Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

Торіс	Page	Торіс	Page
ABLE account distributions	73	Fuel tax credit	87, 88, 89
Adoption expenses	86	Gambling winnings	10, 18, 20
Affordable Care Act Health Coverage	69, 70	Gambling losses	59
Alaska Permanent Fund dividends	18, 77	Health savings account (HSA)	71, 72
Alimony paid	51	Household employee taxes	78
Alimony received	18	Identity authentication	7
Annuity payments received	10, 24	Installment sales	41, 42
Automobile information -		Interest income, including foreign	11, 13, 17b
Business or profession	68	Interest paid	58
Employee business expense	50	Investment expenses	57
Farm, Farm Rental	68	Investment interest expenses	58
Rent and royalty	68	IRA, Roth IRA contributions	26
Bank account information	3	IRA distributions	10, 24
Broker Statement - Consolidated	17b	Like-kind exchange of property	43
Business income and expenses	28, 29, 30	Long-term care services and contracts (LTC)	72
Business use of home	67	Medical and dental expenses	57
Cancellation of debt	19	Medical savings account (MSA)	71, 72
Casualty and theft losses, business	63, 65	Minister earnings and expenses	28, 49, 75
Casualty and theft losses, personal	64, 66	Miscellaneous income	18, 18a, 18b, 18
Child and dependent care expenses	81	Miscellaneous adjustments	51
Children's interest and dividend	76, 77	Miscellaneous itemized deductions	59, 59a
Charitable contributions	59, 61, 62	Mortgage interest expense	58, 60
Contracts and straddles	22	Moving expenses - Active Military	48
Credit for Sick Leave and Family Leave due to COVID		Nonresident Alien	4, 5
Dependent care benefits received	12	Partnership income	10, 38
Dependent information	1	Payments from Qualified Education Programs (1099-C	
Depreciable asset acquisitions and dispositions -	-	Pension distributions	10, 24
Business or profession	94, 95	Railroad retirement benefits	25
Employee business expense	94, 95	Real estate taxes, personal property and other taxes p	
Farm, Farm Rental	94, 95	Recovery Rebate (Economic Impact Payment)	80
Rent and royalty	94, 95	REMIC's	16
Direct deposit information	3	Rent and royalty, vacation home, income and expense	-
Disability income	24, 83	Residential energy credit	84
Dividend income, including foreign	11, 14, 17b	S corporation income	10, 21, 38
Early withdrawal penalty	13	Sale of business property	41, 42
Education Credits and tuition and fees deduction	54	Sale of personal residence	41, 42
Education Credits and tultion and rees deduction Education Savings Account & Qualified Tuition Prog	-	Sale of stock, securities, and other capital assets	17, 17a, 17b
Electronic filing	_	Self-employed health insurance premiums	28, 33, 69
Email address	6 2	Self-employed Reogh, SEP and SIMPLE plan contribution	
Employee business expenses	2 49	Seller-financed mortgage interest received	ມາຜາ 15
• •			
Estate income	10, 39	Social security benefits received	25
Farm income and expenses	33, 34, 35	State and local income tax refunds	18
Farm rental income and expenses	0	State & local estimate payments	9
Federal estimate payments	8	State & local withholding	12, 20, 24
Federal student aid application information (FAFSA)		Statutory employee	12, 28
Federal withholding		Student loan interest paid	53
First-time homebuyer credit repayment	79	Trust income	39
Foreign bank accounts & financial assets	44, 45	Unemployment compensation	18
Foreign earned income & housing deduction	46, 47	Unreported tip or unreported wage income	74
Foreign employer compensation	23	U.S. savings bonds educational exclusion	52
Foreign taxes paid	85	Wages and salaries	10, 12

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Form ID: INDX

Form ID: 1040	Perso	nal Information			1
Filing (Marital) status code (1 = Single, 2 = Married fi	iling joint, 3 = Married fili	ng separate, 4 = Head of house	hold, 5 = Qualifying widow(e	-))	[1]
Mark if you were married but living apart all y			,		[2]
Mark if your nonresident alien spouse does no	ot have an Individu	al Taxpayer Identificatio	on Number (ITIN)		[3]
		Taxpayer		Spouse	
Social security number		[4]			[5]
First name		[6]			[7]
Last name		[8]			[9]
Occupation		[10]			[11]
Designate \$3.00 to the presidential election of	ampaign fund? (1 =)				[14]
Mark if dependent of another taxpayer	~~ 10 ~~ 10 22 ful	[15]			[16]
Taxpayer with income less than 1/2 support a	ge 18 of 19 - 23 iui				[24]
Mark if legally blind Date of birth		[20] [22]			[21]
Date of death		[26]			[24] [27]
Work/daytime telephone number/ext numbe	 r	[28] [29]		[30]	[31]
Home/evening telephone number	'	[32]	-	[30]	[33]
Do you authorize us to discuss your return with	th the IRS?(y_N)	[34]			[55]
Do you duthonize us to discuss your return with					
	Presen	t Mailing Address			
Address					[40]
Apartment number				 -	[41]
City, state postal code, zip code			[42]	[43]	[44]
Foreign country name					[46]
Foreign phone number					[49]
In care of addressee					[50]
	Depend	dent Information			
(*Pl	•	ndent Codes located at	the bottom)		Care
•			,,	Months**Dep in Codes	expenses paid for
First Name[51] Last Name	Date of Birth	Social Security No.	Relationship	home * **	dependent
		<u> </u>			
		-			
		<u> </u>			
		·			
		-			
Name of child who lived with you but is not yo	our denendent				[52]
Social security number of qualifying person	our dependent				[52]
Jocial Security Humber of qualifying person					[53]
	Dep	endent Codes			
*Basic 1 = Child who lived with you		**Other 1 = Stud			
2 = Child who did not live with	n you due to divord	-	-		
3 = Other dependent			endent who is both a	student and disa	bled
4 = Other dependents, but do			nts (ODC)		
5 = Qualifying child for Earned		-	Cup alia		
6 = Children who lived with yo	-	=	Lieait		
7 = Children who lived with yo	-	=	/Cradit for Other De-	ondonts/Formed	ncome dred
8 = Children who lived with yo	-	my for Child Tax Credit,	credit for Other Dep	endents/carned i	income great
***Months 77 = Reported on odd year ret 88 = Reported on even year re					
99 = Not reported on return	etul II				
33 – Not reported on return					
				For	m ID: 1040

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions)) (Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address		[9]
Spouse email address		[10]
	Taxpayer	Spouse
Fax telephone number	[11]	[19]
Mobile telephone number	[12]	[20]
Mobile telephone #2 number	[13]	[21]
Pager number	[14]	[22]
Other:	[15]	[23]
Telephone number	[16]	[24]
Extension	[17]	[25]
Preferred method of contact:		· · · · · · · · · · · · · · · · · · ·
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[26]

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information

3

Form ID: Bank

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

Financial institution routing transit number January of financial institution	wark to verify all accounts listed below have been reviewed, updated as needed, and are corre	ect.			[1]
Name of financial institution	Primary account:				
Your account number					[3]
Type of account (1 = Serings, 2 = Checking, 3 = 184*) Mark if married filing jointly and this is a joint account (8th tapayer and spouse names are on the account) Mark if financial institution is foreign based two tacters in the territorial prindiction of the United States) Lit of the maximum dollar amount, or percentage of total refund Dollar Secondary account #1: Financial institution routing transit number Javanor of financial institution Javanor of financial institution foreign based two tecestes in the territorial prindiction of the United States) Javanor of financial institution foreign based was does to decested in the territorial prindiction of the United States) Javanor of financial institution or opercentage of total refund Javanor of financial institution or opercentage of total refund Javanor of financial institution foreign based was operated by the secondary account #2: Javanor of financial institution or opercentage of total refund Javanor of financial institution or opercentage of total refund online Javanor of financial institution or opercentage of the total refund online Javanor of financial institution or opercentage of total refund online Javanor of financial institution foreign based financial operated by the bank of financial institution of the United States) Javanor of financial institution for foreign based financial operated by the bank of financial institution of foreign based financial operated by the bank of financial institution of the United States) Javanor of financial institution foreign based financial operated by the bank of financial institution of the United States) Javanor of financial institution foreign based financial operated by the bank of financial institution of the United States of the Company of the Compa					[4]
Mark if married filing jointly and this is a joint account (tents tappayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Jail or Percent (Notice) Secondary account #1: Financial institution routing transit number Jail or Percent (Notice) Jail or Percent (Notice) Jail Mark if financial institution Jail Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Jail Mark if married filing jointly and this is a joint account (so the tappayer and spouse names are on the account) Jail Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Jail Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Jail Mark if financial institution routing transit number Jail Notice (Jail Mark if financial institution routing transit number Jail Notice (Jail Mark if married filing) jointly and this is a joint account (so the territorial jurisdiction of the United States) Jail Mark if financial institution Jail Notice (Jail Mark if married filing) jointly and this is a joint account (so the territorial jurisdiction of the United States) Jail Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Jail Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Jail Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Jail Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Jail Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Jail Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) J					[5]
Mark if financial institution is foreign based (not located in the territorial jurisdiction of the United States) 131					[6]
Enter the maximum dollar amount, or percentage of total refund bollar		ınt)			[9]
Secondary account #1: Financial institution routing transit number Name of financial institution 22 Mark if married filing jointly and this is a joint account (80th taxpayer and spouse names are on the account) 33 Mark if married filing jointly and this is a joint account (80th taxpayer and spouse names are on the account) 33 Mark if married filing jointly and this is a joint account (80th taxpayer and spouse names are on the account) 34 35 36 37 38 38 38 38 39 30 30 30 30 30 30 30 30					[10]
Financial institution routing transit number Name of financial institution Name of financial institution Type of account (1 = Swings, 2 = Checking, 3 = IRA*) Nark if married filling jointly and this is a joint account (8oth taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar Financial institution routing transit number Secondary account #2: Financial institution routing transit number Name of financial institution Secondary account number Jail Type of account (1 = Swings, 2 = Checking, 3 = IRA*) Mark if married filling jointly and this is a joint account (8oth taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Refund - U.S. Series I Savings Bond Purchase Refund - U.S. Series I Savings Bond Purchases Tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you wor purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information acease note you may enter only one name per registration (with exception of married filling joint returns) and must enter the party's gia me, do not use nicknames. dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds the bonds will be registered to the name(s) on the return. For married filling joint returns this means the bonds will be registered in both names listed on the return. To register the bonds separately, leave these fields blank and use the fields provided below. Fine there if the raid dollar amount (up to \$5,000), or percentage of refund used to purchase bonds in formation for someone other than taxpayer and spouse, if married filling jointly Maximum dollar amount (up to \$5,000), or perce	Enter the maximum dollar amount, or percentage of total refund	[11]	or	Percent (xxx.xx)	[12]
Name of financial institution Your account number Type of account (1 - Swings, 2 = Checking, 3 = IRA*) Mark if financial institution is foreign based (Net Decarded in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar Jay or Percent (xxxxxx) Enter the maximum dollar amount, or percentage of total refund Dollar Jay or Percent (xxxxxx) Enter the maximum dollar amount, or percentage of total refund Dollar Jay or Percent (xxxxxx) Jay Or Account #2: Financial institution routing transit number Name of financial institution Jay of account (1 - Swings, 2 = Checking, 3 = IRA*) Jay Oral	Secondary account #1:				
Your account number Type of account (1 = savings, 2 = Checking, 3 = IRA*) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar	Financial institution routing transit number				[27]
Type of account (1 - Savings, 2 = Checking, 3 = IRA*) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [31] Enter the maximum dollar amount, or percentage of total refund	Name of financial institution				[28]
Mark if married filing jointly and this is a joint account (80th taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Jail Enter the maximum dollar amount, or percentage of total refund Dollar Jail or Percent (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Your account number				[29]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar [13] or Percent (Nox.ixx) [14] Secondary account #2: Financial institution routing transit number Name of financial institution [15] Name of financial institution [16] Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar Type of account (1 = Savings, 2 = Checking, 3 = IRA*) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar Enter the maximum dollar amount, or percentage of total refund Dollar Refund - U.S. Series I Savings Bond Purchases Tax refund may be used to buy up to \$5,000 of U.S. Series I Savings Bonds and registered for up to three different persons. If you would purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information bease note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given, do not use nicknames. dicate either a maximum dollar amount (up to \$5,000, or percentage of refund you would like used to purchase bonds the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return. To register the bonds separately, leave these fleids bank and use the fields bank and use the field provided below. Enter either a dollar amount (up to \$5,000),	Type of account (1 = Savings, 2 = Checking, 3 = IRA*)				[30]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund	Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account	ınt)			[31]
Enter the maximum dollar amount, or percentage of total refund 13 or Percent (xxxxxx) 12	Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)				[32]
Financial institution routing transit number Name of financial institution [32] Name of financial institution [33] Type of account (1 = Savings, 2 = Checking, 3 = IRA*) Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [33] Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [34] Enter the maximum dollar amount, or percentage of total refund [35] Enter the maximum dollar amount, or percentage of total refund [36] Enter the maximum dollar amount, or percentage of total refund [37] Enter the maximum dollar amount (precentage of total refund pollar properties will be accepted by the bank or financial institution. Refund - U.S. Series I Savings Bond Purchases Extra refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you wout purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information ease note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given, do not use nicknames. dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return. To register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr [19] or Percent (xxxxx) Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr [19] or Percent (xxxxx) Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr [23] or Percent (xxxxx) Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr		[13]	or	Percent (xxx.xx)	
Financial institution routing transit number Name of financial institution [32] Name of financial institution [33] Type of account (1 = Savings, 2 = Checking, 3 = IRA*) Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [33] Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [34] Enter the maximum dollar amount, or percentage of total refund [35] Enter the maximum dollar amount, or percentage of total refund [36] Enter the maximum dollar amount, or percentage of total refund [37] Enter the maximum dollar amount (precentage of total refund pollar properties will be accepted by the bank or financial institution. Refund - U.S. Series I Savings Bond Purchases Extra refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you wout purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information ease note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given, do not use nicknames. dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return. To register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr [19] or Percent (xxxxx) Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr [19] or Percent (xxxxx) Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr [23] or Percent (xxxxx) Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr					
Name of financial institution Your account number [33] Your account number [34] Type of account (1 = savings, 2 = Checking, 3 = IRA*) Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) [35] Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [38] Enter the maximum dollar amount, or percentage of total refund [17] or Percent (xxxxxx) [18] Enter the maximum dollar amount, or percentage of total refund [17] or Percent (xxxxxx) [18] Enter the maximum dollar amount, or percentage of total refund [17] or Percent (xxxxxx) [18] Enter the maximum dollar amount, or percentage of total refund [18] Enter the maximum dollar amount (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx					
Your account number Type of account (1 = Savings, 2 = Checking, 3 = IRA*) Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar [17] or Percent (xxxxxx) [18] Enter the maximum dollar amount, or percentage of total refund Dollar [17] or Percent (xxxxxx) [18] Enture the maximum dollar amount, or percentage of total refund Dollar [17] or Percent (xxxxxx) [18] Enture the maximum dollar amount, or percentage of total refund Dollar [18] or Percent (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx				-	[33]
Type of account (1 = Savings, 2 = Checking, 3 = IRA+) Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) Enter the maximum dollar amount, or percentage of total refund Dollar [17] or Percent (xxxxxx) [18] Funds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution. Refund - U.S. Series I Savings Bond Purchases tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you won purchase U.S. Series I Savings bonds and registered for up to three different persons. If you won purchase U.S. Series I Savings bonds and registered for up to three different persons. If you won may enter only one name per registration (with your refund, if applicable, please complete the following information ease note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given, do not use nicknames. dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return. To register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar [15] or Percent (xxx.xx) Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr [19] or Percent (xxx.xx) Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr [19] or Percent (xxx.xx) Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bondsr [23] or Percent (xxx.xx) Maximum dollar amount (up					[34]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [17] or Percent (xxx.xxx) [18] Enter the maximum dollar amount, or percentage of total refund [17] or Percent (xxx.xxx) [18] Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [17] or Percent (xxx.xxx) [18] Refund - U.S. Series I Savings Bond Purchases Refund - U.S. Series I Savings Bond Purchases Eax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you work purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information area on the you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given, do not use nicknames. dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return. For register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar [15] or Percent (xxx.xx) [16] or Percent (xxx.xxx) [17] or Percent (xxx.xxx) [18] or Percent (xxx.xxx) [18] or Percent (xxx.xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		_			[35]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) [17] or Percent (xxx.xxx)					[36]
Enter the maximum dollar amount, or percentage of total refund bollar		ınt)			[37]
Refund - U.S. Series I Savings Bond Purchases tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you work purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information case note you may enter only one name per registration (with exception of married filling joint returns) and must enter the party's gime, do not use nicknames. Sicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds he bonds will be registered to the name(s) on the return. For married filling joint returns this means the bonds will be registered in both names listed on the return. For eighter the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar [15] or Percent (xxx.xx) Indifformation for someone other than taxpayer and spouse, if married filling jointly waximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds [19] or Percent (xxx.xx) Mark if the name listed above is a beneficiary Indifformation for someone other than taxpayer and spouse, if married filling jointly waximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds [23] or Percent (xxx.xx) Mark if the name listed above is a beneficiary Indifformation for someone other than taxpayer and spouse, if married filling jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds [23] or Percent (xxx.xx) Owner's name (First Last) Co-owner or beneficiary (First Last) Owner's name (First Last)					[38]
Refund - U.S. Series I Savings Bond Purchases tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you wou purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information ease note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given, do not use nicknames. dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return. To register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar	Enter the maximum dollar amount, or percentage of total refund Dollar	[17]	or	Percent (xxx.xx)	[18]
tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you wou purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information ease note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given, do not use nicknames. dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return. To register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar [15] or Percent (xxx.xx) Owner's name (First Last) (40) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary Owner's name (First Last)			e bank	or financial institution.	1
purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information ease note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given, do not use nicknames. dicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds the bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return. To register the bonds separately, leave these fields blank and use the fields provided below. Enter either a dollar amount or percent, but not both Dollar [15] or Percent (xxx.xx) Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase borndsr Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase borndsr Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase borndsr Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase borndsr [23] or Percent (xxx.xx) Owner's name (First Last) Owner's name (First Last) [45] Co-owner or beneficiary (First Last)	Retund - U.S. Series I Savings Bond Purcha	ses			
ond information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase boundsr [19] or Percent (xxx.xx) Owner's name (First Last) [40] Co-owner or beneficiary (First Last) [42] Mark if the name listed above is a beneficiary ond information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase boundsr [23] or Percent (xxx.xx) Owner's name (First Last) [45] Co-owner or beneficiary (First Last) [47]	lease note you may enter only one name per registration (with exception of married filing joi ame, do not use nicknames. Idicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be register to register the bonds separately, leave these fields blank and use the fields provided below.	e used to pred in both n	ourchames lis	ase bonds	party's give
Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bounds: Owner's name (First Last) Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary and information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bounds: Owner's name (First Last) [45] Co-owner or beneficiary (First Last) [47]	Enter either a donar amount or percent, but not both	[1.	oj U i	reiteiit (xxx.xx)	[10
Owner's name (First Last) [40] Co-owner or beneficiary (First Last) [42] Mark if the name listed above is a beneficiary [42] and information for someone other than taxpayer and spouse, if married filing jointly [23] or Percent (xxx.xx) [45] Owner's name (First Last) [45] Co-owner or beneficiary (First Last) [47]	and information for someone other than taxpayer and spouse, if married filing jointly				
Co-owner or beneficiary (First Last) Mark if the name listed above is a beneficiary and information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bookdisr Owner's name (First Last) Co-owner or beneficiary (First Last) [45]		[19) or	Percent (xxx.xx)	[20
Mark if the name listed above is a beneficiary Indicates the name listed above is a beneficiary		0]			[41
nd information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase boods[23] or Percent (xxx.xx) Owner's name (First Last)[45] Co-owner or beneficiary (First Last)		2]			[43
Vlaximum dollar amount (up to \$5,000), or percentage of refund used to purchase bookdisr [23] or Percent (xxx.xx) Owner's name (First Last) [45] Co-owner or beneficiary (First Last) [47]	Mark if the name listed above is a beneficiary				[44
Vlaximum dollar amount (up to \$5,000), or percentage of refund used to purchase bookdisr [23] or Percent (xxx.xx) Owner's name (First Last) [45] Co-owner or beneficiary (First Last) [47]	nd information for someone other than taxpayer and spouse, if married filing jointly				
Owner's name (First Last) [45] Co-owner or beneficiary (First Last) [47]	, , , , , , , , , , , , , , , , , , , ,	[2]	3] or	Percent (xxx xx)	[24
Co-owner or beneficiary (First Last) [47]		[4.	, 0		
· · · · · · · · · · · · · · · · · · ·					
		5]			[46

_		
Form	ID:	NKA

Nonresident Alien - General Information

Form ID: NRA

Please provide copi	es of all Forms 104	12-S, SSA-104	2S, 8288A, and 88	05	
Country where you are a citizen or national during the	tax year				[2]
Foreign address to use for refund check, if different tha	n mailing address	entered on S	creen 1040:		
Foreign address	_				[3]
Foreign city	_				[4]
Foreign country name	_				[6]
Foreign province or county	_				[7]
Foreign postal code	_				[8]
Country of permanent residence for tax purposes	_				[10
Scholarships and fellowship grants received during tax	year:				
U.S. real property interests that were disposed at a gain	a during the tax ve			+	[15 [18
				<u> </u>	
Income Not Effect	ively Connecte	ed with a l	J.S. Trade or B	usiness	
Payer / Description		Tax Rate	Income	U.S. Fe	ed Withholding
Dividends paid by U.S. corporations:		. ax mate	moome	0.0	
		+		[21] +	
		+		+	
Dividends paid by foreign corporations:			_		
		+		[23] +	
		+		+	
Interest received on mortgages:					
		+		[27] +	
		+		+	
Interest paid by foreign corporations:					
		+		[29] +	
		+		+	
Other Interest received:					
		+		+	
Industrial royalties (patents, trademarks, etc.)					
		+		[33] +	
Motion picture or T.V. copyright royalties				[25] +	
Other royalties (copyrights, recording, publishing, etc.)				[35] Ŧ	
		+		[37] +	
Real property income and natural resources royalties				[3/] 1	
mean property income and natural resources royalities		+		[39] +	
Pensions and annuities:		 '		[00] :	
		+		[41] +	
Gambling - Residents of Canada only:					
Winnings [42] Losses	[44]			+	[43
Gambling - Residents of countries other than Canada:	_				
		+		[47] +	
Other income:					
		+		[49] +	
		+		+	
Capital Gains & Losses No	ot Effectively (Connected	with a U.S. Tra	ade or Busin	ess
Description of Property[51]	Date Acquired	Date Sold	Sales Price	Cost/Basis	-
			_++		·
			_·		
			_' + +		-
-			·································		
				-	

m ID: NRA-2		INOIII	esident Alien	i - Other illioi	rmation		5
ave you ever appl	ied to be a gree	n cared holder of t	he United States	(Y, N)			
re you ever a U.							
		of the U.S? (Y, N)					_
		2020, enter your vi our U.S. immigratio					
us on Decembe	-	ar o.s. minigratio	''				
e you first enter							
		pes (nonimmigrant	status) or U.S. ir	mmigration statu	s:		
ate of visa chang ature of your vis	~						
-	_	Mexico AND comm	ute to work in th	e U.S. at frequen	t intervals,		
nter 1 for Canad	la or 2 for Mexic	co					_
all dates you en	ntered and left t	he United States d	uring 2020 (NA fo	or residents of Ca	nada or Mexico):	
Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left
		_					
or the total num	shor of days line	duding vacation in	anwarkdays nart	tial work days) yo	u wara pracant	in the LLC during	
er the total num)18	iber of days (inc	cluding vacation, no	onworkdays, pari	liai work days) yo	u were present	in the 0.5. during:	
)19							
020							
act II S income	tav return vou f	iled prior to 2020:					
ear filed	tax return you n	ned prior to 2020.					
pe of return file	ed						
	al aamananaatia.	o of ¢350,000 or m	ara durina 2020	07.20			
•	-	n of \$250,000 or m e method to deterr	_		ion? (y. N)		_
		d to determine the		-		ie space bę ևօ յ».	_
nplete the follow	wing if claiming	exemption from in	come tax under	a U.S. income tax	treatv		
•		•			·		
	Country Name	2 [21] 7	ax Treaty Article	e Months C	laimed in 2019	Exempt Inco	ome in 2020
				_			
Were you	subject to tax in	n a foreign country	on any of the in	come entered in 1	the "Exempt inc	ome 2020" colum	n (Y, N)
		n a foreign country				ome 2020" columi	n (Y, N)
Are you cl		enefits pursuant to				ome 2020" colum	n (Y, N)
Are you cl attach a co	aiming treaty be opy of the deter	enefits pursuant to rmination (Y, N)	a Competent Au	ithority determin	ation. If yes,	ome 2020" columi	n (Y, N)
Are you cl attach a co ou paid any amo	aiming treaty be opy of the deter ounts related to	enefits pursuant to	a Competent Au	ithority determin estimates, extens	ation. If yes,	ome 2020" columi	n (Y, N)

Form ID: NRA-2

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file then To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rule Taxpayers may choose to file a paper return instead of filing electronically.	-
Mark if you want to file a paper return even if you qualify for electronic filing	[1]
Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) If 1 or 2, please provide email address on Organizer Form ID: Info	[2]
Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your	
financial institution account	[9]
The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.	
Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.	
Taxpayer self-selected Personal Identification Number (PIN)	[7]
Spouse self-selected Personal Identification Number (PIN)	[8]

Electronic Filing

6

NOTES/QUESTIONS:

Form ID: ELF

Form ID: IDAuth	Identity Authentication	7
Taxpayer -		
Form of identification (1 = Driver's li	cense, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	[1]
Identification number		[2]
Issue date		[3]
Expiration date (mm/dd/yyyy)		[4]
Location of issuance (State issued only	y)	[5]
Document number (New York only)		[6]
Spouse -		
Form of identification (1 = Driver's li	cense, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	[9]
Identification number		[10
Issue date		[11
Expiration date (mm/dd/yyyy)		[12
Location of issuance (State issued only	(y)	[13
Document number (New York only)		[14

Form ID: Est	Estimated Taxes	8
If you have an overn	ayment of 2020 taxes, do you want the excess:	
Refunded	ayinent of 2020 taxes, do you want the excess.	[52]
Applied to 202	1 estimated tax liability	[53]
•	siderable change in your 2021 income? (Y, N)	[54]
If yes, please explain	any differences:	
		[55]
		[56] [57]
		[57] [58]
Do you expect a cons	siderable change in your deductions for 2021? (Y, N)	[59]
If yes, please explain	any differences:	
		[60]
		[61]
		[62]
Do you expect a con-	siderable change in the amount of your 2021 withholding? (Y, N)	[63] [64]
If yes, please explain		[0.1]
		[65]
		[66]
		[67]
Do you expect a chai	nge in the number of dependents claimed for 2021? (Y, N)	[68] [69]
If yes, please explain		[03]
, , , ,		[70]
		[71]
		[72]
Mark if you use the	Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes	[73]
iviark ii you use tile t	ciectronic rederal rax rayment system (Errrs) to pay your estimated taxes	[74]
	2020 Federal Estimated Tax Payments	
2019 overpayment a	pplied to 2020 estimates +	[1]
	calculated amounts on the dates due indicated below. Skip the remaining fields.	[5]
	yments were not made on the date due or were for an amount other than the calculated amount below	, please enter
the actual date and a	amount paid.	
	Date Due Date Paid if After Date Due Amount Paid Calculated Amount	Method*
1st quarter payment		.vicuiou
2nd quarter paymen		
3rd quarter payment		
4th quarter payment		
Additional payment	[14] +[15]	
	*Method of payment indicated in prior year	
	EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System	
	Voucher = Form 1040-ES estimated tax payment voucher	
NOTES/QUESTIC	ONS:	

Control Totals +

Form ID: Est

Form ID: St Pmt	2020 State Estin	nated Tax Payments	9
Taxpayer/Spouse/Joint (T, S, J) State postal code			[1] [2]
Amount paid with 2019 return 2019 overpayment applied to '20 estimates Treat calculated amounts as paid			[3] [4] [8]
Date Paid		Amount Paid	Calculated Amount
1st quarter payment[9]		+[10]	Salesia Ca 7 III Sales
2nd quarter payment[11]		+[12]	
3rd quarter payment[13]		+[14]	
4th quarter payment[15]		+[16]	
Additional payment[17]		+[18]	
	2020 City Estim	ated Tax Payments	
City #1		City #2	
City name	[28]	City name	[50]
Amount paid with 2019 return +_		Amount paid with 2019 return +	
2019 overpayment applied to '20 estimates		2019 overpayment applied to '20 estimates	
Treat calculated amounts as paid	[36]	Treat calculated amounts as paid	[58]
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment[37] +			
2nd quarter payment[39] +		2nd quarter payment[61] +	
3rd quarter payment[41] +		3rd quarter payment[63] +	
4th quarter payment[43] +	[44]	4th quarter payment[65] +	[66]
Calculated Amount		Calculated Amount	
1 st auguston nouns ont		4.1	
2		2.1	
2		2	
4th quarter payment		4th quarter payment	
City #3		City #4	
City name	[72]	City name	[94]
Amount paid with 2019 return +	[75]		[97]
2019 overpayment applied to '20 estimates	[76]	2019 overpayment applied to '20 estimates	
Treat calculated amounts as paid	[80]	Treat calculated amounts as paid	[102
Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment[81] +	[82]	1st quarter payment [103] +	[104
2nd quarter payment		2nd quarter payment [105] +	
3rd quarter payment	[86] [88]	3rd quarter payment [107] + 4th quarter payment [109] +	[108
4tii quartei payineiit[67] +	[00]	4th quarter payment[109] 4	[110
Calculated Amount		Calculated Amount	
1st quarter payment		1st quarter payment	
		2nd quarter payment	
3rd quarter payment		3rd quarter payment	
4th quarter payment		4th quarter payment	

Form ID: SumRep	Income Summary	10

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/c/1	Description	1 = Attached 2 = N/A
Form	T/S/J	Description	2 - IN/A
			
			
			
			
			
			
			
			
	_		
			
			
· · · · · · · · · · · · · · · · · · ·			

	_
	Form ID: SumRep
	FULLI ID. SULLINGU

Form	ID.	IntDiv
1 01111	ID.	IIILDIN

Interest and Dividend Summary

11

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if Foreign	1 = Attached 2 = N/A
			_	_
			_	
	_			
				·
				<u> </u>
	_		_	
				·
			_	_
				_
				·
				<u> </u>
				_
-				
-			_	
				<u> </u>
-				
			_	<u> </u>
			_	<u> </u>
-				
			_	<u> </u>
				<u> </u>

Wages and Salaries #1

Please provide	e all copies of Form W-2. 2020 Information	Prior Year Information
Taxpayer/Spouse (T, s)	[1]	
Employer name	`	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Far		
Mark if this is your current employer		
Federal wages and salaries (Box 1)	+ [10]	
Federal tax withheld (Box 2)	+ [12]	
Social security wages (Box 3) (If different than federal wages)	+ [14]	
Social security tax withheld (Box 4)	+ [16]	
Medicare wages (Box 5) (If different than federal wages)	+ [18]	
Medicare tax withheld (Box 6)	+ [21]	
SS tips (Box 7)	+ [23]	
Allocated tips (Box 8)	+ [25]	
Dependent care benefits (Box 10)	+[27]	<u> </u>
Box 13 -	· · · · · · · · · · · · · · · · · · ·	
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay	[31]	
State postal code (Box 15)	[32]	
State wages (Box 16) (If different than federal wages)	+ [34]	
State tax withheld (Box 17)	+ [36]	
Local wages (Box 18)	+ [38]	
Local tax withheld (Box 19)	+ [40]	
Name of locality (Box 20)	[43]	

Wages and Salaries #2

Please provide	2020 Information		Dries Vees Information
	2020 Information	ĺ	Prior Year Information
Taxpayer/Spouse (τ, s)		[1]	
Employer name		[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farr	ning / Fishing, 4 = National Guard)	[5]	
Mark if this your current employer		[6]	
Federal wages and salaries (Box 1)	+	[10]	
Federal tax withheld (Box 2)	+	[12]	
Social security wages (Box 3) (If different than federal wages)	+	[14]	
Social security tax withheld (Box 4)	+	[16]	
Medicare wages (Box 5) (If different than federal wages)	+	[18]	
Medicare tax withheld (Box 6)	+	[21]	
SS tips (Box 7)	+	[23]	
Allocated tips (Box 8)	+	[25]	
Dependent care benefits (Box 10)	+	[27]	
Box 13 -			
Statutory employee		[29]	
Retirement plan		[30]	
Third-party sick pay		[31]	
State postal code (Box 15)	_	 [32]	
State wages (Box 16) (If different than federal wages)	+	[34]	
State tax withheld (Box 17)	+	[36]	
Local wages (Box 18)	+	[38]	
Local tax withheld (Box 19)	+	[40]	
Name of locality (Box 20)		[43]	

Control Totals +		
	•	•
		Form ID: W2

13

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

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

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

	**Interest Codes	
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Control Totals + Form ID: B-1		Control Totals +		Form ID: B-1
---------------------------------	--	------------------	--	--------------

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

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

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

**Dividend Codes			
Blank = Other	3 = Nominee		

Control Totals + Form ID: B-2

Seller Financed Mortgage Interest Income

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

		2020 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		_	
Payer's name			
Payer's street address			
Payer's city, state, zip code			
Payer's social security number			
Interest income amount received in 202	0 +	[1]	
Taxpayer/Spouse/Joint (T, S, J)			
Payer's name		_	
Payer's street address			
•			
Payer's city, state, zip code		-	
Payer's social security number	•	 -	
Interest income amount received in 202	0 +	[1]	
Tanana (Caana (Inint / an)			
Taxpayer/Spouse/Joint (T, S, J)		_	
Payer's name			
Payer's street address			
Payer's city, state, zip code			
Payer's social security number			
Interest income amount received in 202	0 +	[1]	
Taxpayer/Spouse/Joint (T, S, J)		_	
Payer's name			
Payer's street address			
Payer's city, state, zip code		_	
Payer's social security number			
Interest income amount received in 202	0 +	[1]	
Taxpayer/Spouse/Joint (T, S, J)		<u>_</u>	
Payer's name			
Payer's street address			
Payer's city, state, zip code			
Payer's social security number			
Interest income amount received in 202	0 +	. [1]	
Taxpayer/Spouse/Joint (T, S, J)			
Payer's name		_	
Payer's street address			
Payer's city, state, zip code			
Payer's social security number		-	
Interest income amount received in 202	0 +	. [1]	
micrest meome amount received in 202		[1]	
Taxpayer/Spouse/Joint (T, S, J)			
Payer's name		_	
Payer's street address		_	
Payer's city, state, zip code	-		
Payer's social security number			
Interest income amount received in 202	0		
interest income amount received in 202	0 +	[1]	
Taxpayer/Spouse/Joint (T, S, J)			
Payer's name		-	
-			
Payer's street address			
Payer's city, state, zip code			
Payer's social security number	0		
Interest income amount received in 202	0 +	[1]	
T	Control Totals +		Form ID: B-3
		Ī	טייטו ווווט ו

Form ID: B-4	Income from REMICs	16
Taxpayer/Spouse/Joint (τ, s, J) Name of activity	Please provide all Schedules Q.	_[1]
Employer identification number State postal code		
Taxpayer/Spouse/Joint (T, S, J) Name of activity Employer identification number State postal code		[1]

	D	Sales of Stocks,	Securities, and Other	er Investmei	nt Property	17		
	Please provide copies of all Forms 1099-B and 1099-S Did you have any securities become worthless during 2020? (Y, N) Did you have any debts become uncollectible during 2020? (Y, N) Did you have any commodity sales, short sales, or straddles? (Y, N) Did you exchange any securities or investments for something other than cash? (Y, N)							
	Desc	cription of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basi		
					+	+		
					+	+		
					+	+		
					+	+		
					+	+		
					+	+		
					+	+		
					+	+		
					+	+		
					+	+		
					+	+		
					+	 _		
					+	+		
					+	+		
					+	+		
					+	+		
					+	+		
					+			

Form ID: InfoD

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

		
 	 <u> </u>	

Whole r D99-INT ayer Amounts ayer Amounts		reated as \$ amo	pies of the Consolounts. Enter perce		XX.XX forr	Employer ident Margin interest Investment ma mat. For examp . Obligations	ification number : nagement/advis	ory fees	% as 75.50.	
Whole r D99-INT Dyer Amounts Dyer	Interest Income		Tax Exempt	Penalty o	XX.XX forr	Margin interest Investment ma mat. For examp . Obligations	: nagement/advis l le, enter 100% a	ory fees as 100.00 or 75.5	% as 75.50.	
Whole r D99-INT ayer Amounts ayer	Interest Income		Tax Exempt	Penalty o	XX.XX forr	Margin interest Investment ma mat. For examp . Obligations	: nagement/advis l le, enter 100% a	ory fees as 100.00 or 75.5	% as 75.50.	
Whole r D99-INT ayer Amounts ayer	Interest Income		Tax Exempt	Penalty o	XX.XX forr	Investment ma mat. For examp Obligations	nagement/advis lle, enter 100% a	as 100.00 or 75.5	% as 75.50.	
*Whole r D99-INT ayer Amounts ayer	Interest Income		Tax Exempt	Penalty o	XX.XX forr	mat. For examp	le, enter 100% a	as 100.00 or 75.5	% as 75.50.	
D99-INT ayer Amounts ayer	Interest Income		Tax Exempt	Penalty o	n U.S	. Obligations*			% as 75.50.	
Amounts ayer	Income	1		Penalty o Early Withdi	n U.S	. Obligations*	Tax Exempt*	Foreign Taxes		
Amounts ayer	Income			Early Withdi	ravval					
Amounts	+				dwai	\$ or %	\$ or %	Paid	Prior Year I	nformatio
iyer	+			1	1					
'										
Amounts		1						Т		
	+									
nyer		<u> </u>		1		1				
Amounts	+									
	1									
	<u> </u>									
						<u> </u>				
Amounts	т									
Ordinar	, Qualified	Total Can			200/	Toy Evomo	t IIC Obligation	as* Tay Evament	* Foreign	Prior Ye
			Section 1250	Sec. 199A (in Dividends			Tax Paid	Informat
							•	•		
ts+										
ts+										
					1					
ts+										
	1					 				
ts+										
to I										
IS#										
t	yer Amounts yer Amounts Ordinary Dividend s+	yer Amounts + yer Amounts + Ordinary Qualified Dividends S+ S+ S+ S+	Amounts + yer Amounts + Ordinary Qualified Total Cap Dividends Dividends Gain Distr S+ S+ S+ S+ S+ S+	yer Amounts + yer Amounts + Ordinary Qualified Total Cap Dividends Dividends Gain Distr Section 1250 S+ S+ S+ S+ S+	yer Amounts + yer Amounts + Ordinary Qualified Total Cap Dividends Dividends Gain Distr Section 1250 Sec. 199A (S+ S+ S+ S+ S+ S+ S+ S+ S+ S	Amounts + yer Amounts + Ordinary Qualified Total Cap Dividends Dividends Gain Distr Section 1250 Sec. 199A Capital Gais Section 1250 Se	Amounts + yer Amounts + Ordinary Qualified Total Cap Dividends Dividends Gain Distr Section 1250 Sec. 199A Capital Gain Dividends S+ S+ S+ S+ S+ S+ S+ S+ S+ S	Amounts + yer Amounts + Ordinary Qualified Total Cap Dividends Dividends Gain Distr Section 1250 Sec. 199A Capital Gain Dividends \$ or % S+ S+ S+ S+ S+ S+ S+ S+ S+ S	yer Amounts + yer Amounts + Ordinary Dividends Dividends Gain Distr Section 1250 Sec. 199A Capital Gain Dividends \$ or % \$ or % Set	Amounts + Ver Amounts + Ordinary Dividends Dividends Gain Distr Section 1250 Sec. 199A Capital Gain Dividends \$ or % \$ or % Tax Paid S+ S+ S+ S+ S+

Control Totals +

Form ID: Broker

rm יטו: Income		Other Income		18
			2020 Information	Prior Year Information
ate and local income tax refunds		+	[5]	
	T/S	Agreement Date	2020 Information	Prior Year Information
mony received		+	[3]	
			[3]	
If you received unemployment benefits or any of e taxable income and should be reported on your ou may need to go to your state's Department of	return	. Your 1099-G should s	show both the amount rec	
		Taxpayer	Spouse	Prior Year Information
employment compensation**	+	[9] +	[10	
employment compensation federal withholding employment compensation state withholding				,
employment compensation state withholding employment compensation repaid		[9] +	[10	-
iska Permanent Fund dividends			- [19]	
Self- Employment Income ? T/S/J (Y, N) Other income, such as: Com	missior	ns. Jury pay. Director fe	2020 Information ees. Taxable scholarships	Prior Year Information
			[15]]
		+	- 	
		+		
		+	·	
		+	·	
		 	·	
			·	
			-	
		+	·	
		+		
		+	·	
		+	·	
		+	·	
			·	
		'	·	
		+		
		+	·	
		+		
			·	
		+	- <u> </u>	
		+	·	
			·	
		+	·	
		1	·	
OTES/QUESTIONS:				· · · · · · · · · · · · · · · · · · ·
Control Tota	als +			Form ID: Income

		-	
Please provide all Form	ns 1099-N	1ISC	
Preparer use only		2020 Information	Prior Year Information
Name of payer		[3]	
Taxpayer/Spouse/Joint (T, S, J)		[5]	
State postal code		[6]	
Rents (Box 1)	+	[13]	
Royalties (Box 2)	+	[15]	
Other income (Box 3)	+	[17]	
Federal income tax withheld (Box 4)	+	[19]	
Fishing boat proceeds (Box 5)	+	[21]	
Medical and health care payments (Box 6)	+	[23]	
Payer made direct sales of \$5,000 or more of consumer products (Box 7)		[27]	_
Substitute payments in lieu of dividends or interest (Box 8)	+	[29]	
Crop Insurance proceeds (Box 9)	+	[31]	
Gross proceeds paid to an attorney (Box 10)	+	[36]	
Section 409A deferrals (Box 12)	+	[38]	
Excess golden parachute payments (Box 13)	+	[40]	
Nonqualified deferred compensation (Box 14)	+	[42]	
State tax withheld (Box 15)	+	[44]	
State/Payer's state no. (Box 16)		[46]	
State income (Box 17)	+	[47]	

Control Totals +

Miscellaneous Income #2

Please provide all For	ms 1099-	MISC	
Preparer use only		2020 Information	Prior Year Information
Name of payer		[3]	
Taxpayer/Spouse/Joint (T, S, J)		[5]	
State postal code		[6]	
Rents (Box 1)	+	[13]	
Royalties (Box 2)	+	[15]	
Other income (Box 3)	+	[17]	
Federal income tax withheld (Box 4)	+	[19]	
Fishing boat proceeds (Box 5)	+	[21]	
Medical and health care payments (Box 6)	+	[23]	
Payer made direct sales of \$5,000 or more of consumer products (Box 7)		[27]	
Substitute payments in lieu of dividends or interest (Box 8)	+	[29]	_
Crop Insurance proceeds (Box 9)	+	[31]	
Gross proceeds paid to an attorney (Box 10)	+	[36]	
Section 409A deferrals (Box 12)	+	[38]	
Excess golden parachute payments (Box 13)	+	[40]	
Nonqualified deferred compensation (Box 14)	+	[42]	
State tax withheld (Box 15)	+	[44]	
State/Payer's state no. (Box 16)		[46]	
State income (Box 17)	+	[47]	

NOTES/QUESTIONS:

	Form ID: 1099M

Form ID: 1099NEC	onemployee Compensation #1	18b					
	Please provide all Forms 1099-NEC						
Preparer use only	2020 Information	Prior Year Information					
Name of payer	[3]	Pilor fear illiorillation					
Taxpayer/Spouse/Joint (T, S, J)							
State postal code	[6]						
Nonemployee compensation (Box 1)	+ [13]						
Federal income tax withheld (Box 4)	+ [15]						
State tax withheld (Box 5)	+ [17]						
State/Payer's state no. (Box 6)	[19]						
State income (Box 7)	+ [20]						
,	· ·						
Control Totals +							
M	anamalana Cammanatian #2						
Nonemployee Compensation #2							
	Please provide all Forms 1099-NEC						
Preparer use only							
	2020 Information	Prior Year Information					
Name of payer	[3]						
Taxpayer/Spouse/Joint (T, S, J)							
State postal code	[6]						
Nonemployee compensation (Box 1)	+[13]						
Federal income tax withheld (Box 4)	+[15]						
State tax withheld (Box 5)	+[17]						
State/Payer's state no. (Box 6)	[19]						
State income (Box 7)	+[20]						
	Control Totals +						

Form ID: 1099PATR Taxable	Distribu	tions Received from Cooperative	es #1	18c
	Please	provide all Forms 1099-PATR		
Preparer use only	•			
Name of payer				[3]
Taxpayer/Spouse/Joint (T, S, J) State postal code				_[5]
Patron dividends (Box 1)			+	[6] [10]
Nonpatronage distributions (Box 2)			+	[12]
Per-unit retain allocations (Box 3)			+	[14]
Federal income tax withheld (Box 4)			+	
Redeemed nonqualified notices (Box 5)			+	
Section 199A(g) deduction (Box 6)			+	[23]
Qualified payments (Section 199A(b)(7) (Box 7)			+	[24]
Section 199A(a) qual items (Box 8)			+	[25]
Section 199A(a) SSTB items (Box 9)			+	[26]
Investment credit (Box 10)			+	[27]
Work opportunity credit (Box 11) Patron's AMT adjustments			+	[29]
Other credits and deductions #1 (Box 12)			+	[31]
Other credits and deductions #2 (Box 12)			+	[35]
Specified Coop (Box 13)			· 	[37]
, ,				_, ,
		Control Totals +		
Form ID: 1099PATR Taxable	Dictribu	tions Received from Cooperative	nc #2	
Taxable		•	:5 #Z	
Preparer use only	Please	provide all Forms 1099-PATR		
Name of payer				[3]
Taxpayer/Spouse/Joint (T, S, J)				[5]
State postal code				[6]
Patron dividends (Box 1)			+	[10]
Nonpatronage distributions (Box 2)			+	[12]
Per-unit retain allocations (Box 3)			+	[14]
Federal income tax withheld (Box 4)			+	[16]
Redeemed nonqualified notices (Box 5)			+	[18]
Section 199A(g) deduction (Box 6)			+	[23]
Qualified payments (Section 199A(b)(7) (Box 7)			+	[24]
Section 199A(a) qual items (Box 8)			+	[25]
Section 199A(a) SSTB items (Box 9)			+	[26]
Investment credit (Box 10)			+	[27]
Work opportunity credit (Box 11)			+	[29]
Patron's AMT adjustments			+	[31]
Other credits and deductions #1 (Box 12)			+	[33]
Other credits and deductions #2 (Box 12)			+	[35]
Specified Coop (Box 13)				_[37]
		Control Totals +		

	Form ID: 1099PATR
	Form ID: 1099PATR

Form ID: 1099C Cancellation of Debt, Abandonment #1	19
Please provide all Forms 1099-C and 1099-A	
Preparer use only	
Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra	amifications:
Effect a bifer description of the dest (i.e. type of dest) and why it was canceled to assist in determining tax to	[51]
	[0-1]
Taxpayer/Spouse/Joint (τ, s, ı)	[5]
State postal code	[6]
Name of creditor/lender	[3]
Form 1099-C Cancellation of Debt	
Date of identifiable event (Box 1)	[10]
Amount of debt discharged (Box 2)	+[11]
Interest if included in box 2 (Box 3)	+[12]
Personally liable for repayment of the debt (if checked) (Box 5)	[13]
Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief	
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) Fair market value of property (Box 7)	[14]
Form 1099-A Acquisition or Abandonment of Secured Property	+[15]
Date of lender's acquisition or knowledge of abandonment (Box 1)	[16]
Balance of principal outstanding (Box 2)	+ [17]
Fair market value of property (Box 4)	+ [18]
Personally liable for repayment of the debt (if checked) (Box 5)	[19]
	_ ` ·
Control Totals +	
Cancellation of Debt. Abandonment #2	
Cancellation of Debt, Abandonment #2	
Cancellation of Debt, Abandonment #2 Please provide all Forms 1099-C and 1099-A Preparer use only	
Please provide all Forms 1099-C and 1099-A	
Please provide all Forms 1099-C and 1099-A	amifications:
Please provide all Forms 1099-C and 1099-A Preparer use only	amifications:
Please provide all Forms 1099-C and 1099-A Preparer use only Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra	
Please provide all Forms 1099-C and 1099-A Preparer use only Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra Taxpayer/Spouse/Joint (T, S, J)	[51] [5]
Please provide all Forms 1099-C and 1099-A Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra Taxpayer/Spouse/Joint (T, S, J) State postal code	[51] [5] [6]
Please provide all Forms 1099-C and 1099-A Preparer use only Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra Taxpayer/Spouse/Joint (T, S, J) State postal code Name of creditor	[51] [5]
Please provide all Forms 1099-C and 1099-A Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra Taxpayer/Spouse/Joint (T, S, J) State postal code Name of creditor Form 1099-C Cancellation of Debt	[51] [5] [6] [3]
Please provide all Forms 1099-C and 1099-A Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra Taxpayer/Spouse/Joint (T, S, J) State postal code Name of creditor Form 1099-C Cancellation of Debt Date of identifiable event (Box 1)	
Please provide all Forms 1099-C and 1099-A Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra Taxpayer/Spouse/Joint (T, S, J) State postal code Name of creditor Form 1099-C Cancellation of Debt Date of identifiable event (Box 1) Amount of debt discharged (Box 2)	
Please provide all Forms 1099-C and 1099-A Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra Taxpayer/Spouse/Joint (T, S, J) State postal code Name of creditor Form 1099-C Cancellation of Debt Date of identifiable event (Box 1) Amount of debt discharged (Box 2) Interest if included in box 2 (Box 3)	
Please provide all Forms 1099-C and 1099-A Preparer use only Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and the debt (i.e. type of debt) and t	
Please provide all Forms 1099-C and 1099-A Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra Taxpayer/Spouse/Joint (T, S, J) State postal code Name of creditor Form 1099-C Cancellation of Debt Date of identifiable event (Box 1) Amount of debt discharged (Box 2) Interest if included in box 2 (Box 3)	
Please provide all Forms 1099-C and 1099-A Preparer use only Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (if checked) Form 1099-C Cancellation of Debt Date of identifiable event (Box 1) Amount of debt discharged (Box 2) Interest if included in box 2 (Box 3) Personally liable for repayment of the debt (if checked) (Box 5) Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief	
Preparer use only Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax rates a brief description of the debt (if checked) (Box 5) Taxpayer/Spouse/Joint (T, S, J) State postal code Name of creditor Form 1099-C Cancellation of Debt Date of identifiable event (Box 1) Amount of debt discharged (Box 2) Interest if included in box 2 (Box 3) Personally liable for repayment of the debt (if checked) (Box 5) Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief F = By agreement, G = Decision to discontinue collection, H = Other actual discharge)	[51][5][6][3][10] +[11] +[12][13] from probate[14]
Please provide all Forms 1099-C and 1099-A Preparer use only Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra Taxpayer/Spouse/Joint (T, S, J) State postal code Name of creditor Form 1099-C Cancellation of Debt Date of identifiable event (Box 1) Amount of debt discharged (Box 2) Interest if included in box 2 (Box 3) Personally liable for repayment of the debt (if checked) (Box 5) Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) Fair market value of property (Box 7) Form 1099-A Acquisition or Abandonment of Secured Property Date of lender's acquisition or knowledge of abandonment (Box 1)	[51][5][6][3][10] +[11] +[12][13] from probate[14]
Please provide all Forms 1099-C and 1099-A Preparer use only Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra Taxpayer/Spouse/Joint (T, S, J) State postal code Name of creditor Form 1099-C Cancellation of Debt Date of identifiable event (Box 1) Amount of debt discharged (Box 2) Interest if included in box 2 (Box 3) Personally liable for repayment of the debt (if checked) (Box 5) Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) Fair market value of property (Box 7) Form 1099-A Acquisition or Abandonment of Secured Property Date of lender's acquisition or knowledge of abandonment (Box 1) Balance of principal outstanding (Box 2)	[51] [5] [6] [7] [8] [10] [11] [12] [13] [14] [15] [16] [16] [17]
Please provide all Forms 1099-C and 1099-A Preparer use only Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ra Taxpayer/Spouse/Joint (T, S, J) State postal code Name of creditor Form 1099-C Cancellation of Debt Date of identifiable event (Box 1) Amount of debt discharged (Box 2) Interest if included in box 2 (Box 3) Personally liable for repayment of the debt (if checked) (Box 5) Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) Fair market value of property (Box 7) Form 1099-A Acquisition or Abandonment of Secured Property Date of lender's acquisition or knowledge of abandonment (Box 1)	[51][5][6][3][10][11][13] from probate[14][15][16]

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

Gam	hling	Winn	ings	#2
Jan	IVIIIIS		IIIISJ	TT 4

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

Form ID: W2G

Form ID: 2439

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

RIC or REIT name		2020 Information	Prior Year Information
State postal code	Taxpayer/Spouse (т, s)	_[1]	
Total undistributed long-term capital gains (Box 1a)	RIC or REIT name	[3]	
Unrecaptured section 1250 gain (Box 1s)		[4]	
Section 1202 gain (Box 1c)			
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code 1 = 30			
1202 stock and continuously until sold indicate the appropriate section 1202 code			
(1 + 30% exclusion. 2 - 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion.			
Control Totals			
Control Totals +			_
Shareholders Undistributed Capital Gain #2 Please provide all copies of Form 2439 2020 Information Taxpayer/Spouse (r, s)			
Shareholders Undistributed Capital Gain #2 Please provide all copies of Form 2439 2020 Information Taxpayer/Spouse (r, s)			
Please provide all copies of Form 2439 2020 Information Prior Year Information Taxpayer/Spouse (T, S)		Control Totals +	_
Please provide all copies of Form 2439 2020 Information Prior Year Information Taxpayer/Spouse (T, S)	Sharahalda	ve Undistributed Capital Gain #2	
Taxpayer/Spouse (T, S)		· · · · · · · · · · · · · · · · · · ·	
Taxpayer/Spouse (r, s)ii			Prior Vear Information
RIC or REIT name State postal code State postal code State postal code Unrecaptured section 1250 gain (Box 1b) Unrecaptured section 1250 gain (Box 1b) H Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1= 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) Control Totals + Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 Control Totals + Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 Prior Year Information	Taxpaver/Spouse (T-s)		The real information
State postal code Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)		-	
Total undistributed long-term capital gains (Box 1a) + [9] Unrecaptured section 1250 gain (Box 1b) + [11] Section 1202 gain (Box 1c) + [13] If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion, 2 = 60% exclusion, 4 = 100% exclusion, 4 = 100% exclusion) [15] Control Totals + [15] Control Totals + [15]		<u> </u>	
Unrecaptured section 1250 gain (Box 1b) + [11] Section 1202 gain (Box 1c) + [13] If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19] Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 Control Totals + Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 Prior Year Information Figure 1 in the RIC or REIT on the box 1a gains (Box 1a) + [1] Section 1202 gain (Box 1c) + [1] Figure 1 in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19]			
Section 1202 gain (Box 1c) +	Unrecaptured section 1250 gain (Box 1b)	<u></u>	
1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) Control Totals +	Section 1202 gain (Box 1c)	+[13]	
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d)	If your interest in the RIC/REIT was held on the date the RI	C/REIT acquired the Section	
Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19] Control Totals + [19] Control Totals + [19] Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 Control Totals + [1] [1	1202 stock and continuously until sold indicate the approp	riate section 1202 code	
Tax paid by the RIC or REIT on the box 1a gains (Box 2) +		exclusion, 4 = 100% exclusion)[15]	_
Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 2020 Information Taxpayer/Spouse (r, s) RIC or REIT name State postal code Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) Tax paid by the RIC or REIT on the box 1a gains (Box 2) Control Totals +		+[17]	
Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 2020 Information Taxpayer/Spouse (T, S) RIC or REIT name State postal code Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1= 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) [17] [18] Prior Year Information Prior Year Information Prior Year Information Prior Year Information	Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+[19]	
Shareholders Undistributed Capital Gain #3 Please provide all copies of Form 2439 2020 Information Taxpayer/Spouse (T, S) RIC or REIT name State postal code Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1= 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) [17] [18] Prior Year Information Prior Year Information Prior Year Information Prior Year Information		Control Totals +	
Please provide all copies of Form 2439 2020 Information Taxpayer/Spouse (T, S) RIC or REIT name State postal code Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) [17] [18] Prior Year Information Prior Year Information Prior Year Information Prior Year Information [18] [19]			
Taxpayer/Spouse (T, s) RIC or REIT name State postal code Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) Prior Year Information Prior Year Information Prior Year Information Prior Year Information Fig. Prior Year Information Fig. Fig. School Section 1202 code [12] [13] [14] [15] [15] [15] [17] [17] [17] [17] [18] Control Totals +	Shareholde	ers Undistributed Capital Gain #3	
Taxpayer/Spouse (T, s)[1] RIC or REIT name	Please	provide all copies of Form 2439	
RIC or REIT name State postal code [4] Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) Control Totals +		2020 Information	Prior Year Information
State postal code Total undistributed long-term capital gains (Box 1a) Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) Control Totals +		-	
Total undistributed long-term capital gains (Box 1a) + [9] Unrecaptured section 1250 gain (Box 1b) + [11] Section 1202 gain (Box 1c) + [13] If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19]			
Unrecaptured section 1250 gain (Box 1b) Section 1202 gain (Box 1c) If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2) Control Totals +	·		
Section 1202 gain (Box 1c) + [13] If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19]			
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19]	, , ,		
1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19]			
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion) [15] Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19]	·	•	
Collectibles (28%) gain (Box 1d) + [17] Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19] Control Totals +	, , ,		
Tax paid by the RIC or REIT on the box 1a gains (Box 2) + [19] Control Totals +			-
Control Totals +	Tax paid by the RIC or REIT on the box 1a gains (Box 2)		
		·	
NOTES/OUESTIONS:		Control Totals +	
	NOTES/OUESTIONS:		

Form ID: 6781	Contracts & Str	addles - Genera	al Information	22
Subject to self-employment tax code (T = Mark to indicate all the elections that ap Mixed straddle election Mixed straddle account election (Attach	ply:			_[1] _[2] _[3]
Straddle-by-straddle identification elec Net section 1256 contracts loss electio				[4] [5]
	Section 1256 (Contracts Marke	ed to Market	
Identification of Account A Identification of Account B Identification of Account C	_			
Taxpayer/Spouse/Joint (T, S, J) State postal code -Loss/Gain for entire year (Enter losses a Total Form 1099-B adjustment Total net 1256 contract loss carryback	s a negative amount)	+	Account B	Account C
	Gains and	Losses From St	raddles	
Description of Property A Name of Contract Component Description of Property B Name of Contract Component Description of Property C Name of Contract Component Description of Property D Name of Contract Component		T	ype	
Taxpayer/Spouse/Joint (T, S, J) State postal code Date entered into/acquired Date closed out/sold Gross sales price + Cost plus expense of sale + Unrecognized gain +	Property A — — — — — — — — — — — — — — — — — —	Property B + + +	Property C + + + + H Id on Last Business	Property D
	coginized Gain Fre	1 031610113 116	Ta on East Basiness	Juy
Description of Property A Description of Property B Description of Property C	Prope	- - erty A	Property B	Property C
Date acquired Fair market value on last business day Cost or other basis as adjusted	+	+ -		+
	Control Totals +			Form ID: 6781

Foreign Employer Compensation

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) State			[3] [4]
Foreign Employer Identification (ID) number			[1]
Foreign Employer Name			[2]
Foreign Employer Address			
Foreign street address			[6]
Foreign city			[7]
Foreign country code/name		[8]	[9]
Foreign province/county			[10]
Foreign postal code			[11]
Name "in care of"			[12]
Employee address, if different from home address on Org Enter U.S. (street, city, state, zip code) OR foreign (sta Street address City, state, zip code Foreign country code/name Foreign province/county Foreign postal code	reet, city, country, provi	[14]	[13][15][16][18][19][20]
	Income		
		2020 Information	Prior Year Information
Foreign employer compensation		[22]	
S , , , ,			

Form ID: 1099R	Pension, Annuity, and IRA
	i Cilsioni, Annualty, and inte

Form ID: 1099R Pension, Ann	nuity, and IRA Dis	stributions #1	24
Please	provide all Forms 109	99-R.	
		2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)		_[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+_	[7]	
Taxable amount received (Box 2a)	+_	[9]	
Federal withholding (Box 4)	+_	[11]	
Distribution code (Box 7)		[14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retiremen	nt plan	[16]	
State withholding (Box 12)	+_	[17]	
Local withholding (Box 15)	+_	[19]	
Amount of rollover		[21]	
Mark if distribution was due to a pre-retirement age disabilit	у	[23]	
	1	1	
	Control Totals +		
Pension, Ann	nuity, and IRA Dis	stributions #2	
Please	provide all Forms 109	99-R.	
		2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+_	[7]	
Taxable amount received (Box 2a)	+_	[9]	
Federal withholding (Box 4)	+_	[11]	
Distribution code (Box 7)		[14]	_
Mark if distribution is from an IRA, SEP, SIMPLE retiremen		[16]	
State withholding (Box 12)		[17]	
Local withholding (Box 15)		[19]	
Amount of rollover		[21]	
Mark if distribution was due to a pre-retirement age disabilit	У	[23]	
	Control Totals +		
	Control Totals :		
Pension And	nuity, and IRA Dis	stributions #3	
Please	provide all Forms 109	วย-ห. 2020 Information	Prior Year Information
Taxpayer/Spouse (T, s)		[1]	
Name of payer		<u></u>	
State postal code			
Gross distributions received (Box 1)	+	[7]	
Taxable amount received (Box 2a)		· [9]	
Federal withholding (Box 4)	+	[11]	
Distribution code (Box 7)	_	[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retiremen	nt plan	[16]	_
State withholding (Box 12)	•	[17]	
Local withholding (Box 15)		[19]	
Amount of rollover	+	[21]	
Mark if distribution was due to a pre-retirement age disabilit	V	[23]	
,	•	_, ,	
	Control Totals +		

	Form ID: 1099R

Social Security Benefits 2020 Information If you received a Form SSA - 1099, please complete the following information: Net Benefits for 2020 (Box 3 minus Box 4) (Box 5)	Form ID: SSA-1099 Social Security, Tier 1 Ra	ilroad Bene	efits	25
Social Security Benefits Social Security Benefits Social Security Benefits	Please provide a copy of Form(s) SS	A-1099 or RR	B-1099	
Social Security Benefits 2020 Information Prior Year Information	Taxpayer/Spouse (т, s)		[1]	
Comparison Prior Year Information Prior	State postal code		[2]	
f you received a Form SSA - 1099, please complete the following information: Net Benefits for 2020 (Box 3 minus Box 4) (Box 5)	Social Security Be	nefits		
Net Benefits for 2020 (Box 3 minus Box 4) (Box 5)		2020 In	formation	Prior Year Information
Voluntary Federal Income Tax Withheld (Box 6) From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099: Medicare premiums Prescription drug (Part D) premiums Tier 1 Railroad Benefits Tier 1 Railroad Benefits 2020 Information Prior Year Information Net Social Security Equivalent Benefit: Portion of Tier 1 Paid in 2020 (Box 5) Pederal Income Tax Withheld (Box 10) Medicare Premium Total (Box 11) Additional Information About Benefits Received Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any	If you received a Form SSA - 1099, please complete the following information:			
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099: Medicare premiums	Net Benefits for 2020 (Box 3 minus Box 4) (Box 5)	+	[8]	
Medicare premiums +[12]	Voluntary Federal Income Tax Withheld (Box 6)	+	[10]	
Tier 1 Railroad Benefits Tier 1 Railroad Benefits 2020 Information Prior Year Information If you received a Form RRB - 1099, please complete the following information: Net Social Security Equivalent Benefit: Portion of Tier 1 Paid in 2020 (Box 5) Federal Income Tax Withheld (Box 10) Medicare Premium Total (Box 11) Additional Information About Benefits Received Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any	From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Tier 1 Railroad Benefits 2020 Information Prior Year Information If you received a Form RRB - 1099, please complete the following information: Net Social Security Equivalent Benefit: Portion of Tier 1 Paid in 2020 (Box 5) + [22] Federal Income Tax Withheld (Box 10) + [25] Medicare Premium Total (Box 11) + [27] Additional Information About Benefits Received Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any	Medicare premiums	+	[12]	
If you received a Form RRB - 1099, please complete the following information: Net Social Security Equivalent Benefit: Portion of Tier 1 Paid in 2020 (Box 5) Federal Income Tax Withheld (Box 10) Medicare Premium Total (Box 11) Additional Information About Benefits Received Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any	Prescription drug (Part D) premiums	+	[14]	
f you received a Form RRB - 1099, please complete the following information: Net Social Security Equivalent Benefit: Portion of Tier 1 Paid in 2020 (Box 5) + [22] Federal Income Tax Withheld (Box 10) + [25] Medicare Premium Total (Box 11) + [27] Additional Information About Benefits Received Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any	Tier 1 Railroad Be	nefits		
Net Social Security Equivalent Benefit: Portion of Tier 1 Paid in 2020 (Box 5) + [22] Federal Income Tax Withheld (Box 10) + [25] Medicare Premium Total (Box 11) + [27] Additional Information About Benefits Received Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any		2020 In	formation	Prior Year Information
Portion of Tier 1 Paid in 2020 (Box 5) + [22] Federal Income Tax Withheld (Box 10) + [25] Medicare Premium Total (Box 11) + [27] Additional Information About Benefits Received Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any				
Federal Income Tax Withheld (Box 10) + [25] Medicare Premium Total (Box 11) + [27] Additional Information About Benefits Received Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any	• •			
Medicare Premium Total (Box 11) +[27] Additional Information About Benefits Received Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any		+		
Additional Information About Benefits Received Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any	E		[25]	
Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any		+	[25]	
		+		
	Medicare Premium Total (Box 11)	+	[27]	
	Medicare Premium Total (Box 11) Additional Information About Additional information about the benefits received not reported above. For expenses the second	t Benefits	[27] Received Jurepay any benefi	
NOTES/QUESTIONS:	Medicare Premium Total (Box 11) Additional Information About Additional information about the benefits received not reported above. For expension and the second s	t Benefits	[27] Received Jurepay any benefi	

Form ID: IRA Traditional IRA	A			26
	Taxpayer		Spou	ise
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement				
plan? (Y, N)		[1]		[2]
Do you want to contribute the maximum allowable traditional IRA contribution				
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)		_[3]		[4]
Enter the total traditional IRA contributions made for use in 2020	+	[5]	+	[6]
	Taxpayer		Spou	ıse
Enter the nondeductible contribution amount made for use in 2020	+	[5]	+	[6]
Enter the nondeductible contribution amount made in 2021 for use in 2020	+	[7]	+	[8]
Traditional IRA basis	+	[17]	+	[18]
Value of all your traditional IRA's on December 31, 2020:	·			
	+	[19]	+	[20]
	+		+	
	+		+	
	+		+	
	+	_	+	
Roth IRA				
Please provide copies of any 1998 through 2019 Fo		y this		
March 16 and a second classical characters are Death 10A and 16b 16c.	Taxpayer		Spou	
Mark if you want to contribute the maximum Roth IRA contribution		[29]		_[30]
Enter the total Roth IRA contributions made for use in 2020	<u>+</u>		+	
Enter the amount a 2020 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2019	+		+	
Enter the total Roth IRA contribution recharacterizations for 2020	+	[43] [45]	<u>+</u>	[44] [46]
Enter the Roth conversion IRA basis on December 31, 2019	<u> </u>	^[45] [47]	<u> </u>	[48]
Value of all your Roth IRA's on December 31, 2020:	' 	[47]	'	[40]
Value of all your Noth III/13 of December 31, 2020.	+	[49]	+	[50]
	+		+	
	+		+	
	+		+	
	+		+	

Form ID: Keogh Keogh, SEP, SIMPLE Contributions		
Preparer use only		
Business activity or profession name		[2]
Taxpayer/Spouse (T, S)		[3]
State postal code		[4]
·		[5]
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = Simple 401(k), 4 = Solo 401(k), 5 = Simple 401(k), 5 = Simple 401(k), 4 = Solo 401(k), 5 = Simple 401(k), 5 = Simp	SIMPLE IRA, 6 = SARSEP)	[6]
Plan contribution rate. Enter in xx.xx format (Limitation percentage)	<u>-</u>	[7]
Enter the total amount of contributions made to a Keogh plan in 2020	<u>+</u>	[8]
Enter the total amount of contributions made to a Solo 401(k) plan in 2020	+	[9]
Enter the total amount of contributions made to a SEP plan in 2020	+	[10]
Enter the total amount of contributions made to a SARSEP plan in 2020	+	[11]
Enter the total amount of contributions made to a defined benefit plan in 2020	+	[12]
Enter the total amount of contributions made to a profit-sharing plan in 2020	+	[13]
Enter the total amount of contributions made to a money purchase plan in 2020	+	[14]
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2020	+	[15]
Enter the total amount of contributions to a SIMPLE IRA plan in 2020	+	[16]
Catch-up Contributions		
Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2020	+	[17]
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2020	+	[18]
Elective Deferrals		
Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2020 Enter the amount of elective deferrals designated as Roth contributions in 2020	+	[19] [20]

Schedule C - General Information

Preparer use only		2020 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		_[2]	Thor real information
Employer identification number		<u> </u>	
Business name		[5]	
Principal business/profession			
Business code		[12]	
Business address, if different from hom	ne address on Organizer Form ID: 104	40	
Address		[15]	
City/State/Zip	[16]	[17][18]	
Accounting method (1 = Cash, 2 = Accrual, 3 =		[19]	_
If other:		[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Othe	er)	[22]	_
If other enter explanation:			
		[24]	
Enter an explanation if there was a cha		fort	
		[25]	
Did you "materially participate" in this	husiness?(Y_N)	[26]	
If not, number of hours you did sign		[28]	_
Mark if you began or acquired this busi		[30]	
Did you make any payments in 2020 the			
If "Yes", did you or will you file all re		_[33]	_
Mark if this business is considered relat			_
Did you receive wages as a statutory er		_	_
Medical insurance premiums paid by the			_
Long-term care premiums paid by this a	· · · · · · · · · · · · · · · · · · ·	+[40] + [44]	
Amount of wages received as a statuto		+ [47]	
7 tillount of Wages received as a statuto		[47]	
	Dusiness Inc	0.000	
	Business Inc		
	Business Inc	2020 Information	Prior Year Information
Gross receipts and sales	Business Inc	2020 Information	Prior Year Information
Gross receipts and sales	Business Inc	2020 Information +[52]	
Gross receipts and sales	Business Inc	2020 Information +[52] +	
Gross receipts and sales	Business Inc	2020 Information +[52]	
	Business Inc	2020 Information +[52] +	
Returns and allowances	Business Inc	2020 Information +[52] +	
	Business Inc	2020 Information +[52] + + +[55]	
Returns and allowances	Business Inc	2020 Information +[52] +	
Returns and allowances	Business Inc	2020 Information +[52] + + +[55]	
Returns and allowances	Business Inc	2020 Information +[52] + + +[55] +[57]	
Returns and allowances		2020 Information +[52] + +[55] +[57] + +	
Returns and allowances	Cost of Good	2020 Information +[52] + +[55] +[57] + +	
Returns and allowances Other income:		2020 Information +[52] + +[55] +[57] + +	
Returns and allowances Other income: Beginning inventory		2020 Information +[52] + +[55] +[57] +[s Sold	
Returns and allowances Other income: Beginning inventory Purchases		2020 Information +[52] + +[55] +[57] + S Sold 2020 Information	
Returns and allowances Other income: Beginning inventory		2020 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2020 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor:		2020 Information +[52] +[55] +[57] +[57] +[57] +[61]	
Returns and allowances Other income: Beginning inventory Purchases		2020 Information +[52] +[55] +[57] +[57] +[57] * S Sold 2020 Information +[59] +[61] +[63]	
Returns and allowances Other income: Beginning inventory Purchases Labor:		2020 Information +[52] +[55] +[57] +[57] +[57] * S Sold 2020 Information +[61] +[63] +[63]	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2020 Information +[52] +[55] +[57] +[57] +[57] * S Sold 2020 Information +[61] +[63] +[63]	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2020 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2020 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials Other costs:		2020 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2020 Information +	

Form ID: C-2

Preparer use only		
Principal business or profession		
	2020 Information	Prior Year Information
Advertising		Thor real information
_	+[6]	
	+[8]	
	+[10]	
Contract labor	+[12]	
Depletion	+[14]	
Depreciation	+[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit	t):	
	+[18]	
	+	
Insurance (Other than health):	·	-
	+[20]	·
	+	
Interest:		
Mortgage (Paid to banks, etc.)		
	+[22]	
	+	
	+	
Other:	· .	
other.	1 (24)	
	+[24]	
	+	
	+[26]	
Office expense	+[29]	
Pension and profit sharing:		
	+[31]	
	+	
Rent or lease:		
	T (22)	
	+[33]	· · · · · · · · · · · · · · · · · · ·
	+[35]	
	+[37]	
Supplies	+[39]	
Taxes and licenses:		
	+[41]	
	+	
	+	
		
	<u> </u>	
To also donate	+	
Travel and meals:		
	+[43]	
	+[45]	
Meals (Enter 100% subject to DOT 80% limit)	+[47]	
Utilities	+[51]	
Wages (Less employment credit):		
	+[53]	
	+	
Other expenses:	·	-
•	l (ee)	
	+[55]	·
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	<u>+</u>	
	+	

Form ID: C-3	Schedule C - Carryovers	30
Preparer use only Principal business or profession		

_ Preparer use only

Carryovers	Noi	n-QBI & Tax		For QBI & Tax		AMT
Operating	+	[19]	+	[20]	+	[21]
Short-term capital			+	[22]	+	[23]
Long-term capital			+	[24]	+	[25]
28% rate capital			+	[26]	+	[27]
Section 1231 loss	+	[28]	+	[29]	+	[30]
Ordinary business gain/los	ss +	[31]	+	[32]	+	[33]
Section 179	+	[34]	+	[35]	+	[36]

Form ID: Rent Rent	and Royalty Property - General	Information	31
Preparer use only	2	020 Information	Prior Year Information
Description	2	[2]	riioi reai iiiioiiiiatioii
Taxpayer/Spouse/Joint (T, S, J) [3]	State po	ostal code [5]	
Physical address: Street		[6]	
	[7][8]	[9]	
Foreign country		[11]	
Foreign province/county			
Foreign postal code		[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term	n, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=0	Other, 9=Personal ppt <u>y)</u> [14]	
Description of other type (Type code #8)		[15]	
Did you make any payments in 2020 that requir	re you to file Form(s) 1099? (Y,N)	[16]	
If "Yes", did you or will you file all required F	Forms 1099? (Y, N)	[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and	8 only) (Use Rent-2 for type 3)	[20]	
Percentage of ownership if not 100%		[22]	
Business use percentage, if not 100% (Not vaca	tion home percentage)	[24]	
	Rent and Royalty Income		
Rents and royalties	2020 Information		Prior Year Information
	+		
		_	
	Rent and Royalty Expense		
		Percent if not 100%	Prior Year Information
Advertising	•	[35] [36]	
Auto	+		
Travel	+	[41][42]	
Cleaning and maintenance	+	[44][45]	
Commissions:			
	+	[47][49]	
la sura a sa	+	_	
Insurance:		r	
	†	[50][52]	
Logal and professional foos	†	[54] [55]	-
Legal and professional fees Management fees:	T	[54][55]	
Management rees.	_	[67]	
	+	[57][59]	
Mortgage interest paid to banks, etc (Form 109			
Mortgage interest paid to banks, etc (101111 105	+	[60] [62]	
	·	_[00][02]	
Other mortgage interest	·		
Qualified mortgage insurance premiums	+	[66] [67]	
Other interest:	· 	_[00][07]	
	+	[69] [71]	
	+		
Repairs	+	[72] [73]	
Supplies	+	[75] [76] [76]	
Taxes:	•	,	
	+	[78] [80]	
	·	[00]	
Utilities	·		
Depreciation	·	[84] [85]	

[88]

Form ID: Rent

[87]

Control Totals +

[90]

Depletion

Other expenses:

Preparer use only Description				
	Refinanci	ng Points		
	Preparer - Enter	on Screen Rent		
Refinancing points paid - Recipient's/Lender's name Date of refinance Total # Payments Reported on 1098 in 2020 Total points paid Points deemed as paid in current ye Refinancing points paid - Recipient's/Lender's name Date of refinance Total # Payments Reported on 1098 in 2020 Total points paid Points deemed as paid in current ye Refinancing points paid - Recipient's/Lender's name Date of refinance Total # Payments Reported on 1098 in 2020 Total points paid - Recipient's/Lender's name Date of refinance Total # Payments Reported on 1098 in 2020 Total points paid Points deemed as paid in current ye	ar (Preparer use only)	2020 Inf	[92] [92] [93] [93] [94] [95] [95] [95] [95] [95] [95] [95] [95	nformation
	Vacation Hon	ne Information		
		on Screen Rent-3		
Number of days home was used person Number of days home was rented Number of day home owned, if not 36 Carryover of disallowed operating expanding carryover of disallowed depreciation	onally 66 Denses into 2020	2020 Infor	Frmation Prior Year II	nformation
	Passive and C	Other Information		
		on Screen Rent-2		
Preparer use only		- 00/0-		
Carryovers Operating	Non-QBI and Tax + [25]	For QBI & Tax	AMT + [271
Short-term capital	+ [25]	+ [26] + [28]		27]
-				29]
Long-term capital		+ [30] + [32]		31]
28% rate capital	1 222	1- 1		33]
Section 1231 loss	+ [34]	+ [35]		36]
Ordinary business gain/los Section 179	S + [37] + [40]	+ [38] + [41]		39]
NOTES/QUESTIONS:	. [40]	. [41]	·	42]

Form ID: Rent-2

Control Totals +

Farm Income - General Information

rann income - General information	
Please provide all Forms 1099-K	

Preparer use only				2020 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)					Thor real information
Employer identification number				[2] [3]	
Description				[3] [4]	
Principal Product				^[4]	
State postal code				<u>[</u> 5]	
Accounting method (1 = Cash, 2 = Accrual)				[7]	
Agricultural activity code				<u>—</u> [7]	_
Did you "materially participate" in this I	nusiness? (v. NI)			[12]	
Did you make any payments in 2020 that		Form(s) 1099? (v. N)	[14]	_
If "Yes", did you or will you file all req			,	[14] [16]	_
Mark if Schedule F net income or loss sl			nt incon		_
Medical insurance premiums paid by th		m sen employme	+	[21]	_
Long-term care premiums paid by this a	•		+	[25]	
tong term care premiants para by this e	Convicy				
	Se	chedule F Inco	me		
Sales Code**				2020 Information	Prior Year Information
Inco	me description				
<u> </u>			+_	[35]	
_			+_		
_			+_		
<u> </u>			+_		
_			+_		
		** Sales Codes			
1 = Cash sales	s of items bought for		4 = Cu:	stom hire (machine worl	()
	s of items raised			her income	
3 = Accrual sa	ıles				
Cost or other basis of livestock and other			_	2020 Information [37]	Prior Year Information
Beginning inventory of livestock and otl				[39]	
Accrual cost of livestock, produce, grain		s purchased	+_	[41]	
Ending Inventory of livestock and other			+_	[43]	
Total cooperative distributions you rece			+_	[45]	
Taxable cooperative distributions you re	eceived		+_	[47]	
		2020 Total		2020 Taxable	Prior Year Information
Agricultural program payments					
	+		+_	[50]	
	+_		+_		
	+		+_		
				2020 Information	Prior Year Information
CRP payments received while enrolled t	o receive social secu	rity or disability be	enefits	[52]	
Commodity credit loans reported under		,	_		
•				[54]	
			_	<u> </u>	
Total commodity credit loans forfeited			+	[56]	
Taxable commodity credit loans forfeite	ed .		+		
·		2020 Total	_	2020 Taxable	Prior Year Information
Total crop insurance proceeds you rece	ived in 2020				
The state of the s	+		+	[61]	
	·		·_	[01]	
	·		·_		
Mark if electing to defer crop insurance	proceeds to 2021		_ '-	[63]	
Crop insurance proceeds deferred from	•		+	[65]	_
, , , , , , , , , , , , , , , , , , , ,	Control Totals +			[44]	Form ID: F-1

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

Form ID: F-2

Control Totals +

Form ID: F-3	Farm Passive and Other Carryover Information	35

Preparer use only

Description

Preparer use only						
Carryovers	No	n-QBI & Tax		For QBI & Tax		AMT
Operating	+	[19]	+	[20]	+	[21]
Short-term capital			+	[22]	+	[23]
Long-term capital			+	[24]	+	[25]
28% rate capital			+	[26]	+	[27]
Section 1231 loss	+	[28]	+	[29]	+	[30]
Ordinary business gain/lo	ss+	[31]	+	[32]	+	[33]
Section 179	+	[34]	+	[35]	+	[36]

Form ID: 4835 Farm Re	ental - General Info	ormation	36
Preparer use only			
- 10 to 10 t		2020 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J) Employer identification number		[2]	
Description		[3] [4]	
State postal code			
Did you "actively participate" in the operation of this busin	ess this year? (Y, N)	[6]	
	Income Items		
Income from production of livestock, produce, grains, and o	other crops:	2020 Information	Prior Year Informatio
ncome from production of investock, produce, grains, and t	other crops.	+[15	1
		+	·
		+	
		+	
Total cooperative distributions you received		+	
Taxable cooperative distributions you received		+[17 +	
,			-
	2020 Total	2020 Taxable	Prior Year Information
Agricultural program payments:			
	[2	2班[22	
+		+	
		2020 Information	Prior Year Information
Commodity credit loans reported under election:			1
·		+[24	
Total commodity credit loans forfeited		+ [26	[]
Taxable commodity credit loans forfeited		+[28	
	2020 Total	2020 Taxable	Dulan Vaan Infansatis
Crop insurance proceeds you received in 2020	2020 TOTAL	2020 Taxable	Prior Year Information
	[3	30 1] [31]
		+	
		+	
		2020 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2021		2020 IIIIOIIIIatioii [33	
Crop insurance proceeds deferred from 2019		+ [35	
Other income:			
	-	+[38	il
	-	+	
	_	+	
	-	+	
	-	+	

p insurance proceeds deferred from 2019 er income:		+	[35]
	<u>.</u>	+	[38]
	- - -	+	
	- -	+	
	- -	+	
	<u>-</u> -	++	
	. -	+ 	
	- -	+ +	
	- -	+	
	-	T	

Form ID: 4835

Control Totals +

Form ID: 4835-2	Farm Rental Expenses	
Preparer use only		

Preparer use only		
Description		
	2020 Information	Prior Year Information
Car and truck expenses	+[6]	<u> </u>
Chemicals	+[8]	<u> </u>
Conservation expenses	+[10]	
Carryover from prior years	+[12]	
Custom hire (machine work)	+[14]	
Depreciation	+[16]	
Employee benefit programs	+[18]	
Feed purchased	+[20]	
Fertilizers and lime	+[22]	
Freight and trucking	+[24]	
Gasoline, fuel, and oil	+[26]	
Insurance (Other than health):		
	+[28]	
	+	
	+	
Mortgage interest (Paid to banks, etc.):		
	+[30]	
	+	
	+	
Other interest	+[33]	
Labor hired (Less employment credit)	+[35]	
Pension and profit sharing	+[37]	
Rent - vehicles, machinery, and equipment	+ [39]	
Rent - other	+ [41]	
Repairs and maintenance	+[43]	
Seed and plants purchased	+[45]	
Storage and warehousing	+	
Supplies purchased	+[49]	
Taxes:	· ,	
	+[51]	
	+	
	+	
	+	
	+	
Utilities	+ [53]	
Veterinary, breeding, and medicine	+[55]	
Other expenses:		
	+ [57]	
-	+	
	— <u> </u>	
	— <u> </u>	-
	_ <u> </u>	
	— <u> </u>	
Proproductive period expenses		
Preproductive period expenses	+[59]	

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

Control Totals + Form ID: 4835-2

ommib. KI I		Partnerships a	and S Corporations		38
	Please provide co	opies of Schedules K-1 show	ving income from partnerships	and S-corporations.	
axpayer/S	Spouse/Joint (T, S, J)				_[2]
mployer i	dentification number				[6]
lame of e	ntity				[13
tate posta	al code				[14
ype of en	tity (1 = Partnership, 2 = S Corporation,	3 = Foreign partnership, 4 = Publicly	traded partnership)		[17
	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[16]	[17]	[18]	
on K1-7	Short-term capital		[19]	[20]	
	Long-term capital		[21]	[22]	
	28% rate capital		[23]	[24]	
	Section 1231 loss	[25]	[26]	[27]	
	Ordinary business gain/loss	[28]	[29]	[30]	
	Other losses - 1040 Sch 1	[31]	[32]	[33]	
	Section 179	[34]	[35]	[36]	
lame of ei tate posta	· ·	3 = Foreign partnership, 4 = Publicly	traded partnership)		[6] [13 [14 [17
	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[16]	[17]	[18]	
on K1-7	Short-term capital		[19]	[20]	
	Long-term capital		[21]	[22]	
	28% rate capital		[23]	[24]	
	Section 1231 loss	[25]	[26]	[27]	
	Ordinary business gain/loss	[28]	[29]	[30]	
	Other losses - 1040 Sch 1	[31]	[32]	[33]	
	Section 179	[34]	[35]	[36]	
axpayer/S	Spouse/Joint (T, S, J)				[2]
	identification number				 [6]
lame of e					[13
tate posta	· ·				 [14
-	tity (1 = Partnership, 2 = S Corporation,	3 = Foreign partnership, 4 = Publicly	traded partnership)		[17
	Preparer use only	New ODL C To:	For ODI 9 To:	ADAT	
Enter	Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Enter	Operating	[16]	[17]	[18]	

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

١		Form ID: K1-1

	Estates a	anu musis		39
Please provid	le all copies of Schedules	K-1 showing income from estate	es and trusts.	
pouse/Joint (T, S, J)				[2]
				[3]
•	-			[4]
				[5]
	Non-OBI & Tax	For OBI & Tax	AMT	
		[20]	[21]	
Long-term capital		[22]	[23]	
28% rate capital		[24]	[25]	
Section 1231 loss	[26]	[27]	[28]	
Ordinary business gain/loss	[29]	[30]	[31]	
nouso/loint (T. s. I)				[2]
				[2] [3]
				[3] [4]
•	-			i-i
Carryovers	Non-QBI & Tax	For QBI & Tax	AMT	
Operating	[17]	[18]	[19]	
Short term capital	_	[20]	[21]	
	<u> </u>	[22]	[23]	
		[24]	[25]	
Ordinary business gain/loss	[29]	[30]	[31]	
dentification number tivity I code				[3] [4] [5]
Preparer use only				
Carryovers	Non-OBI & Tay	Ear OBI & Tay		
Operating		For QBI & Tax	AMT	
	[17]	[18]	[19]	
Short-term capital		[18] [20]	[19] [21]	
Short-term capital Long-term capital		[18] [20] [22]	[19] [21] [23]	
Short-term capital Long-term capital 28% rate capital	[17]	[18] [20] [22] [24]	[19] [21] [23] [25]	
Short-term capital Long-term capital		[18] [20] [22]	[19] [21] [23]	
Short-term capital Long-term capital 28% rate capital Section 1231 loss	[26]	[18] [20] [22] [24] [27]	[19] [21] [23] [25] [28]	
Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J)	[26]	[18] [20] [22] [24] [27]	[19] [21] [23] [25] [28]	[2]
Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number	[26]	[18] [20] [22] [24] [27]	[19] [21] [23] [25] [28]	[3]
Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity	[26]	[18] [20] [22] [24] [27]	[19] [21] [23] [25] [28]	[3] [4]
Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code	[26]	[18] [20] [22] [24] [27]	[19] [21] [23] [25] [28]	[3] [4]
Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only	[26]	[18] [20] [22] [24] [27] [30]	[19] [21] [23] [25] [28] [31]	[3] [4]
Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers	[17] [26] [29]	[18] [20] [22] [24] [27] [30]	[19] [21] [23] [25] [28] [31]	[3] [4]
Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only	[26]	[18] [20] [22] [24] [27] [30]	[19] [21] [23] [25] [28] [31]	[3] [4]
Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating	[17] [26] [29]	[18] [20] [22] [24] [27] [30] For QBI & Tax [18]	[19] [21] [23] [25] [28] [31]	[3] [4]
Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital	[17] [26] [29]	[18] [20] [22] [24] [27] [30] For QBI & Tax [18] [20]	[19] [21] [23] [25] [28] [31] AMT [19] [21]	[3] [4]
Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) dentification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital	[17] [26] [29]	[18] [20] [22] [24] [27] [30] For QBI & Tax [18] [20] [22]	[19] [21] [23] [25] [28] [31] AMT [19] [21] [23]	[2] [3] [4] [5]
	28% rate capital Section 1231 loss Ordinary business gain/loss pouse/Joint (T, S, J) Identification number tivity I code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Ordinary business gain/loss pouse/Joint (T, S, J) Identification number tivity I code Preparer use only	tivity code Preparer use only Carryovers Non-QBI & Tax Operating [17] Short-term capital Long-term capital 28% rate capital Section 1231 loss [26] Ordinary business gain/loss [29] I code Preparer use only Carryovers Non-QBI & Tax Operating [17] Short-term capital Long-term capital Long-term capital 28% rate capital Section 1231 loss [26] Ordinary business gain/loss [29] I code Preparer use only Carryovers Non-QBI & Tax Carryovers Non-QBI & Tax Carryovers Non-QBI & Tax Carryovers Operating [17] Carryovers Short-term capital Carryovers Carryovers [26] Carryovers Carryovers [26] Carryovers Carryovers [26] Carryovers Carryovers [27] Carryovers Carryovers [28] Carryovers Carryovers [28]	tivity code	tivity code

Form ID: K1T

Form ID: Home	Sale of Principal Residence		40
Description			[1]
Taxpayer/Spouse/Joint (T, S, J)			[5]
State postal code			<u>—</u> : 7
·	on will be calculated and entire gain will be reported o	n Schedule D)	<u></u> - [7]
Date former residence was acquired			<u>—</u> [9]
Date former residence was sold			[10]
Selling price of former residence		+	[11]
Expenses related to the sale of your old home		+	[12]
Original cost of home sold including capital improver	ments	+	[13]
	Exclusion Information		
Mark if most use and ownership test without except	ions (2 years use within 5-year period preceding sale d	lato)	[10]
wark if meet use and ownership test without except	ions (2 years use within 5-year period preceding sale of	•	_[19]
Reduced exclusion days: (Enter only days within 5-ye	ear period ending on sale date)	Taxpayer	Spouse
Number of days each person used property as mail	· · · · · · · · · · · · · · · · · · ·	[21]	[22]
Number of days each person owned property used		[23]	[24]
Number of days between date of sale of the other		[25]	[26]
Form	6252 - Current Year Installment Sale		
Mortgage and other debts the buyer assumed		+	[28]
Total current year payments received		+	[29]
, , ,			
Form 6252 -	Related Party Installment Sale Information	on	
Related party name			[30]
Address			[31]
City, State and Zip	[32]	[33]	[34]
Identifying number of related party		-	[35]
Was the property sold as a marketable security? (Y, N)			[36]
Enter date of second sale if more than 2 years after t			[37]
Indicate special conditions if applicable (1 = Sale/exchang	ge, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)		[38]
Selling price of property sold by a related party		+	[40]

Preparer use only		
	2020 Information	Prior Year Information
Description	[3]	
Taxpayer/Spouse/Joint (T, S, J)	<u> </u>	
State postal code	[8]	
Date acquired	[19]	
Date sold	[20]	
Gross sales price of property sold	+[21]	
Mortgage and other debts the buyer assumed	+[23]	
Cost or other basis	+[25]	
Commissions and other expenses of the sale	+[27]	l
Gross profit percentage	[29]	
Total current year principal payments received	+[35]	
Prior year principal payments received	+[37]	
Total ordinary income to recapture	+[39]	
Total ordinary income previously recaptured	+ [41]	
Control Totals +		
Prior Year Ir	nstallment Sale	
Preparer use only		
	2020 Information	Prior Year Information
Description	[3]	
Taxpayer/Spouse/Joint (T, S, J)	[7]	
State postal code	<u></u>	
Date acquired	[19]	
Date sold	[20]	
Gross sales price of property sold	+ [21]	
Mortgage and other debts the buyer assumed	+ [23]	
Cost or other basis	+ [25]	

Gross profit percentage

Commissions and other expenses of the sale

Total current year principal payments received

Total ordinary income previously recaptured

Control Totals +

Prior year principal payments received

Total ordinary income to recapture

[27]

[29]

[37]

[39]

[41]

[35]

Form 4797 and 6252 - General Information		42
Preparer use only		
Description		[3]
Taxpayer/Spouse/Joint (T, S, J)		[9]
State postal code		[10]
Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1		[15]
Mark if disposition is due to casualty or theft		[19]
Mark if disposition was to a related party		[21]
Sale Information		
Date acquired		[23]
Date sold	_	[24]
Gross sales price or insurance proceeds received	+	[25]
Cost or other basis	+	[26]
Commissions and other expenses of sale	+	[27]
Depreciation allowed or allowable	+	[28]
Form 4797, Part III - Recapture		
Additional depreciation after 1975 (Section 1250)	1	[30]
Applicable percentage (if not 100%) (Section 1250)	т	[31]
Additional depreciation after 1969 (Section 1250)	+	[32]
Soil, water and land clearing expenses (Section 1252)	+	[33]
Applicable percentage (if not 100%) (Section 1252)	-	[34]
Intangible drilling and development costs (Section 1254)	+	[35]
Applicable payments excluded from income under sec. 126 (Section 1255)	+	[36]
Form 6252 - Current Year Installment Sale		
Mortgage and other debts the buyer assumed	+	[37]
Total current year payments received	+	[38]
Form 6252 - Related Party Installment Sale Informa	tion	
Related party name		[39]
Address		[40]
City, State, and Zip [41]	[42]	[43]
Identifying number of related party		[44]
Was the property sold as a marketable security? (Y, N)		[45]
Enter date of second sale	_	[46]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)		_[47]
Selling price of property sold by a related party	+	[49]

Control Totals +	Form ID: Sale
Control rotals	I OI III ID. Jaic

Form ID: 8824 Like-	Kind Exchange General Information		43
Drawarar usa anlu			
Description of property given up			[4]
			[5]
Taxpayer/Spouse/Joint (T, S, J)			_[6]
State postal code			[7]
Description of property received			[10]
			[11]
	Date Information		
Date the like-kind property given up was acquired			[16]
Date you transferred your property to the other par	ty	-	[17]
Date the like-kind property received was identified		-	[18]
Date you received the like-kind property from the of	her party	<u>-</u>	[19]
	Gain and Basis Information		
Fair market value of other property given up			[20]
Adjusted basis of other property given up			[21]
Cash received	and the d		[22]
Fair market value of other (not like-kind) property re			[23]
Installment obligation received in like-kind exchange Fair market value of like-kind property you received	•		[24]
Fair market value of non-section 1245 property you	received		[25] [26]
Liabilities, including mortgages, assumed by you	received		[26] [27]
Cash paid			[28]
Adjusted basis of like-kind property given up		+	[29]
Adjusted basis of like-kind property from pass throu	gh entity	·	
Cost or other basis	,	+	[30]
Depreciation allowed or allowable excluding Sec	tion 179	+	[31]
Section 179 expense deduction passed through			[32]
Section 179 carryover		+	[33]
Liabilities, including mortgages, assumed by the other	er party	+	[34]
Exchange expenses incurred by you		+	[35]
Rel	ated Party Exchange Information		
Name of related party			[38]
Address of related party			[39]
City State			[40]
Zip code			[41]
Identifying number of related party			[42] [43]
Relationship to you			[43] [44]
During this tax year, did the related party sell or disp	oose of the property received? (Y. N)	-	[45]
During this tax year, did you sell or dispose of the lik			[46]
Indicate if any special conditions apply (1 = Death of eith			[47]
Mark if this exchange is a prior year like-kind exchan			[49]

ſ	Control Totals +	Form ID: 8824
	Control Totals +	l Form ID: 8824

Form	ID:	8938-2

Statement of Specified Foreign Financial Assets

44

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service.

Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2020 Information	Prior Year Information
Asset description	[2]	
Asset identifying number or other designation	[3]	
Date asset acquired	[4]	
Date asset disposed	[6]	
Asset jointly owned with spouse		
Maximum value of asset	[9]	
Asset foreign entity information - (Enter either foreign entity information or issuer/	counterparty information, but not both)	
Type of foreign entity:(P = Partnership, C= Corporation, T = Trust, E = Estate)		[14
Foreign entity name		[10
Foreign entity address		[1
City, state, zip code	[18]	[19] [2
Foreign country code/name		[2
Foreign province/county		[2
Foreign postal code		[2
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Individual or organization name Address of issuer or counterparty City, state, zip code	Person)	
Foreign country code/name Foreign province/county Foreign postal code		
Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity information Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate))
Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity information Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign)
Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity information Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Individual or organization name)
Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity information Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Individual or organization name Address of issuer or counterparty)
Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity information Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Individual or organization name Address of issuer or counterparty City, state, zip code		
Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity information Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Individual or organization name Address of issuer or counterparty City, state, zip code Foreign country code/name		
Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity information Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Individual or organization name Address of issuer or counterparty City, state, zip code		

Form	ID:	Frgn	Acct
------	-----	------	------

Foreign Financial Accounts

45

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J)					[1
		2020 Information	Prior Y	ear Inform	ation
Deposit or Custodial account (D= Deposit, C = Custodial)		[4]			
Type of Account:					
Bank		[5]			
Securities		[6]			
Other		[7]			
Maximum value of account	<u> </u>	[8]			
Account number or other designation					
		[10]			
Financial institution		[12]			
Address of financial institution		[13]			
City, state, zip code	[14][15]	[16]			
Foreign country code/name	[17]	[18]			
For addresses in Mexico, enter state		[20]			
Foreign province/county		[23]			
Foreign postal code	<u></u>	[24]			
Account jointly owned with spouse		[25]			
Account opened during the tax year		[47]			_
Account closed during the tax year		[49]			
Information is reported for a financial account which is:		[27]			
2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no	o financial interest				
Complete this section if there is a joint owner	other than the spouse, or you have	signature authority	only over	the accoun	it
Taxpayer identification number of account holder/joint	owner				[28]
Foreign identification number of account holder/joint o					[29]
Last name or organization name of account holder/join		-			[30]
First name and middle initial of account holder/joint ow				[31]	[32]
Address and apartment				[33]	[34]
City, state, zip code		[35]			[37]
Foreign country code/name	·	[38]			[39]
For addresses in Mexico, enter state					— [41]
Foreign postal code					[44]
Number of joint owners (Not including taxpayer, if applicable)					 [45]
Filer's title with this owner (If applicable)					[46]
· · · · · · · · · · · · · · · · · · ·					
NOTES/QUESTIONS:					

Form ID: 2555 Foreign Ea	arned Income Exclu	usion		46
Taxpayer/Spouse (T, S) [1]		State postal co	de	[3]
Foreign street address		[4] City		
State/Province		Country code		
		Postal code		
Employer's name				
U.S. address				
State postal code		Zip code	-	
Foreign street address State / Province				
State/Province Country		Country code		
Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affilia	te of a LLS company F = OfMbr	 Ulf other specify tyr	ne	[8]
Country of citizenship	ice of a 0.5. company, 2 = <u>0</u> [ii]	, ii otilei, speeliy ty		[11]
If maintained a separate foreign residence for your family due	to adverse living condition	ons, provide city, co	ountry, and days	
			-	ays
6: 16 :				ays
List tax home(s) during the tax year and dates established:				
Tax home				
Tax home			Date	
Foreign Earned	Income Allocation	Information		
*U.S. Business Days and Travel Type Code: 1=Travel to United			Travel to foreign	country
U.S. business days and travel information:[16]	otates, in the terres.	,, o	. raver to roreign	-
Type Code* Name of Country including United S	tates	Date Arrived	Date Left	No. of U.S. business days
				•
<u> </u>			-	<u> </u>
- <u>-</u>				
<u> </u>	_			<u> </u>
Foreign days worked before and after foreign assignment [17]	Total days worked had	fore and after foreign	an assignment	
Total number of days worked during year (defaults to 240)	rotal days worked bei	ore and after foreig	gii assigiiiileiit	[18] [19]
		-		
	ide Residence Tes			
Date foreign residence began [21]	Date foreign residence		_	[22]
Kind of foreign living quarters (A = Purchased house, B = Rented house or			mployer)	[23]
If any family members lived abroad with you during any part of	•	•		fo.43
Relationship Relationship	Period abroad Period abroad			
Relationship	Period abroad			
Relationship	Period abroad			
Mark if you submitted a statement to foreign country authoriti		sident of that count	rv	[25]
Mark if required to pay income tax to that country	,		,	[26]
List any contractual terms or other conditions relating to length	of employment abroad	I		_
-				[27]
-				
Type of visa used to enter foreign country				[28]
Explanation if visa limited length of stay or employment				
				[29]
If maintained a home in U.S., enter address, whether it was rer	ited, names of occupant	s and their relation	ship to you:	
Address	[30]	City		
State postal code		Zip code		
Rented Occupant		Relati	onship	
Address	[30]	City		
State postal code		Zip code		
Rented Occupant		Relati	onship	
Physi	ical Presence Test			
Principal country of employment				[31]
				Form ID: 2555

Form ID: 2555-2	Foreign Earned Income Exclusion		47
Employer's name Taxpayer/Spouse (T, S) State postal code			
	Foreign Earned Income		
*Pleas	e use the Foreign Earned Income Allocation Codes loca	ted below Allocation	1
Noncash income: Home (lodging) Meals Car		_[10][11] _[13][14]	+[12] +[15] +[18]
		- - - -	+ [20] + - + + + + + + + + + + + + + + + + + +
Allowances, reimbursements or expenses Cost of living and overseas differential Family Education Home leave Quarters		[23] [25]	+ [22] + [24] + [26] + [28] + [30]
Other purposes (Please enter code he	re and description and amount below):	[31] - - - -	+[32] + + +
Other foreign earned income (Please ente	er code here and description and amount below):	[33] 	+[34] + + +
2 3 4	*Foreign Earned Income Allocation Codes 1 = 100% foreign during assignment 2 = 100% U.S. during assignment 3 = U.S. and foreign days worked during assignment 4 = U.S. and foreign days before/after assignment 5 = Days worked before, during, and after assignment		+[35]
	Deductions Allocable to Foreign Earned Inc	ome	
Other allocable deductions		Allocation Code* [36]	
	Housing Exclusion/Deduction		
Qualified housing expense			+[47]
NOTES/QUESTIONS:			
	Control Totals +		Form ID: 2555-2

Form ID: 3903	48		
Preparer use only			
Description of move			[2]
Taxpayer/Spouse/Joint (T, S, J)			[3]
Mark if the move was due to service in the armed for	orces		 _[7]
Number of miles from old home to new workplace			[8]
Number of miles from old home to old workplace			[9]
Mark if move is outside United States or its possess	ions		[10]
Transportation and storage expenses		+	[11]
Travel and lodging (not including meals)		+	[12]
Miles driven to new home			[13]
Total amount reimbursed for moving expenses		+	[15]

Employee Business Expenses

Preparer use only	2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[2]	
Occupation in which expenses were incurred	[3]	
State postal code		
If the employee expenses were from an occupation listed below, enter the	e applicable code[6]	
1 = Qualified performing artist, 2 = Impairment-related work expenses	s, 3 = Fee-basis official, 5 = Reservist	_
Parking fees and tolls		
Local transportation	+[20]	
Travel expenses	+ [23]	
Other business expenses:	-	
·	+[26]	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
- <u></u> -	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
-	<u> </u>	
-	<u> </u>	
-	<u> </u>	
	<u> </u>	
	<u> </u>	
	<u> </u>	
	+	
Nonvehicle depreciation	T	
Meals	+[29]	
Meals for individuals subject to DOT hours of service limitation (certain st	+[32]	
inicals for intuividuals subject to DOT flours of service inflitation (certain st	ate retu <u>rns)</u> [34]	
Employer Reim		
Enter Reimbursements not entered o		
	2020 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+[61]	
Paimbursaments for meals not included on Form W-2	⊥ [(2)]	i l

[65]

Form ID: 2106

Reimbursements for meals for DOT service limitation not included on Form W-2+

Control Totals +

Form ID: 2106-2			Employee B	usiness Expe	nses			50
Prepared Taxpayer/Spouse (T, Occupation in which State postal code		incurred				[2] [3] [4]		
			Vehicle	Questions				
Was another ve	tomobile for work available for off- chicle available for idence to support	duty personal personal use:	use? (Y, N, Blank = No ? (Y, N)	ot applicable)	ns:	[5] [7] [9]	Prior Year In	nformation — —
			Vehicle	Information				
Vehicle 1 -	Date placed Description Comments	in service					_	
Vehicle 2 -	Date placed Description	in service					_	
Vehicle 3 -	Date placed Description	in service						
Vehicle 4 -	Comments Date placed	in service						
	Description Comments							
	-		Vehicles A	ctual Expens	ses			
	Comments Vehicle 1	Prior Year Information	Vehicles A	ctual Expens Prior Year Information V	ı	Prior Year nformation	Vehicle 4	Prior Year Informatio
otal mileage for the	Vehicle 1 year [20]	Information	Vehicle 2 	Prior Year	ehicle 3 l		[163]	
otal mileage for the Business mileage	Vehicle 1 year [20] [24]	Information	Vehicle 2	Prior Year	I ehicle 3		Ī	
otal mileage for the Susiness mileage Everage daily round t	Vehicle 1 year [20][24] trip	Information	Vehicle 2[69][71]	Prior Year	ehicle 3 1 [116] [118]		[163] [165]	
otal mileage for the dusiness mileage average daily round t commuting mileage	Vehicle 1 year [20] trip e [26]	Information	Vehicle 2[69][71][73]	Prior Year	ehicle 3 [116] [118]		[163] [165] [167]	
otal mileage for the susiness mileage werage daily round t commuting mileage otal commuting mile	Vehicle 1 year [20] trip e [26] eage [28]	Information	Vehicle 2[69][71][73][75]	Prior Year	ehicle 3 [116] [118] [120] [122]		[163][165][167][169]	
Total mileage for the susiness mileage swerage daily round to commuting mileage social commuting mileages sasoline	Vehicle 1 year [20] trip e [26] eage [28] + [30]	Information	Vehicle 2[69][71][73][75] +[77]	Prior Year	[116] [118] [120] [122] [124]		[163][165][167][169] +[171]	
Total mileage for the Business mileage Everage daily round t Commuting mileage Total commuting mile Gasoline	Vehicle 1 year [20] trip e [26] eage [28] + [30] + [32]	Information	Vehicle 2 [69] [71] [73] [75] [77] [77]	Prior Year	[116] [120] [122] [124] [126]		[163] [165] [167] [169] + [171] + [173]	
Total mileage for the Business mileage Exerage daily round to commuting mileage Total commuting mile Gasoline Dil Repairs	Vehicle 1 year [20] [24] trip [26] eage [28] + [30] + [32] + [34]	Information	Vehicle 2 [69] [71] [73] [75] [77] [77] [79]	Prior Year	[116] [120] [122] [124] [126] [128]		[163] [165] [167] [169] + [171] + [173] + [175]	
Total mileage for the Business mileage Everage daily round to commuting mileage Total commuting mileasoline Dil Repairs	Vehicle 1 year [20] trip e [26] eage [28] + [30] + [32] + [34] + [36]	Information	Vehicle 2 [69] [71] [73] [75] [77] [77] [79] [81] [83]	Prior Year	[116] [120] [122] [124] [126] [128] [130]		[163] [165] [167] [169] + [171] + [173] + [175]	
Total mileage for the susiness mileage swerage daily round to commuting mileage sotal commuting miles sasoline oil sepairs Maintenance sires	Vehicle 1 year [20] trip e [26] eage [28] + [30] + [32] + [34] + [36] + [38]	Information	Vehicle 2 [69] [71] [73] [75] [77] [79] [81] [83] [85]	Prior Year	[116] [120] [122] [124] [126] [128] [130] [132]		[163] [165] [167] [169] [171] [173] [175] [177] [177]	
Total mileage for the susiness mileage average daily round to commuting mileage fotal commuting fotal mileage for the commuting mileage for the co	Vehicle 1 year [20] trip e [26] eage [28] + [30] + [32] + [34] + [36] + [38] + [40]	Information	Vehicle 2 [69] [71] [73] [75] [77] [77] [79] [81] [83] [85] [87]	Prior Year	ehicle 3 [116] [118] [120] [122] [124] [126] [128] [130] [132]		[163] [165] [167] [169] [171] [173] [175] [177] [177] [177] [179]	
otal mileage for the usiness mileage verage daily round to commuting mileage otal commuting mile fasoline bil epairs Maintenance ires ar washes	Vehicle 1 year [20] trip e [26] eage [28] + [30] + [32] + [34] + [36] + [36] + [40] + [42]	Information	Vehicle 2	Prior Year	ehicle 3 [116] [118] [120] [122] [124] [126] [130] [132] [134] [136]		[163] [165] [167] [169] [171] [173] [175] [177] [177] [179] [181]	
otal mileage for the usiness mileage verage daily round to commuting mileage otal commuting mileage otal commuting mileage of the commutation of the commu	Vehicle 1 year [20] [24] trip [26] eage [28] + [30] + [32] + [34] + [36] + [40] + [40] + [42] + [44]	Information	Vehicle 2 [69][71] [73][75] +[79] +[81] +[83] +[85] +[87] +[89] +[91]	Prior Year	[116] [118] [120] [122] [124] [126] [130] [132] [134] [136] [138]		[163] [165] [167] [169] [171] [173] [175] [177] [177] [177] [179] [181] [183] [185]	
otal mileage for the usiness mileage verage daily round to commuting mileage otal commuting mileasoline bil epairs Maintenance ires ar washes esurance enterest egistration	Vehicle 1 year [20] [24] trip [2 [26] eage [28] + [30] + [32] + [34] + [36] + [40] + [42] + [44] + [44]	Information	Vehicle 2 [69] [71] [73] [75] [77] [77] [79] [81] [83] [85] [85] [87] [87] [89] [91]	Prior Year	ehicle 3		[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [179] + [181] + [183] + [185] + [187]	
otal mileage for the usiness mileage verage daily round to commuting mileage otal commuting mileasoline bil epairs flaintenance ires ar washes insurance interest egistration icenses	Vehicle 1 year [20] [24] trip [26] eage [28] + [30] + [32] + [34] + [36] + [40] + [42] + [44] + [44] + [46] + [48]	Information	Vehicle 2 [69] [71] [73] [75] [77] [79] [81] [83] [85] [85] [87] [89] [91] [93]	Prior Year	Ehicle 3		[163] [165] [167] [169] [171] [173] [175] [177] [177] [179] [181] [183] [185] [187]	
otal mileage for the usiness mileage verage daily round to commuting mileage otal commuting mileasoline epairs flaintenance ires ar washes essurance egistration icenses roperty taxes (Plates, to the possible plates, to the possible plates pla	Vehicle 1 year [20] [24] trip [26] eage [28] + [30] + [32] + [34] + [40] + [40] + [40] + [44] + [44] + [44] + [48] tags, etc) [50]		Vehicle 2 [69] [71] [73] [75] [75] [77] [79] [81] [83] [85] [85] [87] [91] [91] [93] [95]	Prior Year	Ehicle 3		[163] [165] [167] [167] [169] [171] [173] [175] [177] [177] [179] [181] [183] [185] [187] [187]	
Total mileage for the susiness mileage average daily round to commuting mileage fotal commuting fotal commutin	Vehicle 1 year [20] trip e [26] eage [28] + [30] + [34] + [34] + [40] + [40] + [40] + [44] + [46] + [46] + [48] tags, etc) [50]		Vehicle 2 [69] [71] [73] [75] [75] [77] [77] [81] [83] [83] [85] [87] [87] [89] [91] [93] [95] [97]	Prior Year	ehicle 3 [116] [118] [120] [122] [124] [126] [130] [132] [134] [136] [138] [140] [142] [144]		[163] [165] [167] [169] [169] [171] [173] [175] [177] [177] [178] [181] [181] [185] [185] [187] [189] [191]	
Total mileage for the susiness mileage average daily round to commuting mileage fotal commuting fotal	Vehicle 1 year [20] trip e [26] eage [28] + [30] + [32] + [34] + [36] + [40] + [42] + [44] + [46] + [48] tags, etc) [50] + [52]		Vehicle 2 [69] [71] [73] [75] [75] [77] [77] [77] [77] [81] [83] [85] [85] [87] [87] [91] [93] [95] [97] [97] [97]	Prior Year	[116]	nformation	[163] [165] [167] [167] [169] [171] [173] [175] [177] [177] [177] [181] [183] [185] [187] [187] [189] [191] [195]	
Total mileage for the Business mileage Average daily round to commuting mileage Total commuting Total commutin	Vehicle 1 year [20] trip e [26] eage [28] + [30] + [34] + [36] + [40] + [40] + [44] + [44] + [44] + [45] + [48] tags, etc) [50] + [52]		Vehicle 2 [69] [71] [73] [75] [75] [77] [77] [79] [81] [83] [85] [85] [87] [87] [91] [93] [95] [97] [97] [97]	Prior Year	ehicle 3 [116] [118] [120] [122] [124] [126] [130] [132] [134] [136] [138] [140] [142] [144]	nformation	[163] [165] [167] [169] [169] [171] [173] [175] [177] [177] [179] [181] [183] [185] [187] [187] [189] [191] [195]	
Fotal mileage for the Business mileage Average daily round t	Vehicle 1 year [20] trip e [26] eage [28] + [30] + [32] + [34] + [36] + [40] + [42] + [44] + [46] + [48] tags, etc) [50] + [52]		Vehicle 2 [69] [71] [73] [75] [75] [77] [77] [77] [77] [81] [83] [85] [85] [87] [87] [91] [93] [95] [97] [97] [97]	Prior Year	[116]	nformation	[163] [165] [167] [167] [169] [171] [173] [175] [177] [177] [177] [181] [183] [185] [187] [187] [189] [191] [195]	

Form ID: 2106-2

Control Totals +

Form ID: OtherAdj	Other Adjustments	51

Α	limonv	Paid	ŀ

T/S	Date*	2020 Int	formation	Prior Year Information
		+	[4]	
Recipient nar	ne and SSN			
Addre	ess			
City, state ar	nd zip code			
		+		
Recipient nar	ne and SSN			
Addre	ess			
City, state ar	nd zip code			
		+		
Recipient nar	ne and SSN			
Addre	ess			
City, state ar	nd zip code			

^{*} Date of divorce/separation agreement

	2020 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:		•	
+	[6]	+	[7]
+		+	
Other adjustments:			
+	[9]	+	[10]
+		+	
+	_	+	
+	_	+	
+	_	+	
+	_	+	
+	_	+	
+		+	
+		+	
+	_	+	
+	_	+	
+	_	+	
+	_	+	
+		+	
		+	
+		+	
+		+	
+		+	
+		+	
+		+	
+		+	
+		+	
		+	
·		+	-
·_		+	
· · · · · · · · · · · · · · · · · · ·		·	

Control Totals +	Form ID: OtherAdi

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2020 that were issued after 1989, and you paid qualified higher education expenses in 2020 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) SSN of person enrolled at eligible educational institution Name of person enrolled at eligible educational institution (First/Last) Name of eligible educational institution Address of eligible educational institution City, state, and zip code Qualified higher education expenses you paid in 2020 for person listed above		
Enter any nontaxable educational benefits received for 2020 for person listed above Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tenancial institution name (ESA) or name of program (QTP) Financial institution address (ESA) or address of program (QTP)	+ Tuition Program)	
Taxpayer/Spouse/Joint (T, S, J) SSN of person enrolled at eligible educational institution Name of person enrolled at eligible educational institution (First/Last) Name of eligible educational institution Address of eligible educational institution City, state, and zip code Qualified higher education expenses you paid in 2020 for person listed above Enter any nontaxable educational benefits received for 2020 for person listed above Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tenancial institution name (ESA) or name of program (QTP) Financial institution address (ESA) or address of program (QTP) City, state and zip code	+ + 	[1]
Taxpayer/Spouse/Joint (T, S, J) SSN of person enrolled at eligible educational institution Name of person enrolled at eligible educational institution (First/Last) Name of eligible educational institution Address of eligible educational institution City, state, and zip code Qualified higher education expenses you paid in 2020 for person listed above Enter any nontaxable educational benefits received for 2020 for person listed above Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tenancial institution name (ESA) or name of program (QTP) Financial institution address (ESA) or address of program (QTP) City, state and zip code	+ + Tuition Program)	[1]
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2020	+	[3]

Form ID: Educate2	Student Loan Interest Paid	53
-------------------	----------------------------	----

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

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

Form ID: Educ3

Education Credits and Tuition and Fees Deduction

54

Please provide all copies of Form 1098-T.

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

Preparer - Enter on Screen Educate2		
Taxpayer/Spouse (T, S)		[8]
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction Student's social security number Student's first name Student's last name	on) 	<u> </u>
Institution Informatio	n	
Enter information from each institution on a separate page, including the complete	e address and federal iden	tification number of the institution
Institution's federal identification number		[8]
Institution's name		
Institution's street address		
Institution's city, state, zip code		
Tuition Paid and Related Info	ormation	
Amounts reported in Box 1 may not reflect the actual amount part of Enter the amount actually paid during the second seco	_	2020.
	2020 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ [8]	
Educational institution changed its reporting method for 2020 (Box 3)		
Adjustments made for a prior year (Box 4)		
Scholarships or grants (Box 5)		
Adjustments to scholarships or grants for a prior year (Box 6)		
Box 1 or 2 includes amounts for an academic period beginning January - March 20	21 (Box 7)	
At least half-time student (Box 8)	_	
Graduate student (Box 9) (1=Yes, 2=No)	_	
Insurance contract reimbursement/refund (Box 10)		
Non-Institution expenses (Books and fees not paid directly to the educational institution)		
American Opportunity Tax Credit (AOTC) disqualifier 1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secon	dary education before 2020	
NOTES/QUESTIONS:		

Control Totals +	Form ID: Educ3

Form	ID:	1099C

Qualified Education Programs

_	_
-	-

Quantica Education		
Please provide all copies	s of Form 1099Q	
Taxpayer/Spouse (T, s)	[1]	
Payer name		
State postal code	[4]	
Type of account (1= Private QTP, 2 = State QTP, 3 = ESA)	 [6]	
Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither)	[7]	
Final distribution	[8]	
Contributions a	and Basis	
Beneficiary's Information (if not taxpayer or spouse)		
Social security number	[11]	
First name	[11]	
Last name	[12] [13]	
Last Hallie	[13]	
	2020 Information	Prior Year Information
Amount contributed in current year	+[14]	
Basis of this account at 12/31/19	+[17]	
Value of this account at 12/31/20	+ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spo		
Payments from Qualified	Education Programs	
	2020 Information	Prior Year Information
Gross distribution (Box 1)	+[30]	
Earnings (Box 2)	+[32]	
Basis (Box 3)	+[34]	
Trustee-to-trustee rollover (Box 4)	[36]	
Trustee-to-trustee rollover amount if different than Box 1	+[37]	
Box 5 -		
Private QTP	[39]	
State QTP	[40]	
Coverdell ESA	[41]	
Check if the recipient is not the designated beneficiary (Box 6)	[42]	
Qualified education expenses	+[43]	
Elementary and secondary education expenses	+[45]	

Form ID: FAFSA

Federal Student Aid Application Information #1

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA.

If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

This FAFSA information is for the:	Preparer use only		
Who is listed as the primary taxpayer on the tax retur	n of the individual to whom this	information applies?	
(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4	1 = Student's spouse)		[1]
The information for the FAFSA worksheet will be:			
(1 = Calculated for the taxpayer on this return, 2 = Entered from so	omeone else's return)		[4]
Taxpayer's (and spouse's) current balance of all cash,	savings and checking accounts		+ [8]
Taxpayer's (and spouse's) net worth in investments, in	ncluding real estate but		
do not include the primary residence	· ·		+ [9]
Taxpayer's (and spouse's) net worth in current busine	esses and/or investment farms		+ [10]
	·	2019 Information	2020 Information
Child support paid because of divorce, separation, or	a result of a legal requirement	[12]	
Taxable earnings from need-based employment progr		[13]	·
Student grant and scholarship aid included in adjusted	·	[14]	
Earnings from work under a cooperative education pr	-		+ [23]
Child support received but do not include foster care		[16]	
Veterans noneducation benefits			+ [25]
Other untaxed income not reported elsewhere, such	as worker's compensation	[=-,]	
disability, etc., but do not include student aid, ear			
child tax credit, welfare payments, untaxed Social			
on-base military housing or a military housing allo	-	[19]	+ [26]
Money received or paid on behalf of the student (For		[19] ·	
Money received or paid on behalf of the student (For	the student's worksheet only)	[19]	[27]
	Control Totals +	I	
	Control rotals +		
Endoral S	tudent Aid Application Ir	oformation #2	
reuerars	tudent Ald Application in	iioiiiiatioii #2	
This FAFSA information is for that	Dronover use only		
This FAFSA information is for the:	Preparer use only	information anning?	
Who is listed as the primary taxpayer on the tax retur	n of the individual to whom this	information applies?	<i>(</i> 1)
Who is listed as the primary taxpayer on the tax retur (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4	n of the individual to whom this	information applies?	_[1]
Who is listed as the primary taxpayer on the tax retur (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 The information for the FAFSA worksheet will be:	n of the individual to whom this a = Student's spouse)	information applies?	
Who is listed as the primary taxpayer on the tax retur (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so	n of the individual to whom this 1 = Student's spouse) omeone else's return)	information applies?	[4]
Who is listed as the primary taxpayer on the tax return (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash,	n of the individual to whom this 1 = Student's spouse) omeone else's return) savings and checking accounts	information applies?	
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in	n of the individual to whom this 1 = Student's spouse) omeone else's return) savings and checking accounts	information applies?	[4] +[8]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence	on of the individual to whom this t = Student's spouse) omeone else's return) savings and checking accounts including real estate but	information applies? .	[4] +[8] +[9]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in	on of the individual to whom this t = Student's spouse) omeone else's return) savings and checking accounts including real estate but	information applies?	[4] +[8] +[9] +[10]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busine	on of the individual to whom this a = Student's spouse) someone else's return) savings and checking accounts including real estate but esses and/or investment farms	2019 Information	[4] +[8] +[9] +[10] 2020 Information
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines Child support paid because of divorce, separation, or	n of the individual to whom this a = Student's spouse) meone else's return) savings and checking accounts ncluding real estate but esses and/or investment farms a result of a legal requirement	2019 Information [12] -	[4] +[8] +[9] +[10]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines Child support paid because of divorce, separation, or Taxable earnings from need-based employment programments.	n of the individual to whom this a = Student's spouse) meone else's return) savings and checking accounts ncluding real estate but esses and/or investment farms a result of a legal requirement rams	2019 Information [12] - [13] -	[4] +[8] +[9] +[10] 2020 Information +[20] +[21]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines. Child support paid because of divorce, separation, or Taxable earnings from need-based employment progress tudent grant and scholarship aid included in adjusted.	n of the individual to whom this a = Student's spouse) meone else's return) savings and checking accounts ncluding real estate but esses and/or investment farms a result of a legal requirement rams d gross income	2019 Information [12] - [13] - [14] -	[4] +[8] +[9] +[10] 2020 Information +[20] +[21] +[22]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines. Child support paid because of divorce, separation, or Taxable earnings from need-based employment programment grant and scholarship aid included in adjusted Earnings from work under a cooperative education programment.	on of the individual to whom this a = Student's spouse) someone else's return) savings and checking accounts including real estate but esses and/or investment farms a result of a legal requirement farms d gross income rogram offered by a college	2019 Information [12] - [13] - [14] - [15] -	[4] +[8] +[9] +[10] 2020 Information +[21] +[22] +[23]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines. Child support paid because of divorce, separation, or Taxable earnings from need-based employment progress tudent grant and scholarship aid included in adjusted.	on of the individual to whom this a = Student's spouse) someone else's return) savings and checking accounts including real estate but esses and/or investment farms a result of a legal requirement farms d gross income rogram offered by a college	2019 Information [12] - [13] - [14] - [15] -	[4] +[8] +[9] +[10] 2020 Information +[21] +[22] +[23]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines. Child support paid because of divorce, separation, or Taxable earnings from need-based employment programment grant and scholarship aid included in adjusted Earnings from work under a cooperative education programment.	on of the individual to whom this a = Student's spouse) someone else's return) savings and checking accounts including real estate but esses and/or investment farms a result of a legal requirement farms d gross income rogram offered by a college	2019 Information [12] - [13] - [14] - [15] - [16] -	[4] +[8] +[9] +[10] 2020 Information +[20] +[21] +[22]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines Child support paid because of divorce, separation, or Taxable earnings from need-based employment programments. Student grant and scholarship aid included in adjusted Earnings from work under a cooperative education prochild support received but do not include foster care Veterans noneducation benefits Other untaxed income not reported elsewhere, such as	on of the individual to whom this it = Student's spouse) someone else's return) savings and checking accounts including real estate but esses and/or investment farms a result of a legal requirement frams digross income rogram offered by a college or adoption payments as worker's compensation,	2019 Information [12] - [13] - [14] - [15] - [16] -	[4][8] +[9]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines Child support paid because of divorce, separation, or Taxable earnings from need-based employment programments of the primary residence careings from work under a cooperative education prochild support received but do not include foster careing Veterans noneducation benefits	on of the individual to whom this it = Student's spouse) someone else's return) savings and checking accounts including real estate but esses and/or investment farms a result of a legal requirement frams digross income rogram offered by a college or adoption payments as worker's compensation,	2019 Information [12] - [13] - [14] - [15] - [16] -	[4][8] +[9]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines Child support paid because of divorce, separation, or Taxable earnings from need-based employment programments. Student grant and scholarship aid included in adjusted Earnings from work under a cooperative education prochild support received but do not include foster care Veterans noneducation benefits Other untaxed income not reported elsewhere, such as	n of the individual to whom this i = Student's spouse) smeone else's return) savings and checking accounts including real estate but esses and/or investment farms a result of a legal requirement rams d gross income rogram offered by a college or adoption payments as worker's compensation, ned income credit, additional	2019 Information [12] - [13] - [14] - [15] - [16] -	[4][8] +[9]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines Child support paid because of divorce, separation, or Taxable earnings from need-based employment programments. Student grant and scholarship aid included in adjusted Earnings from work under a cooperative education prochild support received but do not include foster care Veterans noneducation benefits Other untaxed income not reported elsewhere, such a disability, etc., but do not include student aid, ear	n of the individual to whom this i = Student's spouse) smeone else's return) savings and checking accounts including real estate but esses and/or investment farms a result of a legal requirement rams d gross income rogram offered by a college or adoption payments as worker's compensation, ined income credit, additional Security benefits, SSI,	2019 Information [12] [13] [14] [15] [16] [17]	[4][8] +[9]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines. Child support paid because of divorce, separation, or Taxable earnings from need-based employment programment grant and scholarship aid included in adjusted Earnings from work under a cooperative education prochild support received but do not include foster care Veterans noneducation benefits Other untaxed income not reported elsewhere, such a disability, etc., but do not include student aid, ear child tax credit, welfare payments, untaxed Social	n of the individual to whom this a = Student's spouse) smeone else's return) savings and checking accounts including real estate but esses and/or investment farms a result of a legal requirement rams d gross income rogram offered by a college or adoption payments as worker's compensation, ined income credit, additional Security benefits, SSI, invance, or combat pay.	2019 Information [12] - [13] - [14] - [15] - [16] - [17] -	[4] +[8] +[9] +[10] 2020 Information +[20] +[21] +[22] +[23] +[24] +[25]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines. Child support paid because of divorce, separation, or Taxable earnings from need-based employment progress student grant and scholarship aid included in adjusted Earnings from work under a cooperative education prochild support received but do not include foster care Veterans noneducation benefits Other untaxed income not reported elsewhere, such a disability, etc., but do not include student aid, ear child tax credit, welfare payments, untaxed Social on-base military housing or a military housing allows.	n of the individual to whom this a = Student's spouse) smeone else's return) savings and checking accounts including real estate but esses and/or investment farms a result of a legal requirement rams d gross income rogram offered by a college or adoption payments as worker's compensation, ined income credit, additional Security benefits, SSI, invance, or combat pay.	2019 Information [12] - [13] - [14] - [15] - [16] - [17] -	[4] +[8] +[9] +[10] 2020 Information +[21] +[22] +[23] +[24] +[25]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines. Child support paid because of divorce, separation, or Taxable earnings from need-based employment programments. Student grant and scholarship aid included in adjusted Earnings from work under a cooperative education prochild support received but do not include foster care Veterans noneducation benefits. Other untaxed income not reported elsewhere, such disability, etc., but do not include student aid, ear child tax credit, welfare payments, untaxed Social on-base military housing or a military housing allo Money received or paid on behalf of the student (For	n of the individual to whom this a = Student's spouse) smeone else's return) savings and checking accounts including real estate but esses and/or investment farms a result of a legal requirement rams d gross income rogram offered by a college or adoption payments as worker's compensation, ined income credit, additional Security benefits, SSI, invance, or combat pay.	2019 Information [12] - [13] - [14] - [15] - [16] - [17] -	[4] +[8] +[9] +[10] 2020 Information +[21] +[22] +[23] +[24] +[25]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines. Child support paid because of divorce, separation, or Taxable earnings from need-based employment progress student grant and scholarship aid included in adjusted Earnings from work under a cooperative education prochild support received but do not include foster care Veterans noneducation benefits Other untaxed income not reported elsewhere, such a disability, etc., but do not include student aid, ear child tax credit, welfare payments, untaxed Social on-base military housing or a military housing allows.	n of the individual to whom this a = Student's spouse) smeone else's return) savings and checking accounts including real estate but esses and/or investment farms a result of a legal requirement rams d gross income rogram offered by a college or adoption payments as worker's compensation, ined income credit, additional Security benefits, SSI, invance, or combat pay.	2019 Information [12] - [13] - [14] - [15] - [16] - [17] -	[4] +[8] +[9] +[10] 2020 Information +[21] +[22] +[23] +[24] +[25]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines. Child support paid because of divorce, separation, or Taxable earnings from need-based employment programments. Student grant and scholarship aid included in adjusted Earnings from work under a cooperative education prochild support received but do not include foster care Veterans noneducation benefits. Other untaxed income not reported elsewhere, such disability, etc., but do not include student aid, ear child tax credit, welfare payments, untaxed Social on-base military housing or a military housing allo Money received or paid on behalf of the student (For	n of the individual to whom this a = Student's spouse) smeone else's return) savings and checking accounts including real estate but esses and/or investment farms a result of a legal requirement rams d gross income rogram offered by a college or adoption payments as worker's compensation, ined income credit, additional Security benefits, SSI, invance, or combat pay.	2019 Information [12] - [13] - [14] - [15] - [16] - [17] -	[4] +[8] +[9] +[10] 2020 Information +[21] +[22] +[23] +[24] +[25]
Who is listed as the primary taxpayer on the tax reture (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4. The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from so Taxpayer's (and spouse's) current balance of all cash, Taxpayer's (and spouse's) net worth in investments, in do not include the primary residence Taxpayer's (and spouse's) net worth in current busines. Child support paid because of divorce, separation, or Taxable earnings from need-based employment programments. Student grant and scholarship aid included in adjusted Earnings from work under a cooperative education prochild support received but do not include foster care Veterans noneducation benefits. Other untaxed income not reported elsewhere, such disability, etc., but do not include student aid, ear child tax credit, welfare payments, untaxed Social on-base military housing or a military housing allo Money received or paid on behalf of the student (For	n of the individual to whom this a = Student's spouse) smeone else's return) savings and checking accounts including real estate but esses and/or investment farms a result of a legal requirement rams d gross income rogram offered by a college or adoption payments as worker's compensation, ined income credit, additional Security benefits, SSI, invance, or combat pay.	2019 Information [12] - [13] - [14] - [15] - [16] - [17] -	[4] +[8] +[9] +[10] 2020 Information +[21] +[22] +[23] +[24] +[25]

Control Totals +

Schedule A - Medical and Dental Expenses

Madical and deated assessed as Particle Particle Hamilton	2020 Information	Prior Year Informat
Medical and dental expenses, such as: Doctors, Dentists, Hospit Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Ir		
1]		
		-
	i	
	+	
Medical insurance premiums you paid:		
Do not include pre-tax amounts paid by an employer-sponsored plan or amounts self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered		ır
1	[6]	
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts self-employed business (Sch C, Sch F, Sch K-1, etc.)		ır
<u> </u>	+[8]	
Prescription medicines and drugs:		
0]		
	+	
3] Miles driven for medical items	[14]	
State/local income taxes paid:	2020 Information	Prior Year Informa
8]		-
-		-
	+	
2019 state and local income taxes paid in 2020:		-
1]	+ [22]	
	+	
	+	
Real estate taxes paid:		
4]	+[25]	
	+	-
	+	
Personal property taxes:		
7]	+[28]	
Other taxes, such as: foreign taxes and State disability taxes		
	+[31]	
0]	+	-
	+	-
Sales tax paid on major purchases:		
6]	+[37]	
		
Sales tax paid on actual expenses:		
9]	+[40]	
	+	
Control Totals +		Form ID: A

Form ID: A-2	Interest Expense	es		58
/S/J Home mortgage interest: From Form 1098	2020 Interest Paid ²]	2020 Points Paid	2020 Type* Mortgage II Premiums P	ns. Prior Year Informa
[1]	++	-		_
	+	-	- -	_
· -		-		_
-		- -	⁺	_
-	+ + +		+	
	+ + +	-	+	
	++	-	++	_
	+	-	+	
	*Mortgage Type	es		
Blank = Used to buy, build or improve main			, build, improve hor	ne or investment
			•	
T/S/J Payee's Name	SSN or EII	N 202	0 Information	Prior Year Information
Other, such as: Home mortgage intere	est paid to individuals			
[4]		+	[5]	
Address City, state and zip code				
city, state and zip code				
Address		L		
City, state and zip code				
Street Address City/State/Zip code Refinancing Points paid in 2020 - Taxpayer/Spouse/Joint (T, S, J)		·		
Recipient/Lender name				
Total points paid at time of refinance				
Points deemed as paid in 2020 (Prepa	rer use only)	+	[12]	
Date of refinance Term of new loan (in months)				
Reported on Form 1098 in 2020				
Reported of Form 1030 in 2020			_	
Taxpayer/Spouse/Joint (T, S, J)				
Recipient/Lender name				
Total points paid at time of refinance				
Points deemed as paid in 2020 (Prepa	rer use only)	+		
Date of refinance				
Term of new loan (in months) Reported on Form 1098 in 2020				
Reported on Form 1098 in 2020				
·/s/J		202	0 Information	Prior Year Information
Investment interest expense, other than	n on Schedule(s) K-1:	- 	_	
_[15]		+	[16]	
		+		
		+		
- -				

Control Totals +	Form ID: A	-2

/ J		2020 Information	Prior Year Informatio
C	Ontributions made by cash or check (including out-of-pocket expenses) Any contribution of cash, a check or other monetary gift requires a written record of the co Individual contributions of \$250 or more must be accompanied by a written acknowledgmen	ntribution in order to claim the contr	
_,	individual contributions of \$250 or more must be accompanied by a written acknowledgme		
2]			[3]
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
	<u> </u>	+	-
) V	olunteer miles driven		[6]
	oncash items, such as: Goodwill/Salvation Army/clothing/household g		
]	, , , , , , , , , , , , , , , , , , ,		[9]
		+	
		+	
		+	
		+	
		+	
		+	
		+	
		+	
**	Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California w		
	Miscellaneous Dec	ductions	
J		2020 Information	Prior Year Information
	ther expenses		
2]		+	
		+	
		+	
		+	
		+	
		+	
G	ambling losses: (Enter only if you have gambling income)		
5]		+	[16]
		+	
		+	-
		+	

Ν

Control Totale	Form ID: A-3
Control Totals +	I Form ID: A-3

Form ID: A-St

Miscellaneous Itemized Deductions (State Use Only)

59a

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

/\$/J	2020 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues,		
Business publications, Job seeking expenses, Educational expenses		
_[1]	+[2]	-
	+	-
<u> </u>	+	
<u> </u>	+	
	+	
<u> </u>	+	-
	+	-
_	+	
	+	
	+	
Union dues, other than amounts reported on Form W-2:		
[4]	+[5]	
	+	
	+	
	+	
[7] Tax preparation fees	+ [8]	
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custod		-
[10]		
	+[11]	
-	+	
	+	
-	+	-
.	+	
-	+	-
.	+	
 	+	
	+	-
[13] Safe deposit box rental	+[14]	
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/		
[16]	+[17]	
<u> </u>	+	
<u> </u>	+	
<u> </u>	+	
	+	
	+	
_	+	
	+	

Control Totals +	Form ID: A-St

Complete this section if either of the following applies:

- You have home acquisition/improvement debt over \$750,000 for loans taken out in 2018 or later
- You have home acquisition/improvement debt over \$1,000,000 for loans taken out in 2017 or earlier

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used. Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

	2020 Information	Prior Year Information
Description of loan/property	[2]	
Taxpayer/Spouse/Joint (T, S, J)	[3]	
Loan origination date	[4]	
If refinanced debt, date of initial loan	[5]	
Fair market value of home	+[6]	
Number of months loan was outstanding in 2020, if not 12	[8]	
Number of months home was a qualifying home (If different from number of months loan was outstanding)	[10]	_
Principal paid in 2020	+[12]	
Interest paid during 2020	+[14]	
Points reported on Form 1098 for 2020	+[17]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name	[20]	
Recipient SSN or EIN	[21]	
Recipient address	[22]	
	[24] [25]	
Grandfather debt as of 12/31/19 (or first day mortgage was outstanding)	+[26]	
Grandfather debt as of 12/31/20 (or last day mortgage was outstanding)	+[28]	
Home acquisition/improvement debt as of 12/31/19 (or first day mortgage was outstar	dihg) [30]	
Home acquisition/improvement debt as of 12/31/20 (or last day mortgage was outstand	di ll g)[32]	
Home equity debt as of 12/31/19***(or first day mortgage was outstanding)	+[34]	
Home equity debt as of 12/31/20***(or last day mortgage was outstanding) *** ONLY portion of loan proceeds used to buy, build, or improve qualified residence	+[36]	
Average balance in 2020 of grandfather debt	+[41]	
Average balance in 2020 of home acquisition/improvement debt	+[43]	
Average balance for 2020 all types of debt	+[45]	

Form ID: 8283

Noncash Contributions Exceeding \$500

61

Form ID: 8283

For donated securities, include the company name and number of shares in the donated property descrip	tion, below
Taxpayer/Spouse/Joint (T, S, J)	[1]
Donated property description	[4]
Name of donee organization	[5]
Address of donee organization	[6]
City	[7]
State postal code	[8]
Zip code	[9]
Date contributed	[10]
Date acquired by donor	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) Donor's cost or basis +	[12] [13]
Fair market value +	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[14]
If other:	[15] [16]
Control Totals +	
Noncock Contributions Eveneding \$500	
Noncash Contributions Exceeding \$500	tion below
For donated securities, include the company name and number of shares in the donated property descrip	tion, below
Taxpayer/Spouse/Joint (T, S, J)	[1]
Donated property description	[4]
Name of donee organization	[5]
Address of donee organization	[6]
City	[7]
State postal code	[8]
Zip code	[9]
Date contributed Date acquired by donor	[10]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	[11]
Donor's cost or basis +	[12] [13]
Fair market value +	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[15]
If other:	[16]
Control Totale	
Control Totals +	
Noncash Contributions Exceeding \$500	
For donated securities, include the company name and number of shares in the donated property descrip	tion, below
Taxpayer/Spouse/Joint (T, S, J)	[1]
Donated property description	· · [4]
Name of donee organization	[e]
Address of donee organization	[6]
City	[7]
State postal code	[8]
Zip code	[9]
Date contributed	[10]
Date acquired by donor	[11]
How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	[12]
Donor's cost or basis +	[13]
Fair market value +	[14]
Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	[15]
If other:	[16]
Control Tatela	
Control Totals +	

Form ID: 1098C

Contributions of Motor Vehicles, Boats & Airplanes

62

Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S)			[1]
Donee's name			<u> </u>
State postal code			[3]
Date of contribution (Box 1)		_	 [9]
Odometer mileage (Box 2a)			[10]
Year of vehicle (Box 2b)			[11]
Make of vehicle (Box 2c)			[12]
Model of vehicle (Box 2d)			[13]
Vehicle or other identification number (Box 3)			[14]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a)			[15]
Date of sale (Box 4b)		_	[16]
Gross proceeds from sale (Box 4c)		+	[17]
Donee certifies that vehicle will not be transferred for money, other property, or services			
before completion of material improvement or significant intervening use (Box 5a)			[18]
Donee certifies that vehicle is to be transferred to a needy individual for significantly			
below fair market value in furtherance of donee's charitable purpose (Box 5b)			[19]
Detailed description of material improvements or significant intervening use and duration of use (Box 5c)		_
			[20]
Did you provide goods or services in exchange for the vehicle? (Box 6a)	Yes	[21]	No [22]
Value of goods and services provided in exchange for the vehicle (Box 6b)		+	[23]
Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 60	:)		[24]
Description of goods and services (Box 6c)			
			[25]
Under the law, the donor may not claim a deduction of more than $$500$ for this vehicle if this box	is checke	d (Box 7)	[26]
Other Information for Donated Property			
Overall physical condition of property			[31]
Date property was acquired by donor			[32]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)			[33]
Donor's cost or basis		+	[34]
Fair market value on date of contribution		+	[35]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)			[36]
If other:			[37]
Bargain sale amount received			[38]
Donee's address, and ZIP code			[42]
	[43]	[44]	[45]
Donee's telephone number			[46]

Form ID: 4684B	sualty and 1	Γheft - Busines	ss/Income P	Producing F	Properties	63
Preparer use	only					
Occurrence description Taxpayer/Spouse/Joint (T, S, J) State postal code Date of casualty or theft	-					[3] [4] [5] [7]
Cas	sualty and 1	Theft - Busines	ss/Income P	Producing F	Properties	
Description of casualty or theft - Prope Description of casualty or theft - Prope Description of casualty or theft - Prope Description of casualty or theft - Prope	rty B rty C					[10] [23] [36] [49]
		Α	В		С	D
Property type (1 = Business, 2 = Income product Date acquired Cost or other basis of property Insurance or other reimbursement Fair market value before casualty Fair market value after casualty	+ + + +		_	[26] [30] [31] + [32] + [33] + [34] +	[39] [43] [44] + [45] + [46] + [47] +	[52] [56] [57] [58] [59] [60]
	Business	/Income Use I	Replacemer	nt Informat	ion	
Description of replacement property A Description of replacement property B Description of replacement property C Description of replacement property D	- - - -					[61] [65] [69]
Mark if property was acquired from a r	elated party	A [62][63]	В	[66] [67]	C [70][71]	D [74]
Cost of replacement property	+	[64] +		[68] +	[72] +	[76]

Form ID: 4684P	Casualt	y and Theft - Pe	rsonal Use Proper	ties	64
Preparer use	only				
Occurrence description Taxpayer/Spouse/Joint (T, S, J) State postal code Date of casualty or theft Mark if casualty resulted due to a fede by the President of the United States FEMA disaster declaration number	to warrant as	sistance by the Fede			[3][4][5][8][9] 0][11]
	Casualt	y and Theft - Pe	ersonal Use Proper	ties	
Property A Property C Property D Date acquired		[53] [70] A	City B [44]	State [20] [21] [37] [38] [55] [71] [72] C [61]	Zip code [22] [39] [56] [73] D [78]
Cost or other basis of property Insurance or other reimbursement Fair market value before casualty Fair market value after casualty	+	[28] + [29] + [31] + [32] +	[48] +	[62] + [63] + [64] + [65] +	
	Perso	onal Use Replac	ement Information	า	
Description of replacement property A Description of replacement property B Description of replacement property C Description of replacement property D	- - -				[85] [89] [93] [97]
Mark if property was acquired from a Date acquired Cost of replacement property	related party +	[86] [87] [88] +	B[90][91][92] +	C[94][95][96] +	D[98][99][100]

Form ID: 4684PY Prior Yea	r Casualty an	d Theft - Bus	siness/Income Pro	ducing Properties	65
Preparer use o	only				
Occurrence description Taxpayer/Spouse/Joint (T, S, J) State postal code Date of casualty or theft				_	[3] _[4] [5] [6]
Prior Year Cas	sualty and Th	eft - Busines	ss/Income Produci	ng Properties (Cont	'd)
Description of casualty or theft - Propert Description of casualty or theft - Propert Description of casualty or theft - Propert Description of casualty or theft - Propert	y B				[8] [17] [26] [35]
	,	4	В	С	D
Property type (1 = Business, 2 = Income producing Date acquired	g, 3 = Employee prop)	[9] [12]	[18] [21]	[27] [30]	[36] [39]
Cost or other basis of property	+	[13] +	[22] +	[31] +	
Insurance or other reimbursement	+			[32] +	
Fair market value before casualty Fair market value after casualty				[33] + [34] +	
·					
Curre	ent Year Busir	ness/Income	Use Replacement	Information	
Description of replacement property A					[44]
Description of replacement property B					[50]
Description of replacement property C					[56]
Description of replacement property D					[62]
	А		В	С	D
Date acquired		[45]	[51]	[57]	[63]
Prior year cost of replacement property				[58] +	•
Cost of replacement property				[59] +	
Postponed gain				[60] +	
Adjusted basis of replacement property	+	[49] +	[55] +	[61] +	[67]

Form ID: CasPY Pri	or Year Ca	asualty and The	ft - Person	al Use Pr	operties		66
Occurrence description							[1]
Taxpayer/Spouse/Joint (T, S, J)							[2]
State postal code							[3]
Date of casualty or theft						_	[4]
Damage to personal residence from corr							[5]
Amount paid to repair damage to home 25% loss available from 2019	e or nousend	old appliances				+	[6]
25% 1022 available 110111 2013						+	[7]
Prior Y	ear Casua	lty and Theft - I	Personal Us	se Prope	rties (Cont	d)	
Type of property A		[45]		City A			[4.6]
T a of managed D		f= -1		City A City B			
Towns of managements of		[37]		City C			[00]
Tura of managers. D				City D			[49]
,, , ,				,			
		Α	В		С		D
State postal code		[17]		[28]	[39]	[50]
Zip code		[18]		[29]	[40]	[51]
Date acquired		[20]		[31]		42]	[53]
Cost or other basis of property	+	[21] +		[32] +		43] +	[54]
Insurance or other reimbursement	+	[22] +		[33] +		44] +	[55]
Principal residence exclusion taken Fair market value before casualty	<u>+</u>	[23] +		[34] +		45] +	[56]
Fair market value before casualty	<u> </u>	[24] + [25] +		[35] + [36] +		46] +	[57] [58]
rail market value after casualty	т	[25] +		[30] +		4/] +	[20]
	Perso	onal Use Replac	ement Info	rmation			
Description of real compant property A							[50]
Description of replacement property A Description of replacement property B	_						[59] [65]
Description of replacement property C	-						[65] [71]
Description of replacement property D	_						[77] [77]
	-						
Date acquired		A	В	[66]	C	721	D [70]
Date acquired Prior year cost of replacement property	+	[60] [61] +		[66] [67] +		72] 73] +	[78] [79]
Cost of replacement property	+	[62] +		[68] +		73] + 74] +	[79] [80]
Postponed gain	+	[63] +		[69] +		75] +	[81]
Adjusted basis of replacement property	+	[64] +		[70] +		76] +	[82]
NOTES/QUESTIONS:							

Control Totals +		Form ID: CasPY
------------------	--	----------------

Form ID: 8829	me Office General In	form	ation	67
Preparer use only Principal business or profession Taxpayer/Spouse/Joint (T, S, J) State postal code				[3] [4] [5]
	Business Use of Ho	ome		
				_
Total area of home			2020 Information	Prior Year Information
Area used exclusively for business			[14]	
Information for day-care facilities only:			[16]	
Total hours used for day-care during this year			[18]	
Total hours used this year, if less than 8784			[20]	
Special computation for certain day-care facilities:			[20]	
Area used regularly and exclusively for day-care b	usiness		[22]	
Area used partly for day-care business	43111033		[24]	
, wed does partly to day care business				
List as direct expenses any exp List as indirect expenses any expens		o the d	overall upkeep and runni	=
	Direct Expenses		Indirect Expenses	Prior Year Information
Mortgage interest: +	-		[31]	
Mortgage insurance premiums +			[35]	
Real estate taxes: +			[39]	
Excess mortgage interest +			[43]	
Insurance +			[50]	
Rent +			[55]	
Repairs & maintenance +			[58]	
Utilities +			[61]	
Other expenses, such as: Supplies & Security system				
+	[63]	+	[64]	
+		+		
+		+		
+		+		
+		+		
+		+		
+		+		
+		+		
+		+		
+		+		
Excess casualty losses		+	[66]	
Carryovers:				
Operating expenses		+	[67]	
Casualty losses		+	[68]	
Depreciation		+	[70]	
Business expenses not from business use of home, su	ich as:			
Travel, Supplies, Business telephone expenses		+	[71]	
Depreciation		+	[75]	

Control Totals +	Form ID: 8829
i Control Totals :	1 1 01111 10. 0023

				Worksheet				
Г			e for business p	urposes, please	complete the	e following info	ormation.	
D	Preparer u	-						
Description of	business or profession							[3
			Ve	ehicles				
'ehicle 1 -	Date placed in service							
	Description							
	Comments							
	Date placed in service						_	
	Description							
	Comments		-					
	Date placed in service Description						_	
	Comments		-					
	Date placed in service		_					
	Description						_	
	Comments							
			Vehicl	e Questions				
				Vehicle Prio	r Vehicle F	Prior Vehicle	Prior Ve	hicle Prior
				1 Year	r 2 \	rear 3	Year	4 Year
	automobile for work p							
Was the vehi	icle available for off-du			_[60] _	_ [62]	_ [64]	<u> </u>	_[66] _
		ersonal use? (Y		[68]	_ [70]	[72]		_[74] _
Was another	•		. .					
Do you have	evidence to support y		? (Y, N)	_[76] _	_ [78]	_ [80]		_[82] _
Do you have	•		? (Y, N)	[76] _ [84] _	_	[88]		[82] [90]
Do you have	evidence to support y		? (Y, N)					
Do you have	evidence to support y			[84]				
Do you have	evidence to support y							
Do you have	evidence to support ynce written? (Y, N)	our deduction?	Vehic	le Expenses Prior Year	[86]	Prior Year		[90]
Do you have Is this evider	evidence to support y nce written? (Y, N) Vehicle 1	our deduction?	Vehicle 2	le Expenses Prior Year	Vehicle 3	[88]	Vehicle 4	Prior Yea
Do you have Is this eviden	vehicle 1	our deduction?	Vehicle 2	le Expenses Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Yea
Do you have Is this eviden otal miles for you	vehicle 1 ear [32]	our deduction?	Vehicle 2 [34] [44]	le Expenses Prior Year	Vehicle 3 [36] [46]	Prior Year	Vehicle 4	Prior Yea Informat
Do you have Is this eviden otal miles for your commuting miles cusiness miles	vehicle 1	our deduction?	Vehicle 2 [34] [44] [54]	le Expenses Prior Year	Vehicle 3 [36] [46] [56]	Prior Year	Vehicle 4[38[48	Prior Yea Informat
Do you have Is this eviden Total miles for you Commuting miles Jusiness miles Tarking fees	Vehicle 1 ear [32] es [42] [52]	Prior Year Information	Vehicle 2 [34] [44]	le Expenses Prior Year	Vehicle 3 [36] [46]	Prior Year Information	Vehicle 4	Prior Yea Informat
Do you have Is this evident otal miles for you commuting miles the commuting miles the commuting fees olls	Vehicle 1 ear [32] es [42] + [92]	Prior Year Information	Vehicle 2 [34] [44] [54] [54]	Prior Year Information	Vehicle 3 [36] [46] [56] [96]	Prior Year Information	Vehicle 4	Prior Yea Informat
Do you have Is this evident otal miles for you commuting mile tusiness miles arking fees oils issoline	Vehicle 1 ear [32] es [42] + [92] + [100	Prior Year Information	Vehicle 2[34][44][54][94][102]	Prior Year Information	Vehicle 3 [36] [46] [56] [96] [104]	Prior Year Information	Vehicle 4	Prior Yea Informat
Do you have Is this eviden Total miles for you Commuting miles Fusiness miles Farking fees Folls Gasoline Dil	vehicle 1 ear [32] es [42] + [92] + [100] + [108]	Prior Year Information	Vehicle 2 [34] [44] [54] [94] [102]	Prior Year Information	Vehicle 3 [36] [46] [56] [96] [104]	Prior Year Information	Vehicle 4	Prior Yea Informat
Do you have Is this eviden Total miles for you Commuting miles Business miles Tarking fees Tolls Gasoline Dill Repairs	vehicle 1 ear [32] es [42] + [92] + [100] + [116]	Prior Year Information	Vehicle 2 [34] [44] [54] [94] [102] [110] [118]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 3 [36] [46] [56] [96] [104] [112] [120]	Prior Year Information	Vehicle 4[38[48[58[98[1011	Prior Yea Informat
Do you have Is this evident otal miles for you commuting miles arking fees colls casoline oil eepairs Maintenance ires	Vehicle 1 ear [32] es [42] + [100] + [116] + [116] + [116]	Prior Year Information	Vehicle 2 [34][44][54][102][110][118][126][134]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 3 [36] [46] [56] [96] [104] [112] [120] [128]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4[38[48[58[10112112	Prior Year Informate
Do you have Is this evident will be suited to the service of the s	Vehicle 1 ear [32] es [42] + [92] + [100 + [116 + [124 + [132 + [140 + [148	Prior Year Information	Vehicle 2 [34] [44] [54] [94] [102] [110] [118] [126]	Prior Year Information ++ ++ ++ ++ ++	Vehicle 3 [36] [46] [96] [104] [112] [120] [128] [136] [144] [152]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [98 [10 [11] [12] [13] [14] [15]	Prior Yea Informat
Do you have Is this evident Total miles for you Commuting miles Parking fees Folls Gasoline Dil Repairs Maintenance Tires Car washes Insurance	Vehicle 1 ear [32] es [42] + [92] + [100 + [116 + [124 + [132 + [140 + [140 + [156	Prior Year Information	Vehicle 2 [34][44][54][102][110][118][126][134][150][158]	Prior Year Information ++ ++ ++ ++ ++ ++	Vehicle 3 [36] [46] [96] [104] [112] [120] [128] [136] [144] [152] [160]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [98] [10] [11] [12] [13] [14] [15] [14] [15]	Prior Year Informat
Do you have Is this evident of the second of	Vehicle 1 ear [32] es [42] + [100] + [116] + [114] + [132] + [140] + [140] + [140] + [140] + [140] + [140] + [140] + [140] + [140] + [140] + [140]	Prior Year Information	Vehicle 2 [34] [44] [54] [102] [110] [118] [126] [134] [142] [150] [150]	Prior Year Information ++ ++ ++ ++ ++ ++ ++ ++	Vehicle 3 [36] [46] [56] [96] [104] [112] [120] [128] [136] [144] [152] [160] [168]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [58 [98 [10] [11] [12] [13] [14] [15] [14] [15] [16] [16]	Prior Yea Informat
Do you have Is this evident otal miles for you ommuting miles arking fees olls assoline oil epairs Maintenance ires ar washes ar washes assurance enterest egistration	Vehicle 1 ear [32] es [42] + [100] + [116] + [124] + [132] + [140] + [148] + [156] + [156] + [172	Prior Year Information	Vehicle 2 [34] [44] [54] [94] [110] [118] [126] [134] [142] [155] [158]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 3 [36] [46] [56] [96] [104] [120] [128] [136] [144] [152] [160] [168] [176]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [98 [10 [11] [12] [13] [14] [15] [16] [16] [17]	Prior Yealinformat
Do you have Is this evident otal miles for you commuting miles the sarking fees folls fees fees folls fees fees fees fees fees fees fees f	Vehicle 1 ear [32] es [42] + [100] + [116] + [114] + [144] + [148] + [156] + [164] + [172]	Prior Year Information	Vehicle 2 [34] [44] [54] [94] [110] [118] [126] [134] [142] [150] [150] [166] [174]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 3 [36] [46] [56] [96] [104] [112] [120] [128] [136] [144] [152] [160] [168] [176]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [58 [98 [11] [12 [13 [13 [14 [15] [17 [17 [17 [18] [18] [18] [18] [18] [18] [18] [18]	Prior Year Informat
Do you have Is this evident of this evident of the series	Vehicle 1 ear [32] es [42] + [100] + [116] + [124] + [140] +	Prior Year Information	Vehicle 2 [34][44][54][102][110][118][126][150][150][158][166][174]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 3 [36] [46] [56] [96] [104] [112] [128] [136] [144] [152] [160] [168] [176] [184] [192]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [58 [98 [11] [12] [13] [14] [15] [15] [16] [17] [17] [18] [19]	Prior Year Informate
Do you have Is this evident Total miles for you Commuting miles Business miles Foils Gasoline Dil Repairs Maintenance Fires Car washes Insurance Interest Registration Icenses Property taxes Other vehicle ex	Vehicle 1 ear [32] es [42] + [92] + [100 + [116 + [124 + [132 + [140 + [148 + [156 + [164 + [172 + [180 + [188 epenses+ [196	Prior Year Information	Vehicle 2 [34][44][54][102][110][126][126]	Prior Year Information + + + + + + + + + + + + + + + + + + +	Vehicle 3 [36] [46] [56] [96] [104] [112] [128] [136] [144] [152] [160] [168] [176] [184] [192] [200]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [58 [98 [10 [11 [12 [13 [13 [14 [17 [17 [17 [18 [19 [19 [19 [19 [19 [19 [19 [19 [19 [19	Prior Yea Informat
Do you have Is this evider Is this e	Vehicle 1 ear [32] ess [42] + [92] + [100 + [116 + [124 + [132 + [140 + [148 + [156 + [164 + [172 + [180 + [188 epenses+ [196 + [204	Prior Year Information	Vehicle 2 [34][44][54][102][110][118][150][150][158][166][174][190][199]	Prior Year Information ++ ++ ++ ++ ++ ++ ++ ++ ++ ++ ++ ++ +	Vehicle 3 [36] [46] [96] [104] [112] [120] [128] [136] [144] [152] [160] [168] [176] [184] [192] [200]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [58 [98 [10] [11] [12] [13] [14] [15] [15] [16] [17] [18] [18] [19] [19] [19] [10] [10] [11] [11] [12] [12] [13] [14] [15] [16] [17] [18] [19] [19] [19] [19] [19] [19] [19] [19	Prior Year Informat
Do you have	Vehicle 1 ear [32] ess [42] + [92] + [100 + [116 + [124 + [132 + [140 + [148 + [156 + [164 + [172 + [180 + [188 epenses+ [196 + [204	Prior Year Information	Vehicle 2 [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [155] [158] [166] [174] [182] [190] [198]	Prior Year Information ++ ++ ++ ++ ++ ++ ++ ++ ++ ++ ++ ++ +	Vehicle 3 [36] [46] [56] [96] [104] [112] [128] [136] [144] [152] [160] [168] [176] [184] [192] [200]	Prior Year Information + + + + + + + + + + + + + + + + + +	Vehicle 4 [38 [48 [58 [98 [10] [11] [12] [13] [14] [15] [16] [17] [18] [18] [19] [19] [10] [10] [11] [12] [12] [13] [14] [15] [16] [17] [18] [19] [19] [19] [10] [10] [10] [10] [10] [10] [10] [10	Prior Yealnformat

Form ID: Auto

Control Totals +

Form ID: Coverage	69			
		2020 Informati	ion	Prior Year Information
		Taxpayer	Spouse	
Self-employed health insurance premiu	ms: (Not entered elsewhere)			
	+	[2] +	[3]	
	+	+		
Self-employed long-term care premium	IS: (Not entered elsewhere)			

NOTES/QUESTIONS:

ACA - Health Insurance Marketplace Statement #1

		Please	provide all Forms 1095-A		
Taxpayer/Spouse (T,S)			•		[1]
Marketplace identifier					<u>—</u> [6]
Marketplace-assigned	policy number (Box 2)			[7]
Policy issuer's name (E	Box 3)				[2]
Part III Household Info	ormation -				
	A. 2020 Monthly Premium Amount	Prior Year Information	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2020 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+[12]		+[25]	+[38]	
February	+[13]		+[26]	+[39]	
March	+[14]		+[27]	+[40]	
April	+[15]		+ [28]	+[41]	
May	+[16]		+[29]	+[42]	
June	+[17]		+[30]	+[43]	
July	+[18]		+[31]	+[44]	
August	+[19]		+[32]	+[45]	
September	+[20]		+[33]	+[46]	
October	+[21]		+[34]	+[47]	
November	+[22]		+[35]	+[48]	
December	+[23]		+[36]	+[49]	
Annual total	+[24]		+[37]	+[50]	
			Control Totals +		
	AC	A - Health ins	urance Marketplace Stater	ment #2	
T		Please	provide all Forms 1095-A		
Taxpayer/Spouse (T,S)		Please	provide all Forms 1095-A		_[1]
Marketplace identifier	(Box 1)		provide all Forms 1095-A		[6]
Marketplace identifier Marketplace-assigned	(Box 1) policy number (Box 2		provide all Forms 1095-A		[6] [7]
Marketplace identifier	(Box 1) policy number (Box 2 Box 3)		provide all Forms 1095-A		[6]
Marketplace identifier Marketplace-assigned Policy issuer's name (E	(Box 1) policy number (Box 2 Box 3)		B. 2020 Monthly Premium Amount of Second	C. 2020 Monthly Advance Payment	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E Part III Household Info	(Box 1) policy number (Box 2 Box 3) prmation - A. 2020 Monthly Premium) Prior Year	B. 2020 Monthly	C. 2020 Monthly Advance Payment	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E	(Box 1) policy number (Box 2 Box 3) prmation - A. 2020 Monthly Premium Amount) Prior Year	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2020 Monthly Advance Payment of Premium Tax Credit	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E Part III Household Info	(Box 1) policy number (Box 2) Box 3) prmation - A. 2020 Monthly Premium Amount +[12]) Prior Year	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25]	C. 2020 Monthly Advance Payment of Premium Tax Credit +[38]	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E Part III Household Info January February	(Box 1) policy number (Box 2) Box 3) prmation - A. 2020 Monthly Premium Amount +[12] +[13]) Prior Year	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26]	C. 2020 Monthly Advance Payment of Premium Tax Credit +[38] +[39]	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E Part III Household Info January February March	(Box 1) policy number (Box 2 Box 3) prmation - A. 2020 Monthly Premium Amount +[12] +[13] +[14]) Prior Year	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27]	C. 2020 Monthly Advance Payment of Premium Tax Credit +[38] +[40]	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E Part III Household Info January February March April May June	(Box 1) policy number (Box 2 Box 3) prmation - A. 2020 Monthly Premium Amount +[12] +[13] +[14] +[15]) Prior Year	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28]	C. 2020 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41]	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E Part III Household Info January February March April May June July	(Box 1) policy number (Box 2) Box 3) prmation - A. 2020 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16]) Prior Year	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29]	C. 2020 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41] +[42]	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E Part III Household Info January February March April May June July August	(Box 1) policy number (Box 2) Box 3) prmation - A. 2020 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19]) Prior Year	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32]	C. 2020 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41] +[42] +[43]	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E Part III Household Info January February March April May June July August September	(Box 1) policy number (Box 2) Box 3) prmation - A. 2020 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19] +[20]) Prior Year	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33]	C. 2020 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41] +[42] +[43] +[44] +[45] +[46]	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E Part III Household Info January February March April May June July August September October	(Box 1) policy number (Box 2) Box 3) prmation - A. 2020 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19] +[20] +[21]) Prior Year	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34]	C. 2020 Monthly Advance Payment of Premium Tax Credit +[38] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47]	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E Part III Household Info January February March April May June July August September October November	(Box 1) policy number (Box 2) Box 3) prmation - A. 2020 Monthly Premium Amount +[12] +[13] +[16] +[16] +[17] +[18] +[20] +[21] +[22]) Prior Year	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[30] +[31] +[32] +[33] +[34] +[35]	C. 2020 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48]	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E Part III Household Info January February March April May June July August September October November December	(Box 1) policy number (Box 2) Box 3) prmation - A. 2020 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19] +[20] +[21] +[22] +[23]) Prior Year	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34] +[35] +[36]	C. 2020 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48] +[49]	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E Part III Household Info January February March April May June July August September October November	(Box 1) policy number (Box 2) Box 3) prmation - A. 2020 Monthly Premium Amount +[12] +[13] +[16] +[16] +[17] +[18] +[20] +[21] +[22]) Prior Year	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[30] +[31] +[32] +[33] +[34] +[35]	C. 2020 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48]	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E Part III Household Info January February March April May June July August September October November December	(Box 1) policy number (Box 2) Box 3) prmation - A. 2020 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19] +[20] +[21] +[22] +[23]) Prior Year	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[30] +[31] +[32] +[33] +[33] +[34] +[35] +[36] +[37]	C. 2020 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48] +[49]	[6] [7] [2] Prior Year
Marketplace identifier Marketplace-assigned Policy issuer's name (E Part III Household Info January February March April May June July August September October November December	(Box 1) policy number (Box 2) Box 3) prmation - A. 2020 Monthly Premium Amount +[12] +[13] +[14] +[15] +[16] +[17] +[18] +[19] +[20] +[21] +[22] +[23]) Prior Year	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34] +[35] +[36]	C. 2020 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48] +[49]	[6] [7] [2] Prior Year

	Form ID: 1095A

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2020 Information	Prior Year Information				
Taxpayer/Spouse (T, s)	[1]					
Name of Trustee	[4]					
State postal code	[2]					
Indicate type of health or medical savings account:						
HSA	[6]					
Archer MSA	[7]					
MA (Medicare Advantage) MSA	[9]					
Total HSA/MSA contributions made						
for 2020 (Enter all amounts contributed, including through employer cafeteria plans)	+[10]					
Indicate type of coverage under qualifying high deductible health plan (1 = Self-On	ly, 2 = Family) [12]					
Number of months in qualified high deductible health plan in 2020	[13]					
Mark if you want to contribute the maximum allowable health or						
medical savings account contribution amount	[14]					
Total HSA/MSA contribution to be made for 2020	+[15]					
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ [16]					
Excess contributions for 2019 taken as constructive contributions for 2020	+ [19]					
Rollover contribution (Form 5498-SA, Box 4)	+[21]					
Complete this section if your account is a	n Archer MSA or MA MSA					
Amount of annual deductible	+[24]					
Enter compensation from employer maintaining high deductible health plan	+[27]					
If self-employed, enter earned income from business						
under which plan was established	+[31]					
Complete this section if your account is an HSA						
Was the high deductible health plan in effect for December 2020? (Y, N)	_[33]					

Health, Medical Savings Account Distributions

Please provide all Form	8 1099	-3A. 2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Name of Trustee		<u> </u>	
State postal code		[2]	
Gross distributions received (Box 1)	+		
Earnings on excess contributions (Box 2)	+	[9]	
Distribution code (Box 3)		[11]	
Fair Market Value on date of death (Box 4)	+	[12]	
Box 5 -		_	
HSA		[13]	
Archer MSA		[14]	
MA MSA		[15]	
All distributions were used to pay unreimbursed qualified medical expenses		[17]	_
If some distributions were used to pay for other than qualified medical expen	ises,		
enter the unreimbursed qualified medical expenses for 2020	+	[19]	
Withdrawal of excess contributions by the due date of the return	+	[21]	
Amount of distribution rolled over for 2020	+	[23]	
If the distribution is due to the death of the account holder,			
enter the qualified decedent medical expenses paid by the taxpayer	+	[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/19	+	[27]	
For HSA accounts:			
Was the high deductible health plan coverage started in 2019 and			
in effect for the month of December 2019? (Y, N)		[29]	
Was the high deductible health plan coverage ended before 12/31/20? (Y,	N)	[30]	

Long Term Care (LTC) Service and Contracts

	Please provide all Forms 1099-LTC.		
	2020 Ir	nformation	Prior Year Information
Name of the insured chronically ill individual		[39]	
Social security number of insured		[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+	[42]	
Accelerated death benefits paid (Box 2)	+	[44]	
Check one (Box 3)			
Per diem		[46]	
Reimbursed amount		[47]	
Qualified contract (Box 4)		[48]	
Check, if applicable (Box 5)			
Chronically ill		[49]	
Terminally ill		[50]	
Are there other individuals who received LTC payme	ents during 2020? (Y, N)	[52]	
If the insured is terminally ill, were payments receive	ed on account of terminal illness? (Y, N)	[53]	
Number of days during the long-term care period		[54]	
Cost incurred for qualified long-term care services d	uring the		
long-term care period	+	[55]	

f T	
Control Totals +	Form ID: 1099SA

ABLE Account Information #1

Please provide all Forms 109	9-QA and 5498-QA					
	2020 Information	Prior Year Information				
Taxpayer/Spouse (T, s)	[1]					
Payer name	[3]					
State postal code	[4]					
Recipient's Social Security Number	[7]					
Recipient's Name [8]	[9]					
Gross distribution (Form 1099-QA Box 1)	+[10]	<u> </u>				
Earnings (Form 1099-QA Box 2)	+[12]	<u> </u>				
Basis (Form 1099-QA Box 3)	+[14]	<u> </u>				
Program-to-program transfer (Form 1099-QA Box 4)	[16]					
Check if ABLE account terminated in 2020 (Form 1099-QA Box 5)	[17]					
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6	[18]					
Qualified disability expenses	+[19]	<u> </u>				
Amount of rollover	+[21]					
Amount contributed in 2020 (Form 5498-QA Box 1)	+[23]					
Value of account on 12/31/20 (Form 5498-QA Box 4)	+ [25]					
Control Total	s +					
ABLE Account Information #2						
ABLE ACCOUNT IIII	ormation #2					
ABLE ACCOUNT IIII	ormation #2					
Please provide all Forms 109						
Please provide all Forms 1099		Prior Year Information				
	9-QA and 5498-QA	Prior Year Information				
Please provide all Forms 1099	9-QA and 5498-QA 2020 Information	Prior Year Information				
Taxpayer/Spouse (T, s) Payer name State postal code	9-QA and 5498-QA 2020 Information [1]	Prior Year Information				
Please provide all Forms 1099 Taxpayer/Spouse (T, s) Payer name	9-QA and 5498-QA 2020 Information[1][3]	Prior Year Information				
Taxpayer/Spouse (T, s) Payer name State postal code	9-QA and 5498-QA 2020 Information [1] [3] [4]	Prior Year Information				
Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number	9-QA and 5498-QA 2020 Information[1][3][4][7]	Prior Year Information				
Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number Recipient's Name [8]	9-QA and 5498-QA 2020 Information [1][3][4][7][9] +[10]					
Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1)	9-QA and 5498-QA 2020 Information [1][3][4][7][9]					
Please provide all Forms 1099 Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2)	9-QA and 5498-QA 2020 Information [1][3][4][7][9] +[10] +[12]					
Please provide all Forms 1099 Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3)	9-QA and 5498-QA 2020 Information [1][3][4][7][9] +[10] +[12] +[14]					
Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4)	9-QA and 5498-QA 2020 Information [1][3][4][7][9] +[10] +[12] +[14][16][17]					
Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number Recipient's Name [8] Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2020 (Form 1099-QA Box 5)	9-QA and 5498-QA 2020 Information [1][3][4][7][9] +[10] +[12] +[14][16][17][17][18]					
Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2020 (Form 1099-QA Box 5) Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)	9-QA and 5498-QA 2020 Information [1]					
Please provide all Forms 1099 Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number Recipient's Name [8] Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2020 (Form 1099-QA Box 5) Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6) Qualified disability expenses Amount of rollover	9-QA and 5498-QA 2020 Information [1][3][4][7][9] +[10] +[12] +[14][16][17][18] +[19] +[19] +[21]					
Please provide all Forms 1099 Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number Recipient's Name [8] Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2020 (Form 1099-QA Box 5) Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6) Qualified disability expenses Amount of rollover Amount contributed in 2020 (Form 5498-QA Box 1)	9-QA and 5498-QA 2020 Information [1]					
Please provide all Forms 1099 Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number Recipient's Name [8] Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2020 (Form 1099-QA Box 5) Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6) Qualified disability expenses Amount of rollover	9-QA and 5498-QA 2020 Information [1][3][4][7][9] +[10] +[12] +[14][16][17][18] +[19] +[19] +[21]					

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2020.

	Taxpayer	2020 Inform	nation Spouse	Prior	Year Information
otal cash and charge tips under \$20 per month a not reported to employer		[3] +		[4]	
Complete if you received cash/charge t	tips of \$20 or more in a	month and	did not report all o	f those tips to	o your employer.
Employer name		Em identifi	nployer cation number rec	Total tips eived in 2020	Total tips reported in 2020
axpayer informatio[1]					•
oouse information [2]					
		_			
Complete if you received pay fro	Made a services per and Medicare taxes we	erformed no	ot as an independen	t contractor a	and
Complete if you received pay fro social security (**Please Firm name		erformed no ere not with s located at Reason	ot as an independen held from the pay. the bottom) Date of IRS determination or	Mark if 1099-MISC	and Total wages received with no social security or Medicare tax withhou
Complete if you received pay fro social security (**Please Firm name	m a firm for services pe and Medicare taxes we e refer to Reason Codes Firm's federal	erformed no ere not with s located at Reason	t as an independen held from the pay. the bottom) Date of IRS determination or correspondence	Mark if 1099-MISC	Total wages received with no social securit
Complete if you received pay fro social security (**Please Firm name	m a firm for services pe and Medicare taxes we e refer to Reason Codes Firm's federal	erformed no ere not with s located at Reason	t as an independen held from the pay. the bottom) Date of IRS determination or correspondence	Mark if 1099-MISC	Total wages received with no social securit
Complete if you received pay fro social security (**Please Firm name	m a firm for services pe and Medicare taxes we e refer to Reason Codes Firm's federal	erformed no ere not with s located at Reason	t as an independen held from the pay. the bottom) Date of IRS determination or correspondence	Mark if 1099-MISC	Total wages received with no social securit
Complete if you received pay fro social security (**Please Firm name expayer informatio[6]	m a firm for services pe and Medicare taxes we e refer to Reason Codes Firm's federal	erformed no ere not with s located at Reason	t as an independen held from the pay. the bottom) Date of IRS determination or correspondence	Mark if 1099-MISC	Total wages received with no social securit
Complete if you received pay fro social security (**Please Firm name expayer informatio[6]	m a firm for services pe and Medicare taxes we e refer to Reason Codes Firm's federal	erformed no ere not with s located at Reason	t as an independen held from the pay. the bottom) Date of IRS determination or correspondence	Mark if 1099-MISC	Total wages received with no social securit
Complete if you received pay fro social security (**Please Firm name expayer informatio[6]	m a firm for services pe and Medicare taxes we e refer to Reason Codes Firm's federal	erformed no ere not with s located at Reason	t as an independen held from the pay. the bottom) Date of IRS determination or correspondence	Mark if 1099-MISC	Total wages received with no social securit
Complete if you received pay fro social security (**Please Firm name expayer informatio(6)	m a firm for services pe and Medicare taxes we e refer to Reason Codes Firm's federal	erformed no ere not with s located at Reason	t as an independen held from the pay. the bottom) Date of IRS determination or correspondence	Mark if 1099-MISC	Total wages received with no social securit
Complete if you received pay fro social security (**Please	m a firm for services pe and Medicare taxes we e refer to Reason Codes Firm's federal	reformed not ere not with solocated at Reason Code **	t as an independen held from the pay. the bottom) Date of IRS determination or correspondence	Mark if 1099-MISC	Total wages received with no social securit
Complete if you received pay fro social security (**Please Firm name axpayer informatio[6]	m a firm for services pe and Medicare taxes we e refer to Reason Codes Firm's federal identification number ** Reason Ceived a determination le	Reason Code ** ——————————————————————————————————	t as an independen held from the pay. the bottom) Date of IRS determination or correspondence received	Mark if 1099-MISC received co	Total wages received with no social securit or Medicare tax withhore

Form 1099-MISC should have been included as wages on Form W-2.

Form ID: Clerg

Minister, Clergy, Religious Workers

_	
•	•

	Taxpayer	Spouse	
State postal code	[1]	[2]	
	Taxpayer	Spouse	Prior Year Information
If you received a parsonage provided by the church, ple	ase complete the following	information:	
Fair rental value of parsonage provided by church	+[5]	+[6]	
	+[11]		
If you received a rental or parsonage allowance provide Utilities allowance,	d by the church, please com	nplete the following informa	tion:
if separate from parsonage allowance	+[17]		
Actual parsonage expense	+[20]	+[21]	
Fair rental value of home	+[23]	+[24]	
Actual utilities expense	+[26]	+[27]	
Mark if you have claimed exemption from self-employn	nent tax		
by filing Form 4361 with the IRS	[29]	[30]	
If you are a self-employed minister, enter any tax-deduction	ctible		
contributions to a 403(b) retirement plan	+[33]	+[34]	
Unreimbursed Business Expenses - net reimbursed and	after 50% Meals & Entertain	nment reduction:	
	+[36]	+[37]	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	

Form ID: 8615	Tax for Children w	ith Unearned Income	76
Enter parent's information for childre	n under age 19 on 1/1/21 or a	full-time student under age 24 with unearned ind	come of more than \$2
Parent's social security number (Enter the	e name and social security number of the p	parent listed first on the return)	[1]
Parent's first name			[2]
Parent's last name		<u></u>	[3]
Parent's filing status (1 = Single, 2 = Married/	filing jointly, 3 = Married separately, 4 = H	ead of household, 5 = Qualifying widow(er))	[4]
	All Other Child	ren's Information	
Enter i		unearned income of more than \$2,200. on Screen 8615Sib	
Child #1 social security number	[1]	Child #2 social security number	[1]
Child #1 first name	[2]	Child #2 first name	[2]
Child #1 last name	[3]	Child #2 last name	<u>[</u> 3]
Child #1 date of birth (mm/dd/yyyy)	[4]	Child #2 date of birth (mm/dd/yyyy)	[4]
Child #3 social security number	[1]	Child #4 social security number	[1]
Child #3 first name	[2]	Child #4 first name	[2]
Child #3 last name	[3]	Child #4 last name	[3]
Child #3 date of birth (mm/dd/yyyy)	[4]	Child #4 date of birth (mm/dd/yyyy)	[4]
Child #5 social security number	[1]	Child #6 social security number	[1]
Child #5 first name	[2]	Child #6 first name	[2]
Child HE last seems	[3]	Child #6 last name	[3]
Child #5 date of birth (mm/dd/yyyy)	[4]	Child #6 date of birth (mm/dd/yyyy)	[4]
Child #7 social security number	[1]	Child #8 social security number	[1]
Child #7 first name	[2]	Child #8 first name	[2]
Child #7 last name	[3]	Child #8 last name	[3]
Child #7 date of birth (mm/dd/yyyy)	[4]	Child #8 date of birth (mm/dd/yyyy)	[4]

[2]

[3]

Child #10 social security number

Child #10 date of birth (mm/dd/yyyy)

Child #12 social security number

Child #12 date of birth (mm/dd/yyyy)

Child #10 first name

Child #10 last name

Child #12 first name

Child #12 last name

NOTES/QUESTIONS:

Child #9 social security number

Child #9 date of birth (mm/dd/yyyy)

Child #11 social security number

Child #11 date of birth (mm/dd/yyyy)

Child #9 first name

Child #9 last name

Child #11 first name

Child #11 last name

[1]

[2]

[3]

[1]

[2]

[3]

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

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

Complete a separate Organizer Form ID: 8814 for each child

							Con	npiete a separate	e Organizer Forr	ท เก: 8814 tor ea	icn chiia.				
Child'	's so	cial secu	rity nur	nber											[1
		te of bir													[2
Child'															 [4
-	-	/Spouse,	/laint /T	c 1)						-					_
_	ayer/	spouse,	JOIIIL (1,	5, 1)								_		··	_[5
ype	***		,		Davies					Interest [6]				ons* Tax Exempt*	Prior Year Information
.oue (**See	codes bel	ow)		Payer					Income	Incor	ne	\$ or %	\$ or %	Information
									+						
									+						
															_
										_					
									+ _						
									+						
				_											
									**Interest C	odes					
				Bla	ank = Regular In	terest	3 = Nom	ninee Distribution	n 4 = Accrue	d Interest 5 =	OID Adjus	tment	6 = ABP Ad	ljustment	
				ļ.	Ü						,				
								61.11.1	1 5: : 1						
								Chilar	en's Dividen	<u>id Income</u>					
					Pleas	e provid	e copies	of all Form 1099	-DIV or other st	atements report	ting child's	divide	end income.		
mo			Or	dinary[8]	Qualified	-	apital Ga		210 01 011101 01	28%	_			ons* Tax Exempt*	Prior Year
/pe ode (*:	* 500	codes belo	\ Div	idends	Dividends	Dietri	apitai Go ihutione	Section 1250	Section 199/	A Capital Gair	lax E Divid	kenipi lends	\$ or %	s or %	Information
			w, Div	uciius	Dividends	Distri	butions	Section 1230	Section 1337	Capital Gall	ı Divic	iciius	Ş O1 70	₹ 01 70	IIIIOIIIIatioii
:		Payer			1	1		ı	ı				1		
	Α.	Amounts	+												
	2 🗗	Payer													
-	-	Amounts	+												
	. P	Payer			•				•				•	•	•
5	, –	Amounts													
	_		+												
	+ —	Payer			T	1		1	T				1		1
	Α	Amounts	+												
	<u> </u>	Payer													
-	, —	Amounts	+												
	_	Payer	•		<u> </u>	ı				· I					
- €	, —														
	P	Amounts	+												
									**Dividend (Codes					
							-	51 1							
								Blank =	Other	3 = Nomine	е				
														2020	Prior Year
														Information[10]	Information
Alask	a Pe	rmanent	Fund c	ividends	:									-	
													+	_	
													+		
													· -		
								ı	0						F ID 0011
									Control Totals	+		1			Form ID: 8814

Form ID: H	Household Employment Tax		78
	Complete if you paid cash wages of \$1,000 or more to any	household employee.	
Taxpayer/Spouse (т, s)			[1]
Employer identification num	mber		[2]
Total cash wages subject to	social security taxes	+	[4]
Total cash wages subject to	Medicare taxes	+	[5]
Total cash wages subject to	Additional Medicare Tax withholding	+	[6]
Federal income tax withhele	d	+	[7]
State disability plan social se	ecurity & Medicare withheld	+	[8]
Did you:			
(A) pay any household emp	loyee cash wages of \$2200 or more in 2020? (Y, N)		[9]
(B) withhold Federal income	e tax for any household employee? (Y, N)		[10]
(C) pay household employed	es cash wages equal to or greater than \$1,000 in any quarter of	2019 or 2020? (Y, N)	[11]
_	Federal Unemployment (FUTA)	Тах	
_	only items marked with an asterisk (*) if total cash wages subjous defined by your State act and unemployment contributions a		
a	s defined by your State act and unemployment contributions a		[12]
a Total cash wages subject to	s defined by your State act and unemployment contributions a		
a Total cash wages subject to State #1 information	s defined by your State act and unemployment contributions a		[12]
Total cash wages subject to State #1 information State postal code where	e you have to pay unemployment contributions *		[12]
Total cash wages subject to State #1 information State postal code where State reporting number	e you have to pay unemployment contributions * as shown on state unemployment tax return	are paid to only one State. +	[12] [14] [15]
Total cash wages subject to State #1 information State postal code where State reporting number Taxable wages (as defin	FUTA tax e you have to pay unemployment contributions * as shown on state unemployment tax return and in state act)		[12] [14]
Total cash wages subject to State #1 information State postal code where State reporting number	FUTA tax e you have to pay unemployment contributions * as shown on state unemployment tax return and in state act)	are paid to only one State. +	[12] [14] [15]
Total cash wages subject to State #1 information State postal code where State reporting number Taxable wages (as defin State experience rate per	FUTA tax e you have to pay unemployment contributions * as shown on state unemployment tax return and in state act)	are paid to only one State. +	[12] [14] [15]
Total cash wages subject to State #1 information State postal code where State reporting number Taxable wages (as defin State experience rate per	FUTA tax e you have to pay unemployment contributions * as shown on state unemployment tax return led in state act) eriod:	are paid to only one State. +	[12] [14] [15] [16]
Total cash wages subject to State #1 information State postal code where State reporting number Taxable wages (as defin State experience rate per From To	FUTA tax e you have to pay unemployment contributions * as shown on state unemployment tax return led in state act) eriod:	are paid to only one State. +	[12][14][15][16][17][18]
Total cash wages subject to State #1 information State postal code where State reporting number Taxable wages (as defin State experience rate per From To State experience rate (xxx.xx)	FUTA tax e you have to pay unemployment contributions * as shown on state unemployment tax return led in state act) eriod: unemployment fund *	are paid to only one State. +	[12][14][15][16][17][18][19]
Total cash wages subject to State #1 information State postal code where State reporting number Taxable wages (as defined state experience rate performed to state) State experience rate (xxx.xx) Contributions paid to state Contributions for 2020 paid State #2 information	FUTA tax e you have to pay unemployment contributions * as shown on state unemployment tax return led in state act) eriod: unemployment fund * l after 04/15/21	are paid to only one State. +	[12][14][15][16][17][18][19][20]
Total cash wages subject to State #1 information State postal code where State reporting number Taxable wages (as defined state experience rate performed to state experience rate (xxx.xx) State experience rate (xxx.xx) Contributions paid to state Contributions for 2020 paid State #2 information State postal code where	FUTA tax e you have to pay unemployment contributions * as shown on state unemployment tax return led in state act) eriod: unemployment fund * l after 04/15/21 e you have to pay unemployment contributions	are paid to only one State. +	[12][14][15][16][17][18][20][21]
Total cash wages subject to State #1 information State postal code where State reporting number Taxable wages (as defined state experience rate performed to state experience rate (xxx.xx) Contributions paid to state Contributions for 2020 paid State #2 information State postal code where state reporting number	FUTA tax E you have to pay unemployment contributions * Tas shown on state unemployment tax return ted in state act) teriod: unemployment fund * Tafter 04/15/21 E you have to pay unemployment contributions Tas shown on state unemployment tax return	+	[12][14][15][16][17][18][20][21]
Total cash wages subject to State #1 information State postal code where State reporting number Taxable wages (as defin State experience rate per From To State experience rate (xxx.xx) Contributions paid to state Contributions for 2020 paid State #2 information State postal code where State reporting number Taxable wages (as defin	FUTA tax Provided by your State act and unemployment contributions are provided in state act) Provided in state act) Provided in state act) Provided in state act) Provided in state act	are paid to only one State. +	[12][14][15][16][17][18][20][21]
Total cash wages subject to State #1 information State postal code where State reporting number Taxable wages (as defin State experience rate postate experience rate (xxx.xx) Contributions paid to state Contributions for 2020 paid State #2 information State postal code where State reporting number Taxable wages (as defin State experience rate postate)	FUTA tax Provided by your State act and unemployment contributions are provided in state act) Provided in state act) Provided in state act) Provided in state act) Provided in state act	+	[12][14][15][16][17][18][19][20][21][22][23]
Total cash wages subject to State #1 information State postal code where State reporting number Taxable wages (as defin State experience rate postate experience rate postate experience rate (xxx.xx) Contributions paid to state Contributions for 2020 paid State #2 information State postal code where State reporting number Taxable wages (as defin State experience rate postate ex	FUTA tax Provided by your State act and unemployment contributions are provided in state act) Provided in state act) Provided in state act) Provided in state act) Provided in state act	+	[12][14][15][16][17][18][19][20][21][22][23][24][25]
Total cash wages subject to State #1 information State postal code where State reporting number Taxable wages (as defined state experience rate performed state) To State experience rate (xxx.xx) Contributions paid to state Contributions for 2020 paid State #2 information State postal code where state reporting number Taxable wages (as defined state) From To	FUTA tax E you have to pay unemployment contributions * as shown on state unemployment tax return led in state act) eriod: unemployment fund * I after 04/15/21 E you have to pay unemployment contributions as shown on state unemployment tax return led in state act) eriod: eriod:	+	[12][14][15][16][17][18][20][21][22][23][24][25][26]
Total cash wages subject to State #1 information State postal code where State reporting number Taxable wages (as defined state experience rate performed state experience rate (xxx.xx) Contributions paid to state Contributions for 2020 paid State #2 information State postal code where state reporting number Taxable wages (as defined state) From to the performance of the performed state experience rate performed to the performed state experience rate (xxx.xx) State experience rate (xxx.xx)	FUTA tax E you have to pay unemployment contributions * as shown on state unemployment tax return led in state act) eriod: unemployment fund * I after 04/15/21 E you have to pay unemployment contributions as shown on state unemployment tax return led in state act) eriod: eriod:	+	[12][14][15][16][17][18][20][21][22][23][24][25][26][27]
Total cash wages subject to State #1 information State postal code where State reporting number Taxable wages (as defined state experience rate performed state) To State experience rate (xxx.xx) Contributions paid to state Contributions for 2020 paid State #2 information State postal code where state reporting number Taxable wages (as defined state) From To	FUTA tax E you have to pay unemployment contributions * as shown on state unemployment tax return led in state act) eriod: unemployment fund * I after 04/15/21 E you have to pay unemployment contributions as shown on state unemployment tax return led in state act) eriod: unemployment fund * I after 04/15/21 I you have to pay unemployment tax return led in state act) eriod: unemployment fund	+	[12][14][15][16][17][18][20][21][22][23][24][25][26]

Control Totals +	Form ID: H

First-Time Homebuyer Credit Repayment

79

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, you do not have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040		
Address		[1]
City/State/Zip code	[2][3]	[4]
Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11)		[5]
Purchase price of the home		[6]
Date the home was sold or ceased being used as principal residence		[13]
If you sold your home, enter the selling price		[14]
If you sold your home, enter the expense of sale		[15]
Were you and your spouse married on the purchase date? (Y, N)		[18]
If your home was transferred to your ex-spouse due to a divorce settlement,		
enter his or her full name		[19]
If you own the principal residence with another person enter their name and allocation percentage		
Other owner name		[22]
Allocation percentage		

Form ID: Rebate

Recovery Rebate Credit (Economic Impact Payment)

80

Please provide copies of all Notice(s) 1444.

Economic Impact Payments (EIP), also referred to as a "stimulus payment", were sent to eligible taxpayers as part of the Coronavirus Aid, Relief and Economic Security (CARES) Act. EIP distribution began in April, 2020. The IRS mailed letter **Notice 1444** about 15 days after the EIP was sent/deposited. Notice 1444 will indicate the amount of the EIP and how the payment was made (i.e. check, direct deposit, pre-paid debit card).

The EIP was an advance on a 2020 tax credit. The payment amount will be used to determine if you qualify for an additional recovery rebate credit on your 2020 return. The EIP will not increase the total amount of tax you pay but may reduce the amount owed or increase a tax refund.

	Taxpayer/Joint			Spouse	
Economic impact payment received in 2020. Enter a zero (0) if none was received		_[1]	+		[2]
Forces in 2020					[3]

Child and Dependent Care Expenses

Please enter all amounts paid in 2020 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2019 employer-provided dependent care benefits used during 2020 grace period +	[3] +	[4]
Employer-provided dependent care benefits that were forfeited in 2020 +	[5] +	[6]
Total qualified expenses incurred in 2020		[9]
Were you or your spouse a full time student or disabled? (Yes or No)	[10]	[11
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		[12
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number	<u>-</u>	
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider	r moved and unable to get TIN, 4 = Pi	rovider refuses to give T <u>IN</u>)
Amount paid to care provider in 2020	+	[7]
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number	-	
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider	r moved and unable to get TIN, 4 = Pi	rovider refuses to give T <u>IN</u>)
Amount paid to care provider in 2020	+	
Foreign province or state of provider Foreign country and Foreign postal code of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number	-	
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider	_	
Amount paid to care provider in 2020 Foreign province or state of provider	Ť <u>-</u>	
Foreign country and Foreign postal code of provider		
To eight country and roreigh postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		- Idea of sectors TIM
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider Amount paid to care provider in 2020	r moved and unable to get TIN, 4 = PI +	ovider refuses to give 1 in)
Foreign province or state of provider	т	
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number	- TO TO S	
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider Amount paid to care provider in 2020		ovider retuses to give T <u>IN</u>)
Foreign province or state of provider	+	
Foreign country and Foreign postal code of provider		
Control Totals +		Form ID: 2441

Form	ID:	7202

Credit For Sick Leave and Family Leave due to COVID-19

82

Complete this form if you are self-employed and received paid sick or family leave in 2020 du	ie to COVID-19	
Taxpayer/Spouse (T, S)		[1]
Sick Leave for Self-Employed Individuals		
Number of days unable to perform self-employment activities due to COVID-19		[2]
Number of days unable to perform self-employment activities due to COVID-19 care provided to another		[3]
Sick leave pay subject to \$511 per day limit	+	[5]
Sick leave pay subject to \$200 per day limit	+	[6]
Family Leave for Self-Employed Individuals		
Number of days unable to perform self-employment activities due to COVID-19 care for son/daughter		[7]
Family leave wages received	+	[8]

Form ID: R

Credit For The Elderly or Disabled

83

Please complete if you were age 65 or older at the end of 2020, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Tax	payer	Sp	ouse
Nontaxable disability/pension income received in 2020	+	[7]	+	[8]
Taxable disability income received in 2020	+	[9]	+	[10]

Control Totals +	Form ID: R

Form ID: 5695

Residential Energy Credit

84

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	[5]
Enter the total amount of costs for exterior windows	+	[7]
Enter the total amount of costs for exterior doors	+	[9]
Enter the total amount of costs for qualified metal roofs	+	[11]
Enter the total amount of costs for energy-efficient building property	+	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furna	ce +	[10]
Enter the total amount of costs for qualified solar electric property	+	[12]
Enter the total amount of costs for qualified solar water heating property	+	[14]
Enter the total amount of costs for qualified small wind energy property	+	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	[13]
Enter the total amount of costs for qualified fuel cell property	+	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		[17]

Form ID: 1116	oreign Tax Credit		85
Complete if you paid or accrued for	reign taxes to a foreign country or U.S. posses	sion in 2020.	
Dronaror use only			
Preparer use only			
Description			[3]
Taxpayer/Spouse (T, s)			[9]
Category of income*			[11]
Description of income			[12]
*	Category of Income		
A = Section 951A income	E = Section 901(j) income		
B = Foreign Branch income	F = Certain income re-sourced by treaty		
C = Passive income	G = Lump-sum distributions		
D = General income			
For	eign Income or Loss		
Country code			[19]
Country name			[20]
Familian arrassinassas	Regular		if different
Foreign gross income		23] +	[24]
Definitely related expenses:	± ,	31] +	[32]
			[32]
	+	+	
	+	+	
	+	+	
Foreign source losses	+	45] +	[46]
Fausin	Tours Bail on Assured		
Foreign	n Taxes Paid or Accrued		
Foreign taxes paid or accrued:			
Date paid or accrued			[47]
In foreign currency - taxes withheld on: Dividends			[40]
Rents & royalties			[48] [49]
Interest		' <u>-</u>	[49] [50]
Other foreign taxes		+	[51]
In US dollars - taxes withheld on:		-	
Dividends		+	[53]
Rents & Royalties		+	[54]
Interest		+_	[55]
Other foreign taxes		+ .	[56]
NOTES/QUESTIONS:			

Control Totals + Form ID: 1116

Complete this form if you paid qualified adoption expenses in 2020. Indicate if the adoption was final in or before 2020.

Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.

Please provide copies of legal documents approving the adoption.

	Child 1 [1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)			
First name			
Last name			
Child's date of birth			_
Mark if this child was:			
born before '02 and was disabled			
a child with special needs			
a foreign child			
Child's identifying number			
Total adoption credit received in prior years for this child			
Total qualified adoption expenses paid in 2019 for this child			
Employer-provided benefits received in 2019 for this child			
Total qualified adoption expenses paid in 2020 for this child			
Employer-provided benefits received in 2020 for this child			
Adoption final in (1 = '20, 2 = Pre '20)			
	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	Ciliid 4	Cima 3	Cillia 0
First name			
Last name			
Child's date of birth			
Mark if this child was:			
born before '02 and was disabled			
a child with special needs			
a foreign child			
Child's identifying number			
Total adoption credit received in prior years for this child			
Total qualified adoption expenses paid in 2019 for this child			
Employer-provided benefits received in 2019 for this child			
Total qualified adoption expenses paid in 2020 for this child			
Employer-provided benefits received in 2020 for this child			
Adoption final in (1 = '20, 2 = Pre '20)			
If the adoption was incomplete or unsuccessful please provide	information below:		
,			[9]
			[10
			[11

*Select the Type of Use codes from the chart below

		pe of Use*		Rate	Gallons
	use of gasoline -			40.400	
_	vay business use			\$0.183	+[1
Use on a				0.183	+[2
	ntaxable use	[3]		0.183	+[4
Exported				0.184	+[
	e use of aviation gasoline -			0.45	
	cial aviation	r1		0.15	+[6
	ntaxable use	[7]		0.193	+[8
Exported				0.194	+[9
_	underground storage tank (LUST) tax			0.001	+[1
	e use of undyed diesel fuel - ion of evidence of dyes:				
Explanati	on or evidence or dyes.				[1
					L-
Other no	ntaxable use	[12]		0.243	+[1
Use on a	farm			0.243	+[1
Trains				0.243	+[:
Intercity	/ local bus			0.17	+[1
Exported				0.244	+[
					[:
Other no	ntaxable use	[19]		0.243	+ [2
Use on a	farm			0.243	+ [2
Intercity	/ local buses			0.17	+[2
Exported				0.244	+[2
Other no	ntaxable use taxed at \$.044	[24]		0.043	+[2
Other no	ntaxable use taxed at \$.219	[26]		0.218	+ [2
Kerosene u	sed in aviation -				
Kerosene	e taxed at \$.244			0.200	+[2
Kerosene	e taxed at \$.219			0.175	+[2
	ntaxable use taxed at \$.244	[30]		0.243	+[
Other no	ntaxable use taxed at \$.219/.044	[32]		0.218	+[
Leaking ι	underground storage tank (LUST) tax			0.001	+[
			*Type of Use		
	1 = Farming purposes		8 = Diesel & Kerosene fuel other than tr	ain or hig	hway vehicle
	2 = Off highway business use		9 = Foreign trade	Ū	-
	3 = Export		10 = Certain helicopter and fixed wing a	ir ambula	nce uses
	4 = Commercial fishing		11 = Aviation fuel other than propulsion	engines	
	5 = Intercity/local bus		13 = Exclusive use by a nonprofit educat	_	anization
	6 = In a qualified local bus		14 = Exclusive use by a state, political su	_	
	7 = School bus		15 = In an aircraft or vehicle owned by a		

Control Totals +	Form ID: 4136

*Select the Type of Use codes from the chart below

Type of Use*		Rate	Gallons	
Sales by registered ultimate vendors of undyed diesel fuel	-			
Registration Number		-		[1]
Explanation of evidence of dyes:				[2]
				[2]
State / local government		0.243	+	[3]
Intercity / local buses		0.17	+	[4]
Sales by registered ultimate vendors of undyed kerosene	-			
Registration Number		_		[5]
Explanation of evidence of dyes:				
-				[6]
Use by state/local government		0.243	+	 [7]
Sales from a blocked pump		0.243	+	[8]
Intercity / local buses		0.17	+	[9]
Sales by registered ultimate vendors of kerosene in aviation	on -			
Registration Number		0.475		[10]
Commercial aviation taxed at \$.219 (Other than foreign t	•	0.175	+	[11]
Commercial aviation taxed at \$.244 (Other than foreign t	rade)	0.200	+	[12]
Nonexempt use in noncommercial aviation		0.025	+	[13]
Other nontaxable uses taxed at \$.244[14]		0.243	+	[15]
Other nontaxable uses taxed at \$.219/.044[16]		0.218	+	[17]
Leaking underground storage tank (LUST) tax		0.001	+	[18]
	*Type of Use			7
1 = Farming purposes	8 = Diesel & Kerosen	e fuel other than train or	highway vehicle	1
2 = Off highway business use	9 = Foreign trade			
3 = Export	10 = Certain helicopt	er and fixed wing air amb	ulance uses	
4 = Commercial fishing		ner than propulsion engir		
5 = Intercity/local bus	13 = Exclusive use by	a nonprofit educational	organization	
6 = In a qualified local bus	14 = Exclusive use by	a state, political subdivis	ion or DC	
7 = School bus	15 = In an aircraft or	vehicle owned by an airc	raft museum	

Control Totals +	Form ID: 4136-2

*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -		
Liquefied petroleum gas (LPG)[1]	0.183	+[2]
"P Series" fuels[3]	0.183	+[4]
Compressed natural gas (CNG)[5]	0.183	+[6]
Liquefied hydrogen[7]	0.183	+[8]
Any liquid fuel derived from coal through		
the Fischer-Tropsch process[9]	0.243	+[10]
Liquid hydrocarbons derived from biomass[11]	0.243	+[12]
Liquefied natural gas (LNG)[13]	0.243	+[14]
Liquefied gas derived from biomass[15]	0.183	+[16]
Alternative fuel credit and alternative fuel mixture credit -		
Registration Number		[17]
Liquefied hydrogen	0.50	+[18]
Registered credit card users -		
Registration Number		[19]
Diesel for state / local government	0.243	+[20]
Kerosene for state / local government	0.243	+[21]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044	0.218	+[22]
Nontaxable use of a diesel-water fuel emulsion -		
Other nontaxable use[23]	0.197	+[24]
Exported	0.198	+[25]
Diesel-water fuel emulsion blending -		
Registration Number		[26]
Blender credit	0.046	+[27]
Exported dyed fuels -		
Exported dyed diesel fuel	0.001	+[28]
Exported dyed kerosene	0.001	+[29]

	*Type of Use
1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

Control Totals +	Form ID: 4136-3

Qualified Business Income Deduction Carryovers 2019 to 2020 Amounts			Indefinite Carryovers	2019 to 202	20 Amounts
Qualified business loss (QBID)	+	[1]	Minimum tax credit	+	[3]
Qualified REIT dividends and PTP loss	+	[2]	Investment interest	+	[4]
			Investment interest - AMT	+	[5]
			Short-term capital loss	+	[6]
			Short-term capital loss - AMT	+	[7]
Instructions			Long-term capital loss	+	[8]
Enter carryovers from prior year(s) as pos	itive numbers.		Long-term capital loss - AMT	+	[9]
Enter utilizations from prior year(s) as ne	gative numbers.		Residential energy credit	+	[10]
			D.C. first-time homebuyer credit	+	[11]
			Tax credit bonds	+	[12]

Section 1231 Nonrecaptured Losses

	N	Section 1231 Ionrecaptured Losses	Ν	AMI Section 1231 lonrecaptured Losses
2015	+	[13]	+	[18]
2016	+	[14]	+	[19]
2017	+	[15]	+	[20]
2018	+	[16]	+	[21]
2019	+	[17]	+	[22]

Charitable Contribution Carryover Items

Prior 60% C/O Year Contributions			50% Contributions		30% ributions					
2015			+	[25]	+	[30]	+	[35]	+	[40]
2016			+	[26]	+	[31]	+	[36]	+	[41]
2017			+	[27]	+	[32]	+	[37]	+	[42]
2018	+	[23]	+	[28]	+	[33]	+	[38]	+	[43]
2019	+	[24]	+	[29]	+	[34]	+	[39]	+	[44]

AMT Charitable Contribution Carryover Items

Prior C/O Year	60% AMT Contributions		50% AMT Contributions		30% AMT Contributions		50/30% AMT Cap Gain Prop		20% AMT Contributions	
2015			+	[47]	+	[52]	+	[57]	+	[62]
2016			+	[48]	+	[53]	+	[58]	+	[63]
2017			+	[49]	+	[54]	+	[59]	+	[64]
2018	+	[45]	+	[50]	+	[55]	+	[60]	+	[65]
2019	+	[46]	+	[51]	+	[56]	+	[61]	+	[66]

Control Totals +	Form ID: CO

Qualified Conservation Contribution Carryover Items

Enter carryovers from prior year(s) as positive numbers. Enter utilizations from prior year(s) as negative numbers.

Prior 50% Qualified Conservation C/O Year Contributions			50% AMT Qual Conservation Contributions		100% Qualified Conservation Contributions		100% AMT Qual Conservation Contributions	
2006	+	[1]	+	[15]	+	[29]	+	[43]
2007	+	[2]	+	[16]	+	[30]	+	[44]
2008	+	[3]	+	[17]	+	[31]	+	[45]
2009	+	[4]	+	[18]	+	[32]	+	[46]
2010	+	[5]	+	[19]	+	[33]	+	[47]
2011	+	[6]	+	[20]	+	[34]	+	[48]
2012	+	[7]	+	[21]	+	[35]	+	[49]
2013	+	[8]	+	[22]	+	[36]	+	[50]
2014	+	[9]	+	[23]	+	[37]	+	[51]
2015	+	[10]	+	[24]	+	[38]	+	[52]
2016	+	[11]	+	[25]	+	[39]	+	[53]
2017	+	[12]	+	[26]	+	[40]	+	[54]
2018	+	[13]	+	[27]	+	[41]	+	[55]
2019	+	[14]	+	[28]	+	[42]	+	[56]

Form ID: C	Form ID: COGBCr Business Credit Carryover Information - Preparer Use Only							
	Description							
Α _	•							[2]
В								[2]
C								[2]
D _								[2
Prior		A		В		С		D
C/O Year		[1]		[1]		[1]		[1]
2000	+	[3]	+ -	[3]	+	[3]	+	[3]
2001	+	[4]	+	[4]	+	[4]	+	[4
2002	+	[5]	+	[5]	+	[5]	+	[5
2003	+	[6]	+	[6]	+	[6]	+	[6
2004	+	[7]	+	[7]	+	[7]	+	
2005	+	[8]	+	[8]	+	[8]	+	[8]
2006	+	[9]	+	[9]	+	[9]	+	[9
2007	+	[10]	+	[10]	+	[10]	+	[1
2008	+	[11]	+	[11]	+	[11]	+	[1
2009	+	[12]	+	[12]	+	[12]	+	[1
2010	+	[13]	+	[13]	+	[13]	+	[1
2011	+	[14]	+	[14]	+	[14]	+	[1
2012	+	[15]	+	[15]	+	[15]	+	[1
2013	+	[16]	+	[16]	+	[16]	+	[1
2014	+	[17]	+	[17]	+	[17]	+	[1
2015	+	[18]	+	[18]	+	[18]	+	[1
2016	+	[19]	+	[19]	+	[19]	+	[1
2017	+	[20]	+	[20]	+	[20]	+	[20

NOTES/QUESTIONS:

2018 2019

20 Year Carryovers - Pre-TCJA

Prior C/O Year	Ne Operati	et ing Loss	AMT Net Operating Loss
2000	+	[1] +	[21]
2001	+	[2] +	[22]
2002	+	[3] +	[23]
2003	+	[4] +	[24]
2004	+	[5] +	[25]
2005	+	[6] +	[26]
2006	+	[7] +	[27]
2007	+	[8] +	[28]
2008	+	[9] +	[29]
2009	+	[10] +	[30]
2010	+	[11] +	[31]
2011	+	[12] +	[32]
2012	+	[13] +	[33]
2013	+	[14] +	[34]
2014	+	[15] +	[35]
2015	+	[16] +	[36]
2016	+	[17] +	[37]
2017	+	[18] +	[38]
Indefinite Carryovers - Starting in 2018			
-	Ne Operati	et ing Loss	AMT Net Operating Loss
Post-TCJA	+	[20] +	[40]

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2016 Amounts	2017 Amounts	2018 Amounts	2019 Amounts
Filing Status				
(1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)				
Salaries and wages				
Interest income				
Tax-exempt interest				
Dividend income				
Qualified dividends				
Business income/loss				
Capital gains and losses				
Other gains and losses				
IRA distributions, pensions, annuities				
Rent, royalty, farm rental income				
Partnership/S corp income				
Estate or trust income				
Farm income/loss				
Other income/loss				
Total income -				
Total adjustments to income				
Adjusted gross income -	·			
Medical expenses	·			
State and local taxes	·			
Interest expenses				
Charitable contributions				
Other itemized deductions				
Allowable itemized deductions				
Standard deduction				
Standard or itemized deduction taken -				
Exemptions				
Qualified Business Income Deduction				
Taxable income -				
Tax on taxable income				
Alternative minimum tax				
Total credits	·			
Net tax liability -				
Self-employment taxes				
Other taxes				
Total tax -				
Income tax withheld				
Estimated tax payments				
Other payments				
Total payments -				
Tax due/-refund -				
Penalties and interest	<u> </u>			
Net tax due/-refund -				
Refund applied to estimated tax payments				
Refund received				
Marginal tax rate -	%	%	%	%
Effective tax rate -	%	%	%	%

	Form ID: History

General: 1040					GENERAL INFORMATI
General: 1040		Personal	Information		
Filing (Marital) status cod	P (1 = Single 2 = Married filin	g joint 3 = Married filing sen	parate, 4 = Head of household, 5 =	: Qualifying widow(er))	
Mark if you were married			ark if your nonresident al		t have an ITIN
Wark in you were marries	a bat ning apart an yet	<u> </u>	Taxpayer	ien spouse does no	Spouse
Social security number			· axpaye.		opouse
First name					
Last name	-				
Occupation	·				
Designate \$3.00 to the p	residential election can	nnaign fund? (1 = Vas 2	= No. 3=Rlank)		
Mark if legally blind	residential election can	inpuigit runa : (1 - 163, 2			
Mark if dependent of an	other taxnaver				
Taxpayer between 19 an		with income less tha	n 1/2 sunnort? (V N)		
Date of birth	a 25, rail tillic stadellt,	with income iess tha	11 1/2 3uppor <u>c: (1</u> , N)		
Date of death					-
Work/daytime telephone	number/ext number				-
Do you authorize us to d		the IRS (V NI)	_	-	
·	Seass your return with	the mo (1, m)			
General: 1040, Contact		Present M	ailing Address		
Address					
Apartment number					
City/State postal code/Zi	p code				
Foreign country name	•				
Foreign phone number					
Home/evening telephon	e number		-		
Taxpayer email address				-	
Spouse email address					
General: 1040		Dependen	t Information		
					Care
					Months expense
First Name	Last Name	Date of Birth	Social Security No.	Relationship	in paid for home depende
			•	·	•
		<u> </u>			

rovider information:		
Business name		
First and Last name		
Street address		
City, state, and zip code		
Social security number OR Employer identification number		
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)		
Amount paid to care provider in 2020		
	Taxpayer	Spouse
mployer-provided dependent care benefits that were forfeited		

Lite-2 Rebate/W-2/1099-R/K-1/W-2G/1099-Q

Credits: Rebate

Economic Impact Payment (EIP)/Stimulus Payment

	Please provide all copies of Notices 1444 th	nat you receive.	
		Taxpayer	Spouse
	(EIP) received (also known as the stimulus payment) , if married, was member of US Armed Forces in 2020		
Income: W2	Salary and Wages		
Below is a list of the	Please provide all copies of Form W-2 tha Form(s) W-2 as reported in last year's tax return. If a parti	nt you receive. cular W-2 no longer appli	es, mark the not applicable
T/S	Description	Prior Year Information	Mark if no longer applicable
			<u> </u>
			
			_
Retirement: 1099R	Pension, IRA, and Annuity Dis	tributions	
Below is a list of the Fo	Please provide all copies of Form 1099-R tl rm(s) 1099-R as reported in last year's tax return. If a parti	nat you receive. cular 1099-R no longer ap	oplies, mark the not applica
T/S	Description	Prior Year Information	Mark if no longer applicable
_		_	
			
			
Income: V1 V1T			<u>-</u>
Income: K1, K1T	Schedules K-1		
	Schedules K-1 Please provide all copies of Schedule K-1 the Schedule (s) K-1 as reported in last year's tax return. If a par	nat you receive. ticular K-1 no longer app	lies, mark the not applicable
	Please provide all copies of Schedule K-1 th	nat you receive. ticular K-1 no longer app Form	lies, mark the not applicable Mark if no longer applicable
Below is a list of the S	Please provide all copies of Schedule K-1 th Schedule(s) K-1 as reported in last year's tax return. If a par	ticular K-1 no longer app	Mark if no longer
Below is a list of the S	Please provide all copies of Schedule K-1 th Schedule(s) K-1 as reported in last year's tax return. If a par	ticular K-1 no longer app	Mark if no longer
Below is a list of the S	Please provide all copies of Schedule K-1 th Schedule(s) K-1 as reported in last year's tax return. If a par Description	ticular K-1 no longer app	Mark if no longer
Below is a list of the S	Please provide all copies of Schedule K-1 th Schedule(s) K-1 as reported in last year's tax return. If a par Description Gambling Income	Form Form — — — — — — — — — — — — — — — — — —	Mark if no longer
Below is a list of the S T/S/J Income: W2G	Please provide all copies of Schedule K-1 th Schedule(s) K-1 as reported in last year's tax return. If a par Description	Form Form at you receive.	Mark if no longer applicable —— —— —— —— blies, mark the not applicab
Below is a list of the S T/S/J Income: W2G	Please provide all copies of Schedule K-1 th Schedule(s) K-1 as reported in last year's tax return. If a par Description Gambling Income Please provide all copies of Form W-2G th Form(s) W-2G as reported in last year's tax return. If a particular part	Form Form at you receive.	Mark if no longer applicable —— —— —— ——
Below is a list of the S T/S/J Income: W2G Below is a list of the F	Please provide all copies of Schedule K-1 th Schedule(s) K-1 as reported in last year's tax return. If a pare Description Gambling Income Please provide all copies of Form W-2G th form(s) W-2G as reported in last year's tax return. If a particular communication is a particular communication of the schedule in last year's tax return. If a particular communication is a particular communication of the schedule K-1 th schedule K	Form Form at you receive. cular W-2G no longer app	Mark if no longer applicable —— —— —— blies, mark the not applicable
Below is a list of the S T/S/J Income: W2G Below is a list of the F	Please provide all copies of Schedule K-1 th Schedule(s) K-1 as reported in last year's tax return. If a par Description Gambling Income Please provide all copies of Form W-2G th Form(s) W-2G as reported in last year's tax return. If a particular description	Form Form at you receive. cular W-2G no longer app Prior Year Information	Mark if no longer applicable —— —— —— blies, mark the not applicable
Below is a list of the S T/S/J Income: W2G Below is a list of the F T/S Educate: 1099Q	Please provide all copies of Schedule K-1 th Schedule(s) K-1 as reported in last year's tax return. If a par Description Gambling Income Please provide all copies of Form W-2G th Form(s) W-2G as reported in last year's tax return. If a particular description	Form Form at you receive. cular W-2G no longer app Prior Year Information ributions	Mark if no longer applicable —— —— blies, mark the not applicabl Mark if no longer applicable ——
Below is a list of the S T/S/J Income: W2G Below is a list of the F T/S Educate: 1099Q	Please provide all copies of Schedule K-1 th Schedule(s) K-1 as reported in last year's tax return. If a particular description Gambling Income Please provide all copies of Form W-2G th form(s) W-2G as reported in last year's tax return. If a particular description Qualified Education Plan Dist Please provide all copies of Form 1099-Q the schedule K-1 the s	Form Form at you receive. cular W-2G no longer app Prior Year Information ributions	Mark if no longer applicable —— —— blies, mark the not applicabl Mark if no longer applicable ——

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A
	- —		_
			_
			_
			_
			_
			_
			_
	_		_
	_		<u>—</u>
			_
			_
			_
	_		
			_
	_		
		-	
	-		<u> </u>
	_		
			_

INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B1	Ir	nterest Income	VIEREST/ DIVIDENT	•		-
Please provide all copies of	Form 1	099-INT or other stat	ements reporting	interest in	come.	
T/S/J Payer	Name			Interes Incom		Prior Year Information
Income: B3 Sell	er Fina	anced Mortgage	Interest			
T, S, J Payer's name Payer's address, city, state, zip code			Payer's social secu	ırity numbe	er	
Amount received in 2020			Amount received	in 2019		
Income: B2	Di	ividend Income				
Please provide copies of all l	Form 10	99-DIV or other stat	ements reporting	dividend in	come.	
T/S/J Payer Name			Ordinary Dividends	Qualif Divide		Prior Year Information
Income: D Sales of Stocks	, Secu	rities, and Other	Investment P	roperty		
Please pro	vide co _l	pies of all Forms 1099		Gross Sales	Drice	Cost or
T/S/J Description of Property		Date Acquired		(Less expenses		Other Basis
Income: Income	(Other Income				
Please prov	ide cop	ies of all supporting				
State and local income tax refunds			2020 Infor	mation	Prior \	ear Information
	T/S	Agreement Date	2020 Infor	mation	Prior \	ear Information
Alimony received						
Unemployment compensation		Taxpayer	Spouse	2	Prior \	ear Information
Unemployment compensation repaid	_					
Social security benefits Medicare premiums to be reported on Schedule A						
Railroad retirement benefits						
T/S/J Other Income:			2020 Infor	mation	Prior \	ear Information
		_				
		Lite-3	NTEREST/DIVIDENI	OS/CAPITA	L GAINS	OTHER INCOME

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

			,	,	Taxpayer	Spouse
	-	A Contributions for 2				
-			mum allowable traditional IRA co			
			Deductible only, 2 = Both deductible and nor	deductible)		
			ributions made for use in 2020			
		tributions for 2020 -				
	•		e maximum Roth IRA contribution	1		
nter tr	ne tota	I Roth IRA contributi	ons made for use in 2020		<u> </u>	_
Educate	e: Educat	e2	Higher Education	Deductions and/or	Credits	
	Co	mplete this section i	f you paid interest on a qualified our spouse, or a person who was	d student loan in 2020 for s your dependent when y	qualified higher educa	ation expenses for you,
T/S		_	alified student loan interest paid		020 Information	Prior Year Information
			·			
	Qual		this section if you paid qualified			
_			Please provide	all copies of Form 1098-T		
	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Nan	ne Qualified Ex	Prior Year openses Information
_						
The s	tuden	t qualifies for the An	ode: 1 = American opportunity cr nerican opportunity credit when impleted the first 4 years of post	enrolled at least half-tim	ne in a program leading	to a degree, certificate.
	dj: 3903	- Cachillary Has Hot Co		ed Moving Expenses		
				tu iviovilig Experises		
		Compl	ete this section if you moved to	a new home due to servi	ce in the armed forces	
Descrip	tion of	move		_		
Тахрау	er/Spo	use/Joint (T, S, J)				
Mark if	the m	ove was due to servi	ce in the armed forces			_
Numbe	r of mi	les from old home to	new workplace			
Numbe	r of mi	les from old home to	o old workplace			
Mark if	move	is outside United Sta	tes or its possessions			_
Transpo	ortatio	n and storage expens	ses		<u>-</u>	
Travel a	and loc	lging (not including n	neals)		<u>-</u>	
Total ar	mount	reimbursed for mov	ing expenses		-	
10/10 A/	dj: Other	Δdi				
		-	Other Adji	ustments to Income		
Alimo T/S	ny Pai Da	d: te*	Recipient name	Recipient SSN	2020 Information	Prior Year Information
_						
Stree	t addr	ess				
City,	State a	ınd Zip code				
*Enter	the divor	ce/separation agreement d	ate			
				Taxpayer	Spouse	Prior Year Information
Educa	ator ex	penses:				
Other	r adjus	tments:				
					Lite-4 AI	DJUSTMENTS/EDUCATE
					LILE-4 AL	JJOJ HVILIVI J/EDUCATE

ITEMIZED DEDUCTIONS

Itemized	Medical a	nd Dental Exper	ıses		
T/S/J	Medical and dental expenses Medical insurance premiums you paid*** Long-term care premiums you paid*** Prescription medicines and drugs Miles driven for medical items **Do not include pre-tax amounts paid by an employer-sponsored plan, amounts	nts paid for your self-emplo	2020 Information		Year Information
Itemized	• 41	« Expenses	yea sasiness, or weateure pren	marris effecte	d diri dilli Elle 3
T/S/J — — — — —	State/local income taxes paid 2019 state and local income taxes paid in 2020 Sales tax paid on actual expenses Real estate taxes paid Personal property taxes Other taxes		2020 Information	Prior	Year Information
 Itemized	. ^2	est Expenses			
T/S/J — T/S/J	Home mortgage interest From Form 1098 Other home mortgage interest paid to individuals: Payee's Name	SSN or EIN	2020 Information 2020 Information		Year Information or Year Information
_	Address		City	State	Zip Code
T/S/J			2020 Information	Prior	Year Information
T/S/J Recip Tota Date Term	Investment interest expense, other than on Sch K-1s: ncing Information: Refinance #1 Dient/Lender name I points paid at time of refinance of refinance n of new loan (in months) orted on Form 1098 in 2020		Refinan	ce #2	_
Itemized	: A3 Charitab	le Contribution	s		
T/S/J — —	Contributions made by cash or check Volunteer miles driven Noncash items, such as: Goodwill, Salvation Army		2020 Information	Prior	Year Information
Itemized	: A3, A-St Miscellar	neous Deductio	ns		
T/S/J	Other expenses		2020 Information	Prior	Year Information
<u> </u>	Gambling losses (enter only if you have gambling income) ***STATE USE ONLY - Complete the following field		state return in AL, AR, C	 A, HI, MN	I, NY or PA
T/S/J — — — — —	Unreimbursed expenses*** Union dues, other than amounts reported on Form W-2** Tax preparation fees*** Other expenses, subject to 2% AGI limitation***: Safe deposit box rental***	*	2020 Information	Prior	Year Information
	Investment expenses, other than on Schedule(s) K-1 or Fo	rm(s) 1099-DIV/INT*	*** Lite-5	ITEMI	ZED DEDUCTIONS

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

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

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct.	_
Primary account:	
Financial institution routing transit number	
Name of financial institution	
Your account number	
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	_
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)	_
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	_
Enter the maximum dollar amount, or percentage of total refund Dollar or Percent (xx	(x.xx)
Secondary account #1:	
Financial institution routing transit number	
Name of financial institution	
Your account number	
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	_
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)	_
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	<u></u>
Enter the maximum dollar amount, or percentage of total refund Dollar On Percent (xx	(x.xx)
Secondary account #2:	
Financial institution routing transit number	
Name of financial institution	
Your account number	
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)	-
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	-
Enter the maximum dollar amount, or percentage of total refund Dollar or Percent (xx	xx.xx)
*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial ir	estitution.
Electronic Filing: ID Auth Identity Authentication	
Taxpayer -	
Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	
Identification number	
Issue date	
Expiration date	_
Location of issuance	
Document number (New York only)	
Spouse -	
Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided)	
Identification number	
Issue date	
Expiration date	
Location of issuance	
Document number (New York only)	

Form ID: OrgDp	Depreciation - Asset List	94

Preparer use only

Activity name

HOW TO REPORT DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals. Enter the date of the disposal and/or sale proceeds, if applicable. Enter additional information regarding the asset disposal in the comments section, such as if the asset was sold on installment, traded for other asset(s), disposed of due to casualty, or sold to a related party. See the EXAMPLE asset below.

Asset No.	Description of Property	Date in Service	Cost or Basis
	Comments	Date Sold/Disposed	Sales Price
XAMPLE	Machinery and equipment (EXAMPLE ASSET)	11/21/13	42,500
V 22	Collected in 5 equal payments over 2 yrs	03/09/20	20,000
-			
-			
			Form ID: O

Form	ID:	OrgDp2
------	-----	--------

Depreciation - Asset Acquisitions

·
Preparer use only

Activity name

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

			Description of Asset Acquired	Date Acquired	Cost or Basis
EXA	MPLI		2020 Model T - (EXAMPLE ASSET)	03/09/20	25,750
1		Comments:	22,500 job-related miles, 25,000 total miles		
1		Comments:			
2					
		Comments:		T	
3		Commonts			
		Comments:			
4		Comments:			
5					
		Comments:		T	
6		Comments:			
7					
		Comments:		T	
8		Comments:			
		comments.			
9		Comments:			
10					
	+	Comments:			
11		Comments:			
12		comments.			
12		Comments:		1	
13		C			
		Comments:			
14		Comments:			
15					
-		Comments:			
16		Comments:			
17					
1/		Comments:		T	
18	+	Comments:			
10		comments.			
19		Comments:			
20		C			
		Comments:			
21		Comments:		L	
22					
		Comments:			
23	+	Comments:			
24					
24		Comments:			
25		Comment			
		Comments:			Form ID: OrgDp2

Form ID: OH Ohio General Information									
Enter your current Ohio county of residence School district number			[1] [2]						
Use Tax									
Purchases subject to use tax			[3]						
Contributions									
Amount of charitable contributions you wish to make	to:								
Military injury relief fund			[4]						
Natural areas and endangered species fund			[5]						
Wildlife species and endangered wildlife			[6]						
Ohio History Fund			[7]						
Breast and cervical cancer project			[8]						
Wishes for sick children			[9]						
Credits									
Taxpayer		Spouse							
Displaced worker training expenses for 12-month period since loss of job	[10]	·	[11]						
Part-year Resident and Nonresident Information									
If you were a part-year resident during the tax year, enter the dates you lived in Ohio									
Deut von unsiden au deten	Taxpayer	Spo	use						
Part-year residency dates:									
From		[12]	[14]						
То		[13]	[15]						
		Taxpayer	Spouse						
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)		[16]	[17]						
If nonresident, enter state of residency			[19]						
If foreign, enter country of residency		[18] [20]	[21]						