p>Employee business expense ORG17</p> <p>Estate income ORG47</p> <p>Estimated and other tax payments ORG40</p> <p>Farm income and expenses ORG27</p> <p>Farm rental income and expenses ORG26</p> <p>Foreign earned income ORG52</p> <p>Gambling and lottery winnings ORG7</p> <p>Household employees ORG41</p> <p>Health Insurance Coverage ORG3A</p> <p>Installment sales..... ORG23</p> <p>Interest income ORG11</p> <p>Interest paid (mortgage, etc) ORG14</p> <p>Investment interest expense..... ORG14</p> <p>IRA contributions ORG28</p>	<p>IRA distributions and rollovers..... ORG7</p> <p>Keogh plan contributions ORG28</p> <p>Medical and dental expenses ORG13</p> <p>Miscellaneous income reported on 1099-MISC ORG8</p> <p>Miscellaneous income not from 1099-MISC ORG10</p> <p>Miscellaneous itemized deductions ORG15</p> <p>Moving expenses ORG16</p> <p>Office in home expenses ORG20</p> <p>Partnership income ORG45</p> <p>Pension payments received ORG7</p> <p>Personal information ORG6</p> <p>Railroad retirement benefits..... ORG10</p> <p>Rental income and expenses ORG25</p> <p>Royalty income and expenses ORG25</p> <p>S corporation income..... ORG46</p> <p>Sale of home..... ORG22</p> <p>Sales of business property ORG24</p> <p>Sales of stock, securities ORG21</p> <p>Self-employed health insurance ORG19</p> <p>SEP plan contributions..... ORG28</p> <p>SIMPLE plan contributions ORG28</p> <p>Social security benefits..... ORG10</p> <p>State and local tax refunds..... ORG10</p> <p>Taxes paid..... ORG13</p> <p>Trust income ORG47</p> <p>Unemployment compensation..... ORG10</p> <p>Wages and salaries ORG7</p>
--	--

General Questions

ORG3

PERSONAL INFORMATION

1 Did you receive an Economic Impact (Stimulus) Payment? Yes No
2 Did your marital status change during 2020? Yes No
3 Do you want to allow your tax preparer to discuss this year's return with the IRS? X No
4 Do you or your spouse plan to retire in 2021? Yes No
5 Were you or your spouse permanently and totally disabled in 2020? Yes No
6 Enter date of death for taxpayer or spouse (if during 2020 or 2021): Taxpayer: Spouse:
7 Were you or your spouse a member of the U.S. Armed Forces during 2020 ? Yes No

DEPENDENT INFORMATION

8a Do you have dependents who must file? Yes No
b If yes, do you want us to prepare the return(s)? Yes No
9a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200? Yes No
b If yes, do you want to include your child's income on your return? Yes No
10 Are any of your dependents not U.S. citizens or residents? Yes No
11 Did you provide over half the support for any other person during 2020 ? Yes No
12 Did you incur adoption expenses during 2020 ? Yes No

IRA, PENSION AND EDUCATION SAVINGS PLANS

13 Did you take a retirement account distribution related to the corona virus or a natural disaster? Yes No
14 Did you receive payments from a pension or profit-sharing plan? Yes No
15 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? Yes No
16a Did you convert all or part of a regular IRA into a Roth IRA? Yes No
b Did you roll over all or part of a qualified plan into a Roth IRA? Yes No
17 Did you contribute to a Coverdell Education Savings Account? Yes No

ITEMS RELATED TO INCOME/LOSSES

18 Did you receive any disability payments in 2020 ? Yes No
19 Did you receive tip income not reported to your employer? Yes No
20a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2020 ? (Attach copies of any escrow statements or Forms 1099.) Yes No
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? Yes No
c Are you planning to purchase a home soon? Yes No
21 Did you incur any casualty or theft losses during 2020 ? Yes No
22 Did you incur any non-business bad debts? Yes No

PRIOR YEAR TAX RETURNS

23 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? Yes No
If yes, enclose agent's report or notice of change.
24 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? Yes No

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

- | | Yes | No |
|--|--------------------------|--------------------------|
| 25 Did you have foreign income or pay any foreign taxes in 2020 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 a At any time during 2020, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2020? Report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 Did you at any time during 2020, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | Yes | No |
|---|--------------------------|--------------------------|
| 29 Did you receive Form 1095-A (Health Coverage)? If so, please attach | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 a Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 33 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2020? If yes, please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 Did you start paying mortgage insurance premiums in 2020? If yes, please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 Did you purchase a motor vehicle or boat during 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, attach documentation showing sales tax paid. | | |
| 36 Did you purchase an energy efficient vehicle in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, enter year, make, model, and date purchased: _____ | | |
| 37 Did you donate a vehicle in 2020? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 What was the sales tax rate in your locality in 2020? _____ % State ID _____ | | |
| 39 Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach details. | | |
| 42 Did you or your spouse participate in a medical savings account in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 43 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you pay any individual for domestic services in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you, your spouse, or your dependents attend post-secondary school in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47 Did a lender cancel any of your debt in 2020? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach information. | | |
| 49 At any time during 2020, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| 50 a Did you obtain a Paycheck Protection Program (PPP) loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes, has any portion of that loan been forgiven? | <input type="checkbox"/> | <input type="checkbox"/> |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | Yes | No |
|--|--------------------------|--------------------------|
| 51 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |

Caution: Review transferred information for accuracy.

- 53 If yes, please provide the following information:
- a Name of your financial institution
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32)
- c Account number
- d What type of account is this?
- Checking Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage																
Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:																
Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2020 ? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
12 Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient Do you have records to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you purchase special fuels for non-highway use?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	_____	_____
First name	_____	_____
Middle initial and suffix	MI _____ Suffix _____	MI _____ Suffix _____
Social security number	_____	_____
Occupation.....	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address.....	_____	_____
Driver's License/Id issuing state	_____	_____
License /Id number.....	_____	_____
License/Id issue date	_____	_____
License/Id expiration date.....	_____	_____
Birthdate	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number
City.....	_____ State.....	ZIP code.....
Home phone.....	_____ Foreign country	_____
Fax.....	_____ Foreign phone	_____

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year

Check this box if you are eligible to claim spouse's exemption

Check this box if your spouse itemizes deductions.....

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

5 Qualifying widow(er)

Check the box for the year the spouse died 2018 2019

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Not qualified credit Other dep	Date of Birth *Not Citizen	2020 Child Care Expense
					+Months in U.S.	2019 Child Care Expense
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

** For the Dependent Code, enter the following: L = dependent child who lived with you
 N = dependent child who didn't live with you due to divorce or separation
 O = other dependent
 Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

1	Employer's name _____ Employer's name _____ 1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace 2 Enter any amounts forfeited from a flexible spending account 3 Check if the income reported is from a foreign source 4 a Clergy: Enter your designated housing or parsonage allowance b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value..... c Check SE tax on: (a) housing or parsonage allowance..... <input type="checkbox"/> (b) W-2 wages..... <input type="checkbox"/> (c) both..... <input type="checkbox"/>	Check if not applicable for 2020 <input type="checkbox"/> Check if for spouse <input type="checkbox"/>
2	Employer's name _____ Employer's name _____ 1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace 2 Enter any amounts forfeited from a flexible spending account 3 Check if the income reported is from a foreign source 4 a Clergy: Enter your designated housing or parsonage allowance b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value..... c Check SE tax on: (a) housing or parsonage allowance..... <input type="checkbox"/> (b) W-2 wages..... <input type="checkbox"/> (c) both..... <input type="checkbox"/>	Check if not applicable for 2020 <input type="checkbox"/> Check if for spouse <input type="checkbox"/>

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

1	Payer's name..... _____ Payer's name..... _____ 1 Check if either box applies: Rollover <input type="checkbox"/> Conversion to Roth IRA <input type="checkbox"/> 2 a If a partial rollover, enter the amount rolled over b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA 3 Health insurance premiums deductible on Schedule A..... 4 a If entire distribution is a Required Minimum Distribution (RMD), check this box <input type="checkbox"/> b If only part of distribution is RMD, enter the part that is RMD.....	Check if not applicable for 2020 <input type="checkbox"/> Check if for spouse <input type="checkbox"/>
2	Payer's name..... _____ Payer's name..... _____ 1 Check if either box applies: Rollover <input type="checkbox"/> Conversion to Roth IRA <input type="checkbox"/> 2 a If a partial rollover, enter the amount rolled over b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA 3 Health insurance premiums deductible on Schedule A..... 4 a If entire distribution is a Required Minimum Distribution (RMD), check this box <input type="checkbox"/> b If only part of distribution is RMD, enter the part that is RMD.....	Check if not applicable for 2020 <input type="checkbox"/> Check if for spouse <input type="checkbox"/>

W-2G – GAMBLING OR LOTTERY WINNINGS

Attach all copies of your W-2G forms here.

Name of Payer	Check if Spouse	Reportable Winnings (Box 1)	Federal Tax Withheld (Box 4)	State Tax Withheld (Box 15)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Social Security Benefits/Form 1099-G/Other Income

ORG10

SOCIAL SECURITY BENEFITS

<input checked="" type="checkbox"/>	Attach all copies of SSA and RRB forms.	Taxpayer	Spouse
1	Social Security Benefits from Form SSA-1099.....		
2	Federal income tax withheld from Form SSA-1099		
3	Medicare B premiums withheld from Form SSA-1099		
4	Medicare C premiums withheld from Form SSA-1099		
5	Medicare D premiums withheld from Form SSA-1099		
6	Railroad Retirement Benefits from Form RRB-1099		
7	Federal income tax withheld from Form RRB-1099		
8	Medicare premiums withheld from Form RRB-1099.....		

FORM 1099-G

<input checked="" type="checkbox"/>	Attach all copies of 1099-G forms.			
Box	Description	Payer 1	Payer 2	Payer 3
	Check if Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if Joint.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
1	Unemployment compensation.....			
a	Unemployment benefits you repaid in 2020			
2	State and local income tax refunds			
3	Enter the tax year from 1099-G box 3			
a	If tax year is 2019 or prior, enter the taxable portion of the amount reported in box 2			
4	Federal income tax withheld.....			
5	RTAA payments.....			
6	Taxable grants			
7	Agriculture payments			
8	Check if box 2 amount is from trade or business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Market gain			
10a	Two-letter state abbreviation	_____	_____	_____
	Two or three-letter local abbreviation	_____	_____	_____
b	State identification number			
11	State income tax withheld.....			

OTHER INCOME

	Nature and Source	2020 Taxpayer	2020 Spouse	2019 Combined
1	Alimony received			
2	Recovery of bad debts previously deducted			
3	Jury duty pay			
4	Gambling winnings not reported on W2G/1099.....			
5	Income from not for profit activities (hobbies).....			
6	Income from the rental of personal property.....			
7	Non-Government unemployment received/repaid in 2020			
8	Other Taxable income:			
a	Union unemployment benefits.....			
b	Private fund unemployment benefits.....			
c	State employee unemployment benefits			
9	Other miscellaneous income items:			
	Description:			

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

****Type of Interest**
 blank = Regular taxable interest
 ME1 = ME bond interest in federal income
 MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest
 NH1 = NH nontaxable interest — taxable federal
 NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest
 TN1 = TN nontaxable interest — taxable federal
 WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2020 Box 1 Interest	Type of Interest**	2020 Box 3 US/Treasury Interest	2020 Box 8 Tax Exempt	State	2019 Box 1 + 3

X* Check if you did not receive income from this account in 2020 .

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2020 Box 1a Ordinary Dividends	2020 Box 1b Qualified Dividends	2020 Box 2a Capital Gains	State	2019 Box 1a + 2a

X* Check if you did not receive income from this account in 2020 .

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2020	2019
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
5 Insurance reimbursement.....		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees.....		
9 Expenses for qualified long-term care.....		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes.....		
13 Ambulance fees and other medical transportation costs.....		
14 Lodging.....		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2020	2019
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle.....		
19 Other personal property taxes		
20 Other taxes:		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2020	2019
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2020
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
	
	

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2019 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

QUALIFIED MORTGAGE INSURANCE PREMIUMS		
	2020	2019
Premiums paid in 2020 for qualified mortgage insurance not from Form 1098 import		

Interest Paid and Cash Contributions (continued)

ORG14

INVESTMENT INTEREST		
	2020	2019
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc).....		

LIMITED HOME MORTGAGE DEDUCTION					
If the mortgage meets the following reasons during 2020 complete the following: - The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan					
	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1a Interest paid in 2020					
Points paid in 2020.....					
Months loan outstanding					
Principal pd on loan in 2020.....					
b Was all proceeds of this loan used to buy, build, or substantially improve the home? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
2 Home Debt Origination on or after December 15, 2017					
Beginning of year balance ..					
Additional borrowed in 2020					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
3 Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
4 Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2020	2019
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven.....			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation.....			

Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

***Methods of determining FMV:**

- | | | | |
|---------------|--------------------------|-------------------|-------------|
| Appraisal | Capitalization of income | Present value | Thrift shop |
| Average share | Comparative sales | Replacement cost | |
| Catalog | Consignment shop | Reproduction cost | |

****Type of Donated Property**

- | | | |
|---------------------------------|-----------------------------------|--|
| Household/clothing items | Business equipment | Intellectual property |
| Motor vehicle, boat or airplane | Business inventory | Real property, conservation property |
| Art, other than self-created | Stock, publicly traded | Real property, other than conservation |
| Art, self-created | Stock, other than publicly traded | Other personal property |
| Collectibles | Securities, other than stock | Other intangible property |

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions (FOR STATE USE ONLY)

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)	2020	2019
Employee Business Expenses		
Note: If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses.		
1 Union and professional dues		
2 Professional subscriptions		
3 Uniforms and protective clothing		
4 Job search costs		
5 Other unreimbursed employee expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
Other Expenses Subject to the 2% Limitation		
Treat all MACRS assets for this activity as qualified Indian reservation property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treat all assets acquired after August 27, 2005 as qualified GO Zone property?	<input type="checkbox"/> Regular	<input type="checkbox"/> Extension
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was this property located in a Qualified Disaster Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check to code assets as Investment Expense	<input type="checkbox"/>	
Use ORG50 to record dispositions.		
Use ORG51A to enter additional assets.		
Use ORG11a for investment expenses related to interest income.		
Use ORG11b for investment interest related to dividend income.		
6 Tax return preparation fees		
7 Investment counsel and advisory fees		
8 Certain attorney and accounting fees		
9 Safe deposit box rental		
10 IRA custodial fees		
11 a Government unemployment benefits repaid in 2020	<input type="checkbox"/>	
b Other expenses (list):		

OTHER MISCELLANEOUS DEDUCTIONS	2020	2019
12 Federal estate tax paid on income in respect of a decedent		
13 Amortizable bond premiums (acquired before 10/23/86)		
14 Gambling losses (to the extent of gambling income)		
15 Claim repayments		
16 Unrecovered investment in annuity		
17 Ordinary loss attributable to certain debt instruments		

Moving Expenses

ORG16

If you sold your principal residence during 2020, also complete Sale of Your Home (ORG22).

FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply.....

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
Enter storage fees applicable to you foreign move (no other expenses claimed).
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace..... _____

Number of miles from your old home to old workplace _____

Are you a member of the armed forces? **Yes** **No**

If **Yes**, did you move due to a permanent change of station? **Yes** **No**

Enter the total amount your employer paid for your move.
Do not enter amounts already reported on Form W-2 Box 12

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Expenses of moving from old to new home:	
Travel and lodging expenses for this move (excluding auto and meals)	
Parking fees and tolls paid during this move	
Gasoline and oil expense for this move.....	
Miles driven traveling to new home for this move.....	

SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply.....

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States
Enter storage fees applicable to you foreign move (no other expenses claimed).
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: _____

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace..... _____

Number of miles from your old home to old workplace _____

Are you a member of the armed forces? **Yes** **No**

If **Yes**, did you move due to a permanent change of station? **Yes** **No**

Enter the total amount your employer paid for your move.
Do not enter amounts already reported on Form W-2 Box 12

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Expenses of moving from old to new home:	
Travel and lodging expenses for this move (excluding auto and meals)	
Parking fees and tolls paid during this move	
Gasoline and oil expense for this move	
Miles driven traveling to new home for this move	

Business Income and Expenses

ORG19

GENERAL INFORMATION

Is this activity a qualified trade or business under Section 199A? Yes No

1 Check ownership **Taxpayer** **Spouse** **Joint**

2 Business name _____

3 a Business street address _____

b 1 City, State and Zip Code, or _____

2 Foreign country..... (not applicable) _____

4 Principal business/profession _____

5 Employer ID number _____

6 Business code (**Preparer Use Only**) _____

7 Was this business fully disposed of in a fully taxable transaction during 2020 ? **Yes** **No**

8 Accounting method:
 Cash Accrual Other (specify) _____

9 Method used to value closing inventory:
 Cost Lower of cost or market Other (explain) _____

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) **Yes** **No**

11 Did you materially participate in the operation of this business during 2020 ? **Yes** **No**

12 Did you start or acquire this business during 2020 ? **Yes** **No**

13 a Did you make any payments in 2020 that require you to file Forms 1099? **Yes** **No**

b If yes, did you or will you file all the required Forms 1099? **Yes** **No**

14 At-risk determination:

a Is all of the investment in this activity at risk? **Yes** **No**

b Is some of the investment in this activity not at risk? **Yes** **No**

15 Did you have unallowed passive losses in 2019 ? **Yes** **No**

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? **Yes** **No**

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** **Extension** **No**

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? **Yes** **No**

d Was this business located in a Qualified Disaster Area? **Yes** **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2020	2019
17 Gross receipts or sales.....		
18 Returns and allowances plus other adjustments.....		
19 Other income (include federal/state gas tax credit/refund)		

COST OF GOODS SOLD – IF APPLICABLE	2020	2019
20 Inventory at beginning of year		
21 Purchases		
22 Items withdrawn for personal use		
23 Cost of labor (do not include your salary)		
24 Materials and supplies		
25 Other costs		
26 Inventory at end of year.....		

Business Income and Expenses (continued)

ORG19

EXPENSES	2020	2019
Business name _____		
27 Advertising		
28 Car and truck expenses (complete ORG18).....		
29 Commissions and fees		
30 Contract labor		
31 Depletion		
32 Depreciation and Section 179 deduction (Preparer Use Only).....		
33 Employee benefit programs:		
a Employee health insurance premiums		
b Other employee benefit programs		
34 Insurance (other than health)		
35 Self-employed health insurance attributable to this business		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098.....		
b Other		
37 Legal and professional services		
38 Office expenses		
39 Pension and profit-sharing plans		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18)		
b Other business property.....		
41 Repairs and maintenance		
42 Supplies (not included in cost of goods sold)		
43 Taxes and licenses not reported to you on Form 1098		
44 Travel and meals		
a Travel.....		
b Meals subject to 50% limit.....		
c Meals subject to 80% limit.....		
d Meals not subject to limit		
45 Utilities		
46 Gross wages		
47 Other expenses:		

48 Expenses for business use of your home (Preparer Use Only).....		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs		
50 DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018.....		
51 DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017		

Sales of Stocks and Securities Basic Info

ORG21

Name	Social Security Number
------	------------------------

	Yes	No
1 Did you exchange any securities for other securities or any other property held for investment?	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you engage in any transactions involving traded options?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you engage in any transactions involving commodity future contracts and straddle positions?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you engage in any transactions involving <i>employee</i> stock options?	<input type="checkbox"/>	<input type="checkbox"/>
6 Schedule D included in the 2019 Federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>

Enter details of specific security sales on Sales of Stocks and Securities (ORG21A)
 Use Installment Sales Income (ORG23) to report installment sales.

Sale of Your Home

ORG22

GENERAL INFORMATION

▶ **Attach copies of your original purchase and the current sale settlement sheets here.**

Complete if the sale of your home occurred in the current year (2020).

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1 a Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it? | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did you use this home partially or completely in a trade or business or hold it for investment AND dispose of it in a like-kind (Section 1031) exchange? | <input type="checkbox"/> | <input type="checkbox"/> |
| d Did you claim the First-Time Homebuyer Credit when you purchased this home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 a Did you live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If married filing a joint return, did your spouse live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you receive a Form 1099-S? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 a Have you sold and excluded gain from another principal residence within 2 years before the sale of this home? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If married filing a joint return, has your spouse sold and excluded gain from another principal residence within 2 years before the sale of this home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.) | | |
| a You | <input type="checkbox"/> | <input type="checkbox"/> |
| b Your spouse | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 a Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Was the home used as investment or rental property after December 31, 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 a Will you be receiving periodic payments of principal or interest from this sale? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If Yes , what is the amount of the financial instrument? | | |

8 Address of former home sold

9 a Date former home was sold

b Date former home was bought

10 Sales price of the home sold

COST BASIS OF HOME SOLD

Description	Amount
Original cost of home sold:	
11 a Purchase price of home sold	
b Postponed gain on the sale of your previous home sold before May 7, 1997 (Form 2219 for the year this home was bought)	
Additions and increases to basis:	
12 a Settlement fees or closing costs when home was purchased. Do not include amounts previously deducted as moving expenses	
b Cost of capital improvements	
c Additions, including costs of materials and labor	
d Other additions and increases to basis	
Decreases to basis:	
13 a Seller-paid points (for old home bought after 1990)	
b Other decreases to basis	

COMMISSIONS AND OTHER EXPENSES OF SALE

Description	Amount
14 a	
b	
c	
d	

Rent and Royalty Income and Expenses

ORG25

BASIC PROPERTY INFORMATION

Property description: _____
 Property type: * _____ If type is other, enter a description: _____
 Location (street address): _____
 City: _____ State: _____ Zip: _____
 If a foreign address: Foreign province or state: _____
 Foreign postal code: _____ Foreign Country: (not applicable)

Is this activity a qualified trade or business under Section 199A? Yes No

- 1** Check property owner **Taxpayer** **Spouse** **Joint** **Yes** **No**
- 2 a** Did you make any payments that would require you to file Form(s) 1099? **Yes** **No**
- b** If **yes**, did you or will you file all required Forms(s) 1099? **Yes** **No**
- 3 a** Enter the ownership percentage (if not 100%) _____
- b** If not 100%, are you reporting 100% of the income and expenses? **Yes** **No**
- 4** Is this a rental property? (If **yes**, answer questions 5 through 11; if **no**, skip to question 12.) **Yes** **No**
- 5** Did you have personal use of this property or rent it for part of the year at less than fair rental value? **Yes** **No**
- 6** For all rental properties, **enter the number of days** during 2020 that:
- a** The property was rented at fair rental value _____
- b** The property was used personally or rented at less than fair rental value _____
- c** You owned the property, if not the entire year _____
- 7 a** Does this rental have multiple living units and you live in one of the units? **Yes** **No**
- b** If **yes**, enter percentage of rental use _____
- 8** Did you actively participate in this property's management during 2020 ? **Yes** **No**
- 9** Did you materially participate in this property's management during 2020 ? **Yes** **No**
- 10** Do you want to treat this property as non-passive? **Yes** **No**
- 11** Did this property have unallowed passive losses in 2019 ? **Yes** **No**
- 12** Did you dispose of this property in a fully taxable transaction? **Yes** **No**
- 13** Check this box if some of this investment was **not** at-risk **Yes** **No**
- 14 a** Treat all MACRS assets for this activity as qualified Indian reservation property? **Yes** **No**
- b** Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** **Extension** **No**
- c** Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? **Yes** **No**
- d** Was this activity located in a Qualified Disaster Area? **Yes** **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME	2020	2019		
15 Rents or royalties received				
<p style="margin: 0;">* Property Types:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 1 Single family residence 2 Multi-family residence 3 Vacation/short-term rental 4 Commercial </td> <td style="width: 50%; border: none;"> 5 Land 6 Royalties 7 Self-rental 8 Other </td> </tr> </table>	1 Single family residence 2 Multi-family residence 3 Vacation/short-term rental 4 Commercial	5 Land 6 Royalties 7 Self-rental 8 Other		
1 Single family residence 2 Multi-family residence 3 Vacation/short-term rental 4 Commercial	5 Land 6 Royalties 7 Self-rental 8 Other			

Rent and Royalty Income and Expenses (continued)

ORG25

EXPENSES	2020	2019
Property location		
16 Advertising		
17a Automobile (complete ORG18 for autos).....		
b Travel.....		
18 Cleaning and maintenance		
19 Commissions.....		
20a Mortgage insurance premiums – qualified		
b Other insurance		
21 Legal and professional fees		
22 Management fees		
23a Mortgage interest paid to banks – qualified.....		
b Mortgage interest paid to banks – other		
24 Other interest		
25 Repairs.....		
26 Supplies.....		
27a Real estate taxes.....		
b Other taxes		
28 Utilities		
29 Other expenses:		
a		
b		
c		
d		
e		
30a Depreciation and Section 179 deduction (Preparer Use Only)		
b Depletion (Preparer Use Only)		

Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2020		
2 Check if you were covered by a retirement plan at work.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute		
If you (a) received traditional IRA distributions during 2020 and you have made nondeductible IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, OR (b) choose to make any nondeductible traditional IRA contributions for 2020, please provide this information:		
6 Enter the value of all of your IRAs on 12/31/2020		
7 Enter the value of all recharacterizations after 12/31/2020		
8 Enter the amount of any outstanding rollovers as of 1/1/2021		
If you received IRA distributions during 2020, please complete ORG7.		

ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2020		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute		

SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
Money Purchase Plan Keogh and Multiple Plans:		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2020		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2020	<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Plan Keogh:		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2020		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2020	<input type="checkbox"/>	<input type="checkbox"/>
Defined Benefit Plan Keogh:		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2020		
SEP:		
4 a Payments made and/or expected to be made to a SEP for 2020		
b Check this box if you wish to contribute the maximum amount to your SEP for 2020	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed SIMPLE Plan:		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2020		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2020		
Individual 401(k):		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2020		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2020		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2020.....		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2020	<input type="checkbox"/>	<input type="checkbox"/>
Roth 401(k):		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2020		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2020		

ALIMONY PAID		
Recipient's name	Recipient's SSN	Alimony paid
1		
2		

Child and Dependent Care Expenses

ORG35

CHILD AND DEPENDENT CARE EXPENSES

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
Provider Phone			
1 ..... ..... .....	..... ..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. ▶ <input type="checkbox"/> Foreign ▶ <input type="checkbox"/>
2 ..... ..... .....	..... ..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. ▶ <input type="checkbox"/> Foreign ▶ <input type="checkbox"/>
3 ..... ..... .....	..... ..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. ▶ <input type="checkbox"/> Foreign ▶ <input type="checkbox"/>
4 ..... ..... .....	..... ..... ..... Care at above address? <input type="checkbox"/> Tax-Exempt .. ▶ <input type="checkbox"/> Foreign ▶ <input type="checkbox"/>

EXPENSES	2020	2019
1 Total employment taxes paid on wages for child care expenses		
2 Total expenses paid in 2020 but not incurred in 2020		
3 Total expenses incurred in 2020 but not paid in 2020		
4 Medical expenses paid for qualifying persons unable to care for themselves		

STUDENT/DISABLED PERSON INFORMATION FOR 2020	Taxpayer	Spouse
5 If taxpayer or spouse was a full-time student or disabled in 2020, answer the following questions:		
a Number of months that taxpayer/spouse was a full-time student or disabled		
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here		

Education Information

ORG36

EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified expenses.

EDUCATOR EXPENSES	2020	2019
1 a Taxpayer educator expenses.....		
b Spouse educator expenses.....		

STUDENT LOAN INTEREST PAID

Student Loan Interest Reported on a 1098-E in 2020

2 a Enter detail below or total interest in Part 2b

Lender's Name	2020	2019
Total Student Loan Interest	2020	2019
2 b Enter the total interest paid on qualified student loans.....		

FORM 1099-Q

3 Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

* For the Type Code, enter the following:
 P = Private Qualified Tuition Program
 S = State Qualified Tuition Program
 E = Coverdell ESA

Tax Payments

ORG40

2020 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 07/15/20.....								
2 Qtr 2 due by 07/15/20.....								
3 Qtr 3 due by 09/15/20.....								
4 Qtr 4 due by 01/15/21								
5 a Additional payments ...								
b Additional payments ...								
c Additional payments ...								
d Additional payments ...								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2019 overpayment applied to 2020			
7 Balance due paid with 2019 return			
8 a 2019 Quarter 4 payments paid in 2020			
b 2019 extension payments paid in 2020			
9 Other taxes paid in 2020 for prior years (include explanation)			

2021 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2021, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	_____
	Spouse.....	_____
11 Self-Employment Income	Taxpayer	_____
	Spouse.....	_____
12 Capital Gains (sale of stock, real estate, etc).....		_____
13 Other Income:		
Description		_____

Deductions

14 Allowable Itemized Deductions	_____
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	_____
16 Federal Withholding.....	_____
17 Number of personal exemptions expected for 2021	_____

ADDITIONAL INFORMATION

18 Check to use your 2020 tax amount for your 2021 estimate.....	<input type="checkbox"/>
19 If you have an overpayment of 2020 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment.....	_____
21 Number of installments for estimated tax (1 - 4)	_____