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.

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.

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ____[1]

Mark if you were married but living apart all year ____[2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification 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 campaign fund? (1 = Yes, 2 = No, 3 = Blank)	____[12]	____[14]
Mark if dependent of another taxpayer	____[15]	____[16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	____[17]	
Mark if legally blind	____[20]	____[21]
Date of birth	____[22]	____[24]
Date of death	____[26]	____[27]
Work/daytime telephone number/ext number	____[28] ____[29]	____[30] ____[31]
Home/evening telephone number	____[32]	____[33]
Do you authorize us to discuss your return with the IRS? (Y, N)	____[34]	

Present Mailing Address

Address ____[38]

Apartment number ____[39]

City, state postal code, zip code ____[40] ____[41] ____[42]

Foreign country name ____[44]

Foreign phone number ____[47]

In care of addressee ____[48]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name [49]	Last Name	Date of Birth	Social Security No.	Relationship	Months*** in home	Dep Codes *	Dep Codes **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent ____[50]

Social security number of qualifying person ____[51]

Dependent Codes

***Basic**
- **1 = Child who lived with you**
- **2 = Child who did not live with you due to divorce/separation**
- **3 = Other dependent**
- **4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)**
- **5 = Qualifying child for Earned Income Credit only**
- **6 = Children who lived with you, but do not qualify for Earned Income Credit**
- **7 = Children who lived with you, but do not qualify for Child Tax Credit**
- **8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit**

****Other**
- **1 = Student (Age 19 - 23)**
- **2 = Disabled dependent**
- **3 = Dependent who is both a student and disabled**

*****Months**
- **77 = Reported on odd year return**
- **88 = Reported on even year return**
- **99 = Not reported on return**

Client Contact Information

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]

NOTES/QUESTIONS:

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. __[1]

Primary account:

Financial institution routing transit number ____________[3]

Name of financial institution ____________[4]

Your account number ____________[5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[7]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[8]

Enter the maximum dollar amount, or percentage of total refund Dollar ____________[9] **or** Percent (xxx.xx) ____________[10]

Secondary account #1:

Financial institution routing transit number ____________[25]

Name of financial institution ____________[26]

Your account number ____________[27]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[28]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __[29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __[30]

Enter the maximum dollar amount, or percentage of total refund Dollar ____________[11] **or** Percent (xxx.xx) ____________[12]

Secondary account #2:

Financial institution routing transit number ____________[31]

Name of financial institution ____________[32]

Your account number ____________[33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __[34]

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) __[36]

Enter the maximum dollar amount, or percentage of total refund Dollar ____________[15] **or** Percent (xxx.xx) ____________[16]

*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 institution.

Refund - U.S. Series I Savings Bond Purchases

A 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 like to purchase U.S. Series I Savings bonds (in increments of $50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate 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 ____________[13] **or** Percent (xxx.xx) ____________[14]

Bond 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 bonds Dollar ____________[17] **or** Percent (xxx.xx) ____________[18]

Owner's name (First Last) ____________[38] ____________[39]

Co-owner or beneficiary (First Last) ____________[40] ____________[41]

Mark if the name listed above is a beneficiary __[42]

Bond 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 bonds Dollar ____________[21] **or** Percent (xxx.xx) ____________[22]

Owner's name (First Last) ____________[43] ____________[44]

Co-owner or beneficiary (First Last) ____________[45] ____________[46]

Mark if the name listed above is a beneficiary __[47]

Nonresident Alien - General Information

Please provide copies of all Forms 1042-S, SSA-1042S, 8288A, and 8805

Country where you are a citizen or national during the tax year ____________ [2]

Foreign address to use for refund check, if different than mailing address entered on Screen 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:

____________ + ____________ [15]

U.S. real property interests that were disposed at a gain during the tax year + ____________ [18]

Income Not Effectively Connected with a U.S. Trade or Business

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:			
		+ [21]	+
		+	+
Dividends paid by foreign corporations:			
		+ [23]	+
		+	+
Interest received on mortgages:			
		+ [27]	+
		+	+
Interest paid by foreign corporations:			
		+ [29]	+
		+	+
Other Interest received:			
		+ [31]	+
		+	+
Industrial royalties (patents, trademarks, etc.)			
		+ [33]	+
Motion picture or T.V. copyright royalties			
		+ [35]	+
Other royalties (copyrights, recording, publishing, etc.)			
		+ [37]	+
Real property income and natural resources royalties			
		+ [39]	+
Pensions and annuities:			
		+ [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 Not Effectively Connected with a U.S. Trade or Business

Description of Property [51]	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
			+	+	+
			+	+	+
			+	+	+
			+	+	+
			+	+	+

	Control Totals +		Form ID: NRA

Have you ever applied to be a green cared holder of the United States (Y, N) ____[1]
Were you ever a U.S. citizen? (Y, N) ____[2]
Were you ever a green card holder of the U.S? (Y, N) ____[3]
If you had a visa on December 31, 2019, enter your visa type ____________[5]
If you did not have a visa, enter your U.S. immigration status on December 31, 2019 ____________________[6]
Date you first entered U.S. ____________[7]
If you've ever changed your visa types (nonimmigrant status) or U.S. immigration status:
Date of visa change ____________[9]
Nature of your visa change ____________________[10]
If you are a resident of Canada or Mexico **AND** commute to work in the U.S. at frequent intervals, enter 1 for Canada or 2 for Mexico ____[11]

List all dates you entered and left the United States during 2019 (NA for residents of Canada or Mexico)[12]:

Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left

Enter the total number of days (including vacation, nonworkdays, partial work days) you were present in the U.S. during:
2017 ______[13]
2018 ______[14]
2019 ______[15]

Latest U.S. income tax return you filed prior to 2019:
Year filed ________[16]
Type of return filed ____________[17]

Did you receive total compensation of $250,000 or more during 2019 (Y, N) ____[18]
If "Yes" did you use an alternative method to determine the source of the compensation? (Y, N) ____[20]
If you used an alternative method to determine the source of the compensation, provide details in the space below.[19]

Complete the following if claiming exemption from income tax under a U.S. income tax treaty

Country Name[21]	Tax Treaty Article	Months Claimed in 2018	Exempt Income in 2019

Were you subject to tax in a foreign country on any of the income entered in the "Exempt income 2019" column (Y, N) ____[22]
Are you claiming treaty benefits pursuant to a Competent Authority determination. If yes, attach a copy of the determination (Y, N) ____[23]

If you paid any amounts related to your 2019 nonresident return (i.e. estimates, extension, Form 1040-C), enter the Internal Revenue Service office that received the payments ____________________[26]

Electronic Filing

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. 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) ___[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

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]

NOTES/QUESTIONS:

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 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) ____[5]
Document number (New York only) ____________________[6]

Spouse -

Form of identification (1 = Driver's license, 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) ____[13]
Document number (New York only) ____________________[14]

NOTES/QUESTIONS:

Estimated Taxes

If you have an overpayment of 2019 taxes, do you want the excess:

Refunded ___[52]

Applied to 2020 estimated tax liability ___[53]

Do you expect a considerable change in your 2020 income? (Y, N) ___[54]

If yes, please explain any differences:

___[55]

___[56]

___[57]

___[58]

Do you expect a considerable change in your deductions for 2020? (Y, N) ___[59]

If yes, please explain any differences:

___[60]

___[61]

___[62]

___[63]

Do you expect a considerable change in the amount of your 2020 withholding? (Y, N) ___[64]

If yes, please explain any differences:

___[65]

___[66]

___[67]

___[68]

Do you expect a change in the number of dependents claimed for 2020? (Y, N) ___[69]

If yes, please explain any differences:

___[70]

___[71]

___[72]

___[73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes ___[74]

2019 Federal Estimated Tax Payments

2018 overpayment applied to 2019 estimates + ___[1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. ___[5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/19	___[6]	+ ___[7]	___	___
2nd quarter payment	6/17/19	___[8]	+ ___[9]	___	___
3rd quarter payment	9/16/19	___[10]	+ ___[11]	___	___
4th quarter payment	1/15/20	___[12]	+ ___[13]	___	___
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/QUESTIONS:

2019 State Estimated Tax Payments

Taxpayer/Spouse/Joint (T, S, J) __[1]
State postal code ___[2]

Amount paid with 2018 return + ________________[3]
2018 overpayment applied to '19 estimates + ________________[4]
Treat calculated amounts as paid __[8]

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	____________[9]	+ ________________[10]	________________
2nd quarter payment	____________[11]	+ ________________[12]	________________
3rd quarter payment	____________[13]	+ ________________[14]	________________
4th quarter payment	____________[15]	+ ________________[16]	________________
Additional payment	____________[17]	+ ________________[18]	

2019 City Estimated Tax Payments

City #1

City name ________________________________[28]
Amount paid with 2018 return + ________________[31]
2018 overpayment applied to '19 estimates + ________________[32]
Treat calculated amounts as paid __[36]

	Date Paid	Amount Paid
1st quarter payment	____________[37]	+ ________________[38]
2nd quarter payment	____________[39]	+ ________________[40]
3rd quarter payment	____________[41]	+ ________________[42]
4th quarter payment	____________[43]	+ ________________[44]

Calculated Amount

1st quarter payment	________________
2nd quarter payment	________________
3rd quarter payment	________________
4th quarter payment	

City #2

City name ________________________________[50]
Amount paid with 2018 return + ________________[53]
2018 overpayment applied to '19 estimates + ________________[54]
Treat calculated amounts as paid __[58]

	Date Paid	Amount Paid
1st quarter payment	____________[59]	+ ________________[60]
2nd quarter payment	____________[61]	+ ________________[62]
3rd quarter payment	____________[63]	+ ________________[64]
4th quarter payment	____________[65]	+ ________________[66]

Calculated Amount

1st quarter payment	________________
2nd quarter payment	________________
3rd quarter payment	________________
4th quarter payment	

City #3

City name ________________________________[72]
Amount paid with 2018 return + ________________[75]
2018 overpayment applied to '19 estimates + ________________[76]
Treat calculated amounts as paid __[80]

	Date Paid	Amount Paid
1st quarter payment	____________[81]	+ ________________[82]
2nd quarter payment	____________[83]	+ ________________[84]
3rd quarter payment	____________[85]	+ ________________[86]
4th quarter payment	____________[87]	+ ________________[88]

Calculated Amount

1st quarter payment	________________
2nd quarter payment	________________
3rd quarter payment	________________
4th quarter payment	

City #4

City name ________________________________[94]
Amount paid with 2018 return + ________________[97]
2018 overpayment applied to '19 estimates + ________________[98]
Treat calculated amounts as paid __[102]

	Date Paid	Amount Paid
1st quarter payment	____________[103]	+ ________________[104]
2nd quarter payment	____________[105]	+ ________________[106]
3rd quarter payment	____________[107]	+ ________________[108]
4th quarter payment	____________[109]	+ ________________[110]

Calculated Amount

1st quarter payment	________________
2nd quarter payment	________________
3rd quarter payment	________________
4th quarter payment	

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

Interest and Dividend Summary

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

Wages and Salaries #1

Please provide all copies of Form W-2.

	2019 Information		Prior Year Information
Taxpayer/Spouse (T, S)	__	[1]	
Employer name	______	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	__	[5]	
Mark if this is 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 +

Wages and Salaries #2

Please provide all copies of Form W-2.

	2019 Information		Prior Year Information
Taxpayer/Spouse (T, S)	__	[1]	
Employer name	______	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / 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 +

Interest Income

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.**

T/S/J	Type Code (**See codes below)			Interest Income [1]	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	Payer							
			Amounts	+						
		4	Payer							
			Amounts	+						
		5	Payer							
			Amounts	+						
		6	Payer							
			Amounts	+						
		7	Payer							
			Amounts	+						
		8	Payer							
			Amounts	+						
		9	Payer							
			Amounts	+						
		10	Payer							
			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

Dividend Income

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 Dividends [2]	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											
			Amounts	+										
		2	Payer											
			Amounts	+										
		3	Payer											
			Amounts	+										
		4	Payer											
			Amounts	+										
		5	Payer											
			Amounts	+										
		6	Payer											
			Amounts	+										
		7	Payer											
			Amounts	+										
		8	Payer											
			Amounts	+										
		9	Payer											
			Amounts	+										
		10	Payer											
			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.

2019 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 2019 + ______ [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 2019 + ______ [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 2019 + ______ [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 2019 + ______ [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 2019 + ______ [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 2019 + ______ [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 2019 + ______ [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 2019 + ______ [1]

	Control Totals +		**Form ID: B-3**

Income from REMICs

Please provide all Schedules Q.

Taxpayer/Spouse/Joint (T, S, J) __[1]
Name of activity ____________________
Employer identification number __________
State postal code ___

Taxpayer/Spouse/Joint (T, S, J) __[1]
Name of activity ____________________
Employer identification number __________
State postal code ___

NOTES/QUESTIONS:

Sales of Stocks, Securities, and Other Investment Property

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

Did you have any securities become worthless during 2019? (Y, N) __[9]
Did you have any debts become uncollectible during 2019? (Y, N) __[10]
Did you have any commodity sales, short sales, or straddles? (Y, N) __[11]
Did you exchange any securities or investments for something other than cash? (Y, N) __[13]
Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? (Y, N) __[3]

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
				+	+
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	Control Totals +		Form ID: D

Sales of Stocks, Securities, and Other Investment Property

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

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

NOTES/QUESTIONS:

Form ID: Broker

Consolidated Broker Statement

17b

Please provide copies of the Consolidated Broker Statement - Include all pages and all inserts

Preparer use only

T/S/J

Broker Name ______________________

Account number ______________________

Employer identification number ______________________

Margin interest ______________________

Investment management/advisory fees ______________________

***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 Code		1099-INT	Interest 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	Payer							
		Amounts	+						
	4	Payer							
		Amounts	+						
	5	Payer							
		Amounts	+						

Type Code		1099-DIV	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distr	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	US Obligations* $ or %	Tax Exempt* $ or %	Foreign Tax Paid	Prior Year Information
	1	Payer											
		Amounts	+										
	2	Payer											
		Amounts	+										
	3	Payer											
		Amounts	+										
	4	Payer											
		Amounts	+										
	5	Payer											
		Amounts	+										

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
			+	+
			+	+
			+	+
			+	+
			+	+

Description of Account - Aggregate profit/-loss on contracts	-Loss/Gain Entire Yr	1099-B Adjustment	Net 1256 loss carryback

	Control Totals +		Form ID: Broker

Other Income

		2019 Information	Prior Year Information
State and local income tax refunds	+	[5]	

	T/S	Agreement Date		2019 Information	Prior Year Information
Alimony received			+	[3]	
			+	[3]	

		Taxpayer		Spouse	Prior Year Information
Unemployment compensation	+	[9]	+	[10]	
Unemployment compensation federal withholding	+	[9]	+	[10]	
Unemployment compensation state withholding	+	[9]	+	[10]	
Unemployment compensation repaid	+	[12]	+	[13]	
Alaska Permanent Fund dividends	+	[18]	+	[19]	

T/S/J	Self-Employment Income ? (Y, N)	Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships		2019 Information	Prior Year Information
			+	[15]	
			+		
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NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

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]
Nonemployee compensation **(Box 7)**	+	[25]
Substitute payments in lieu of dividends or interest **(Box 8)**	+	[27]
Payer made direct sales of $5,000 or more of consumer products **(Box 9)**		[29]
Crop Insurance proceeds **(Box 10)**	+	[31]
Excess golden parachute payments **(Box 13)**	+	[36]
Gross proceeds paid to an attorney **(Box 14)**	+	[38]
Section 409A deferrals **(Box 15a)**	+	[40]
Section 409A income **(Box 15b)**	+	[42]
State tax withheld **(Box 16)**	+	[44]
State/Payer's state no. **(Box 17)**		[46]
State income **(Box 18)**	+	[47]

Control Totals +

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

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]
Nonemployee compensation **(Box 7)**	+	[25]
Substitute payments in lieu of dividends or interest **(Box 8)**	+	[27]
Payer made direct sales of $5,000 or more of consumer products **(Box 9)**		[29]
Crop Insurance proceeds **(Box 10)**	+	[31]
Excess golden parachute payments **(Box 13)**	+	[36]
Gross proceeds paid to an attorney **(Box 14)**	+	[38]
Section 409A deferrals **(Box 15a)**	+	[40]
Section 409A income **(Box 15b)**	+	[42]
State tax withheld **(Box 16)**	+	[44]
State/Payer's state no. **(Box 17)**		[46]
State income **(Box 18)**	+	[47]

Control Totals +

NOTES/QUESTIONS:

Form ID: 1099PATR

Taxable Distributions Received from Cooperatives #1

18b

Please provide all Forms 1099-PATR

Preparer use only

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]
Redemption of nonqualified notices and retain allocations **(Box 5)**	+	[18]
Domestic production activities deductions - IRC Section 199 (a) **(Box 6)**	+	[20]
Domestic production activities deductions - IRC Section 199A (g) **(Box 6)**	+	[22]
Qualified payments **(Box 7)**	+	[23]
Investment credit **(Box 8)**	+	[24]
Work opportunity credit **(Box 9)**	+	[26]
Patron's AMT adjustments **(Box 10)**	+	[28]
Other credits and deductions #1 **(Box 11)**	+	[30]
Other credits and deductions #2 **(Box 11)**	+	[32]

Control Totals +

Form ID: 1099PATR

Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

Preparer use only

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]
Redemption of nonqualified notices and retain allocations **(Box 5)**	+	[18]
Domestic production activities deductions - IRC Section 199 (a) **(Box 6)**	+	[20]
Domestic production activities deductions - IRC Section 199A (g) **(Box 6)**	+	[22]
Qualified payments **(Box 7)**	+	[23]
Investment credit **(Box 8)**	+	[24]
Work opportunity credit **(Box 9)**	+	[26]
Patron's AMT adjustments **(Box 10)**	+	[28]
Other credits and deductions #1 **(Box 11)**	+	[30]
Other credits and deductions #2 **(Box 11)**	+	[32]

Control Totals +

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

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 ramifications:
______ [51]

Taxpayer/Spouse/Joint (T, S, J) __[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 from probate
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) __[14]
Fair market value of property **(Box 7)** + ______[15]

Form 1099-A Acquisition or Abandonment of Secured Property

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

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 ramifications:
______ [51]

Taxpayer/Spouse/Joint (T, S, J) __[5]
State postal code ___[6]
Name of creditor ______[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 from probate
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) __[14]
Fair market value of property **(Box 7)** + ______[15]

Form 1099-A Acquisition or Abandonment of Secured Property

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 +	

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

		2019 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]	________
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]	

	Control Totals +	

Gambling Winnings #2

Please provide all copies of Form W-2G.

		2019 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]	________
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]	

	Control Totals +	

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

		2019 Information		Prior Year Information
Taxpayer/Spouse (T, S)			[1]	
RIC or REIT name			[3]	
State postal code			[4]	
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)			[15]	
Collectibles (28%) gain **(Box 1d)**	+		[17]	
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)**	+		[19]	

	Control Totals +	

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

		2019 Information		Prior Year Information
Taxpayer/Spouse (T, S)			[1]	
RIC or REIT name			[3]	
State postal code			[4]	
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)			[15]	
Collectibles (28%) gain **(Box 1d)**	+		[17]	
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)**	+		[19]	

	Control Totals +	

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

		2019 Information		Prior Year Information
Taxpayer/Spouse (T, S)			[1]	
RIC or REIT name			[3]	
State postal code			[4]	
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)			[15]	
Collectibles (28%) gain **(Box 1d)**	+		[17]	
Tax paid by the RIC or REIT on the box 1a gains **(Box 2)**	+		[19]	

	Control Totals +	

NOTES/QUESTIONS:

Contracts & Straddles - General Information

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) __[1]

Mark to indicate all the elections that apply:

Mixed straddle election __[2]

Mixed straddle account election (Attach explanation)

____[3]

____

Straddle-by-straddle identification election __ [4]

Net section 1256 contracts loss election __ [5]

Section 1256 Contracts Marked to Market

Identification of Account A ____[6]

Identification of Account B ____

Identification of Account C ____

	Account A	Account B	Account C
Taxpayer/Spouse/Joint (T, S, J)	__	__	__
State postal code	___	___	___
-Loss/Gain for entire year (Enter losses as a negative amount)	+ ____________	+ ____________	+ ____________
Total Form 1099-B adjustment	+ ____________	+ ____________	+ ____________
Total net 1256 contract loss carryback	+ ____________	+ ____________	+ ____________

Gains and Losses From Straddles

Description of Property A ____[7]

Name of Contract ____

Component ______________________________ Type ______________________________

Description of Property B ____

Name of Contract ____

Component ______________________________ Type ______________________________

Description of Property C ____

Name of Contract ____

Component ______________________________ Type ______________________________

Description of Property D ____

Name of Contract ____

Component ______________________________ Type ______________________________

	Property A	Property B	Property C	Property D
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	+ ____________	+ ____________	+ ____________	+ ____________

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A ____[8]

Description of Property B ____

Description of Property C ____

	Property A	Property B	Property C
Date acquired	____________	____________	____________
Fair market value on last business day	+ ____________	+ ____________	+ ____________
Cost or other basis as adjusted	+ ____________	+ ____________	+ ____________

Foreign Employer Compensation

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

Taxpayer/Spouse (T/S) __[3]
State ___[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 Organizer Form ID: 1040
Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)
Street address ________________________[13]
City, state, zip code ________________________[14] ___[15] ____________[16]
Foreign country code/name ___[17] ________________________[18]
Foreign province/county ________________________[19]
Foreign postal code ________________________[20]

Income

	2019 Information	Prior Year Information
Foreign employer compensation	____________[22]	

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

		2019 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 retirement 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 disability		__[23]	

	Control Totals +	

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

		2019 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 retirement 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 disability		__[23]	

	Control Totals +	

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

		2019 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 retirement 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 disability		__[23]	

	Control Totals +	

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) __[1]
State postal code ___[2]

Social Security Benefits

		2019 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:			
Net Benefits for 2019 (Box 3 minus Box 4) **(Box 5)**	+	____________ [8]	____________
Voluntary Federal Income Tax Withheld **(Box 6)**	+	____________ [10]	____________
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:			
Medicare premiums	+	____________ [12]	____________
Prescription drug (Part D) premiums	+	____________ [14]	

Tier 1 Railroad Benefits

		2019 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 2019 **(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 2019 or receive any prior year benefits in 2019. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

______________________________ [40]
______________________________ [41]
______________________________ [42]
______________________________ [43]
______________________________ [44]

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
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 amount? If 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 2019	+ ____________[5]	+ ____________[6]

	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2019	+ ____________[11]	+ ____________[12]
Enter the nondeductible contribution amount made in 2020 for use in 2019	+ ____________[13]	+ ____________[14]
Traditional IRA basis	+ ____________[15]	+ ____________[16]
Value of all your traditional IRA's on December 31, 2019:		
____________	+ ____________[17]	+ ____________[18]
____________	+ ____________	+ ____________
____________	+ ____________	+ ____________
____________	+ ____________	+ ____________
____________	+ ____________	+ ____________

Roth IRA

Please provide copies of any 1998 through 2018 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	__[27]	__[28]
Enter the total Roth IRA contributions made for use in 2019	+ ____________[29]	+ ____________[30]
Enter the amount a 2019 Roth IRA conversion should be adjusted by	+ ____________[37]	+ ____________[38]
Enter the total contribution Roth IRA basis on December 31, 2018	+ ____________[41]	+ ____________[42]
Enter the total Roth IRA contribution recharacterizations for 2019	+ ____________[43]	+ ____________[44]
Enter the Roth conversion IRA basis on December 31, 2018	+ ____________[45]	+ ____________[46]
Value of all your Roth IRA's on December 31, 2019:		
____________	+ ____________[47]	+ ____________[48]
____________	+ ____________	+ ____________
____________	+ ____________	+ ____________
____________	+ ____________	+ ____________
____________	+ ____________	+ ____________

NOTES/QUESTIONS:

Keogh, SEP, SIMPLE Contributions

Preparer use only

Business activity or profession name		[3]
Taxpayer/Spouse (T, S)		[4]
State postal code		[5]
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP)		[6]
Plan contribution rate. Enter in xx.xx format (Limitation percentage)		[7]
Enter the total amount of contributions made to a Keogh plan in 2019	+	[8]
Enter the total amount of contributions made to a Solo 401(k) plan in 2019	+	[9]
Enter the total amount of contributions made to a SEP plan in 2019	+	[10]
Enter the total amount of contributions made to a SARSEP plan in 2019	+	[11]
Enter the total amount of contributions made to a defined benefit plan in 2019	+	[12]
Enter the total amount of contributions made to a profit-sharing plan in 2019	+	[13]
Enter the total amount of contributions made to a money purchase plan in 2019	+	[14]
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2019	+	[15]
Enter the total amount of contributions to a SIMPLE IRA plan in 2019	+	[16]

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2019	+	[17]
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2019	+	[18]

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2019	+	[19]
Enter the amount of elective deferrals designated as Roth contributions in 2019	+	[20]

NOTES/QUESTIONS:

Schedule C - General Information

Preparer use only

	2019 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	[6]	
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	[15]	
City/State/Zip	[16] [17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	__[19]	
If other:	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	__[22]	
If other enter explanation:	[24]	
Enter an explanation if there was a change in determining your inventory:	[25]	
Did you "materially participate" in this business? (Y, N)	__[26]	
If not, number of hours you did significantly participate	[28]	
Mark if you began or acquired this business in 2019	__[30]	
Did you make any payments in 2019 that require you to file Form(s) 1099? (Y, N)	__[31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	__[33]	
Mark if this business is considered related to qualified services as a minister or religious worker	__[35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	__[37]	
Medical insurance premiums paid by this activity	+ [40]	
Long-term care premiums paid by this activity	+ [44]	
Amount of wages received as a statutory employee	+ [47]	

Business Income

	2019 Information	Prior Year Information
Gross receipts and sales		
	+ [52]	
	+	
	+	
	+	
Returns and allowances	+ [55]	
Other income:		
	+ [57]	
	+	
	+	
	+	

Cost of Goods Sold

	2019 Information	Prior Year Information
Beginning inventory	+ [59]	
Purchases	+ [61]	
Labor:		
	+ [63]	
	+	
Materials	+ [65]	
Other costs:		
	+ [67]	
	+	
	+	
	+	
Ending inventory	+ [69]	

	Control Totals +		Form ID: C-1

Schedule C - Expenses

Preparer use only

Principal business or profession ______

		2019 Information		Prior Year Information
Advertising	+		[6]	
Car and truck expenses	+		[8]	
Commissions and fees	+		[10]	
Contract labor	+		[12]	
Depletion	+		[14]	
Depreciation	+		[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):				
	+		[18]	
	+			
Insurance (Other than health):				
	+		[20]	
	+			
Interest:				
Mortgage (Paid to banks, etc.)				
	+		[22]	
	+			
	+			
Other:				
	+		[24]	
	+			
Legal and professional services	+		[26]	
Office expense	+		[29]	
Pension and profit sharing:				
	+		[31]	
	+			
Rent or lease:				
Vehicles, machinery, and equipment	+		[33]	
Other business property	+		[35]	
Repairs and maintenance	+		[37]	
Supplies	+		[39]	
Taxes and licenses:				
	+		[41]	
	+			
	+			
	+			
	+			
Travel and meals:				
Travel	+		[43]	
Meals (Enter 100% subject to 50% limitation)	+		[45]	
Meals (Enter 100% subject to DOT 80% limit)	+		[47]	
Utilities	+		[51]	
Wages (Less employment credit):				
	+		[53]	
	+			
Other expenses:				
	+		[55]	
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			

	Control Totals +		Form ID: C-2

Schedule C - Carryovers

Preparer use only

Principal business or profession ____________________

Preparer use only

Carryovers	**Pre- TCJA Regular**	**Regular**	**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/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

	Control Totals +		**Form ID: C-3**

Rent and Royalty Property - General Information

Preparer use only

	2019 Information	Prior Year Information
Description	[2]	
Taxpayer/Spouse/Joint (T, S, J) [3] / State postal code	[5]	
Physical address: Street	[6]	
City, state, zip code	[7] [8] [9]	
Foreign country	[11]	
Foreign province/county	[12]	
Foreign postal code	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)	[14]	
Description of other type (Type code #8)	[15]	
Did you make any payments in 2019 that require you to file Form(s) 1099? (Y,N)	[16]	
If "Yes", did you or will you file all required 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 vacation home percentage)	[24]	

Rent and Royalty Income

Rents and royalties	2019 Information	Prior Year Information
	+ [34]	

Rent and Royalty Expenses

	2019 Information	Percent if not 100%	Prior Year Information
Advertising	+ [36]	[37]	
Auto	+ [39]	[40]	
Travel	+ [42]	[43]	
Cleaning and maintenance	+ [45]	[46]	
Commissions:			
	+ [48]	[50]	
	+		
Insurance:			
	+ [51]	[53]	
	+		
Legal and professional fees	+ [55]	[56]	
Management fees:			
	+ [58]	[60]	
	+		
Mortgage interest paid to banks, etc (Form 1098)			
	+ [61]	[63]	
	+		
Other mortgage interest	+ [64]	[66]	
Qualified mortgage insurance premiums	+ [67]	[68]	
Other interest:			
	+ [70]	[72]	
	+		
Repairs	+ [73]	[74]	
Supplies	+ [76]	[77]	
Taxes:			
	+ [79]	[81]	
	+		
Utilities	+ [82]	[83]	
Depreciation	+ [85]	[86]	
Depletion	+ [88]	[89]	
Other expenses:			
	+ [91]		
	+		
	+		
	+		

	Control Totals +		Form ID: Rent

Preparer use only

Description ______________________________

Refinancing Points

Preparer - Enter on Screen Rent

	2019 Information	Prior Year Information
Refinancing points paid -		
Recipient's/Lender's name	____________ [93]	
Date of refinance	______	
Total # Payments	____	
Reported on 1098 in 2019	_	
Total points paid	________	
Points deemed as paid in current year **(Preparer use only)**	________	________
Refinancing points paid -		
Recipient's/Lender's name	____________	
Date of refinance	______	
Total # Payments	____	
Reported on 1098 in 2019	_	
Total points paid	________	
Points deemed as paid in current year **(Preparer use only)**	________	________
Refinancing points paid -		
Recipient's/Lender's name	____________	
Date of refinance	______	
Total # Payments	____	
Reported on 1098 in 2019	_	
Total points paid	________	
Points deemed as paid in current year **(Preparer use only)**	________	

Vacation Home Information

	2019 Information	Prior Year Information
Number of days home was used personally	____ [6]	____
Number of days home was rented	____ [8]	____
Number of day home owned, if not 365	____ [10]	____
Carryover of disallowed operating expenses into 2019	+ ________ [22]	
Carryover of disallowed depreciation expenses into 2019	+ ________ [23]	

Passive and Other Information

Preparer use only

Carryovers	Pre-TCJA Regular	Regular	AMT
Operating	+ [41]	+ [42]	+ [43]
Short-term capital		+ [44]	+ [45]
Long-term capital		+ [46]	+ [47]
28% rate capital		+ [48]	+ [49]
Section 1231 loss	+ [50]	+ [51]	+ [52]
Ordinary business gain/loss	+ [53]	+ [54]	+ [55]
Section 179	+ [56]	+ [57]	+ [58]

Farm Income - General Information

Please provide all Forms 1099-K

Preparer use only

	2019 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	________[3]	
Description	________[4]	
Principal Product	________[5]	
State postal code	___[6]	
Accounting method (1 = Cash, 2 = Accrual)	__[7]	_
Agricultural activity code	________[9]	________
Did you "materially participate" in this business? (Y, N)	__[12]	_
Did you make any payments in 2019 that require you to file Form(s) 1099? (Y, N)	__[14]	_
If "Yes", did you or will you file all required Forms 1099? (Y, N)	__[16]	_
Mark if Schedule F net income or loss should be excluded from self-employment income	__[18]	_
Medical insurance premiums paid by this activity	+ ________[21]	________
Long-term care premiums paid by this activity	+ ________[25]	

Schedule F Income

Sales Code**	Income description	2019 Information	Prior Year Information
_	________	+ ________[35]	________
_	________	+ ________	________
_	________	+ ________	________
_	________	+ ________	________
_	________	+ ________	

** Sales Codes	
1 = Cash sales of items bought for resale	**4 = Custom hire (machine work)**
2 = Cash sales of items raised	**5 = Other income**
3 = Accrual sales	

	2019 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ ________[37]	________
Beginning inventory of livestock and other items (Accrual method)	+ ________[39]	________
Accrual cost of livestock, produce, grains, and other products purchased	+ ________[41]	________
Ending Inventory of livestock and other items (Accrual method)	+ ________[43]	________
Total cooperative distributions you received	+ ________[45]	________
Taxable cooperative distributions you received	+ ________[47]	

Agricultural program payments	2019 Total	2019 Taxable	Prior Year Information
________	+ ________	+ ________[50]	________
________	+ ________	+ ________	________
________	+ ________	+ ________	

	2019 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	+ ________[52]	________
Commodity credit loans reported under election:		
________	________[54]	________
________	________	________
Total commodity credit loans forfeited	+ ________[56]	________
Taxable commodity credit loans forfeited	+ ________[58]	

Total crop insurance proceeds you received in 2019	2019 Total	2019 Taxable	Prior Year Information
________	+ ________	+ ________[61]	________
________	+ ________	+ ________	________
________	+ ________	+ ________	________
Mark if electing to defer crop insurance proceeds to 2020		__[63]	_
Crop insurance proceeds deferred from 2018		+ [65]	

	Control Totals +		Form ID: F-1

Farm Expenses

Preparer use only

Description

		2019 Information		Prior Year Information
Car and truck expenses	+		[5]	
Chemicals	+		[7]	
Conservation expenses	+		[9]	
Carryover from prior years	+		[11]	
Custom hire (machine work)	+		[13]	
Depreciation	+		[15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+		[17]	
Feed purchased	+		[19]	
Fertilizers and lime	+		[21]	
Freight and trucking	+		[23]	
Gasoline, fuel, and oil	+		[25]	
Insurance (Other than health)				
	+		[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]	
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
	+			
Preproductive period expenses	+		[58]	

	Control Totals +		Form ID: F-2

Farm Passive and Other Carryover Information

Preparer use only

Description ______________________________

Preparer use only

Carryovers	Pre-TCJA Regular	Regular	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/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

Farm Rental - General Information

Preparer use only

	2019 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	__[2]	
Employer identification number	[3]	
Description	[4]	
State postal code	__[5]	
Did you "actively participate" in the operation of this business this year? (Y, N)	__[6]	

Income Items

	2019 Information	Prior Year Information
Income from production of livestock, produce, grains, and other crops:		
	+ [15]	
	+	
	+	
	+	
	+	
Total cooperative distributions you received	+ [17]	
Taxable cooperative distributions you received	+ [19]	

	2019 Total	2019 Taxable	Prior Year Information
Agricultural program payments:			
	+ [21]	+ [22]	
	+	+	
	+	+	

	2019 Information	Prior Year Information
Commodity credit loans reported under election:		
	+ [24]	
	+	
Total commodity credit loans forfeited	+ [26]	
Taxable commodity credit loans forfeited	+ [28]	

	2019 Total	2019 Taxable	Prior Year Information
Crop insurance proceeds you received in 2019			
	+ [30]	+ [31]	
	+	+	
	+	+	

	2019 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2020	__[33]	__
Crop insurance proceeds deferred from 2018	+ [35]	
Other income:		
	+ [38]	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

	Control Totals +		Form ID: 4835

Farm Rental Expenses

Preparer use only

Description ______

		2019 Information		Prior Year Information
Car and truck expenses	+		[6]	
Chemicals	+		[8]	
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	+		[47]	
Supplies purchased	+		[49]	
Taxes:				
	+		[51]	
	+			
	+			
	+			
	+			
Utilities	+		[53]	
Veterinary, breeding, and medicine	+		[55]	
Other expenses:				
	+		[57]	
	+			
	+			
	+			
	+			
	+			
	+			
	+			
Preproductive period expenses	+		[59]	

Preparer use only

Carryovers	Pre-TCJA Regular	Regular	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]

Partnerships and S Corporations

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[6]
Name of entity ________________________________[13]
State postal code ____[14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[17]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1-7	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]
	Other losses - 1040 Sch 1	[33]	[34]	[35]
	Section 179	[36]	[37]	[38]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[6]
Name of entity ________________________________[13]
State postal code ____[14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[17]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1-7	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]
	Other losses - 1040 Sch 1	[33]	[34]	[35]
	Section 179	[36]	[37]	[38]

Taxpayer/Spouse/Joint (T, S, J) __[2]
Employer identification number ________________[6]
Name of entity ________________________________[13]
State postal code ____[14]
Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) __[17]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1-7	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	[30]	[31]	[32]
	Other losses - 1040 Sch 1	[33]	[34]	[35]
	Section 179	[36]	[37]	[38]

Estates and Trusts

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) ____[2]
Employer identification number ____[3]
Name of activity ____[4]
State postal code ____[5]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1T-3	Operating	[27]	[28]	[29]
	Short-term capital		[30]	[31]
	Long-term capital		[32]	[33]
	28% rate capital		[34]	[35]
	Section 1231 loss	[36]	[37]	[38]
	Ordinary business gain/loss	[39]	[40]	[41]

Taxpayer/Spouse/Joint (T, S, J) ____[2]
Employer identification number ____[3]
Name of activity ____[4]
State postal code ____[5]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1T-3	Operating	[27]	[28]	[29]
	Short-term capital		[30]	[31]
	Long-term capital		[32]	[33]
	28% rate capital		[34]	[35]
	Section 1231 loss	[36]	[37]	[38]
	Ordinary business gain/loss	[39]	[40]	[41]

Taxpayer/Spouse/Joint (T, S, J) ____[2]
Employer identification number ____[3]
Name of activity ____[4]
State postal code ____[5]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1T-3	Operating	[27]	[28]	[29]
	Short-term capital		[30]	[31]
	Long-term capital		[32]	[33]
	28% rate capital		[34]	[35]
	Section 1231 loss	[36]	[37]	[38]
	Ordinary business gain/loss	[39]	[40]	[41]

Taxpayer/Spouse/Joint (T, S, J) ____[2]
Employer identification number ____[3]
Name of activity ____[4]
State postal code ____[5]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1T-3	Operating	[27]	[28]	[29]
	Short-term capital		[30]	[31]
	Long-term capital		[32]	[33]
	28% rate capital		[34]	[35]
	Section 1231 loss	[36]	[37]	[38]
	Ordinary business gain/loss	[39]	[40]	[41]

Form ID: Home

Sale of Principal Residence

Description ______ [1]
Taxpayer/Spouse/Joint (T, S, J) __ [5]
State postal code ____ [6]
Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) __ [7]
Date former residence was acquired ______ [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 improvements + ______ [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) __ [19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	____ [21]	____ [22]
Number of days each person owned property used as main home	____ [23]	____ [24]
Number of days between date of sale of the other home and date of sale of this home	____ [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

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 the first sale ______ [37]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) __ [38]
Selling price of property sold by a related party + ______ [40]

NOTES/QUESTIONS:

	Control Totals +		Form ID: Home

Prior Year Installment Sale

Preparer use only

		2019 Information		Prior Year Information
Description			[3]	
Taxpayer/Spouse/Joint (T, S, J)			[7]	
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]	
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 Installment Sale

Preparer use only

		2019 Information		Prior Year Information
Description			[3]	
Taxpayer/Spouse/Joint (T, S, J)			[7]	
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]	
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 +

NOTES/QUESTIONS:

Form 4797 and 6252 - General Information

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)** + ____ [30]
Applicable percentage (if not 100%) **(Section 1250)** ____ [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 Information

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]

NOTES/QUESTIONS:

	Control Totals +		Form ID: Sale

Like-Kind Exchange General Information

Preparer use only

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 party ____ [17]
Date the like-kind property received was identified ____ [18]
Date you received the like-kind property from the other party ____ [19]

Gain and Basis Information

Fair market value of other property given up + ____ [20]
Adjusted basis of other property given up + ____ [21]
Cash received + ____ [22]
Fair market value of other (not like-kind) property received + ____ [23]
Installment obligation received in like-kind exchange + ____ [24]
Fair market value of like-kind property you received + ____ [25]
Fair market value of non-section 1245 property you received + ____ [26]
Liabilities, including mortgages, assumed by you + ____ [27]
Cash paid + ____ [28]
Adjusted basis of like-kind property given up + ____ [29]
Adjusted basis of like-kind property from pass through entity
  Cost or other basis + ____ [30]
  Depreciation allowed or allowable excluding Section 179 + ____ [31]
  Section 179 expense deduction passed through + ____ [32]
  Section 179 carryover + ____ [33]
Liabilities, including mortgages, assumed by the other party + ____ [34]
Exchange expenses incurred by you + ____ [35]

Related Party Exchange Information

Name of related party ____ [38]
Address of related party ____ [39]
City ____ [40]
State ___ [41]
Zip code ____ [42]
Identifying number of related party ____ [43]
Relationship to you ____ [44]
During this tax year, did the related party sell or dispose of the property received? (Y, N) __ [45]
During this tax year, did you sell or dispose of the like-kind property you received? (Y, N) __ [46]
Indicate if any special conditions apply (1 = Death of either party, 2 = Involuntary conversion, 3 = No tax avoidance) __ [47]
Mark if this exchange is a prior year like-kind exchange __ [49]

NOTES/QUESTIONS:

Statement of Specified Foreign Financial Assets

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.

	2019 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	__ [7]	
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 ____ [16]
- Foreign entity address ____ [17]
- City, state, zip code ____ [18] ____ [19] ____ [20]
- Foreign country code/name ____ [21] ____ [22]
- Foreign province/county ____ [23]
- Foreign postal code ____ [24]

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

- Type: (I = Issuer, C = Counterparty) __ [25]
- 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 Person) __
- 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 or issuer/counterparty information, but not both)

- 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 Person) __
- Individual or organization name ____
- Address of issuer or counterparty ____
- City, state, zip code ____ ____ ____
- Foreign country code/name ____ ____
- Foreign province/county ____
- Foreign postal code ____

NOTES/QUESTIONS:

Foreign Financial Accounts

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]

	2019 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	__[4]	
Type of Account:		
Bank	__[5]	
Securities	__[6]	
Other	____________[7]	
Maximum value of account	____________[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	____________[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 financial interest

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner ____________[28]

Foreign identification number of account holder/joint owner (If no Taxpayer identification number) ____________[29]

Last name or organization name of account holder/joint owner ____________[30]

First name and middle initial of account holder/joint owner ____________[31] __[32]

Address and apartment ____________[33] ________[34]

City, state, zip code ____________[35] ___[36] ____________[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:

Foreign Earned Income Exclusion

Taxpayer/Spouse (T, S) __[1]
State postal code ___[3]
Foreign street address ______________________________[4]
City ______________
State/Province ______________
Country code ___
Country ______________
Postal code ______________
Employer's name ______________________________[2]
U.S. address ______________________________[5]
City ______________
State postal code ___
Zip code ______________
Foreign street address ______________________________[6]
City ______________
State/Province ______________
Country code ___
Country ______________
Postal code ______________
Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign affiliate of a U.S. company, E = Other) _[7] If other, specify type ______________[8]
Country of citizenship ______________________________[11]
If maintained a separate foreign residence for your family due to adverse living conditions, provide city, country, and days:
City/Country ______________________________[12] Days ________
City/Country ______________________________ Days ________
List tax home(s) during the tax year and dates established:
Tax home ______________________________[13] Date ______________
Tax home ______________________________ Date ______________

Foreign Earned Income Allocation Information

***U.S. Business Days and Travel Type Code: 1=Travel to United States; 2=Travel to restricted country; 3=Travel to foreign country**

U.S. business days and travel information:[16]

Type Code*	Name of Country including United States	Date Arrived	Date Left	No. of U.S. business days
__				
__				
__				
__				
__				
__				

Foreign days worked before and after foreign assignment ____[17]
Total days worked before and after foreign assignment ____[18]
Total number of days worked during year (defaults to 240) ____[19]

Bona Fide Residence Test

Date foreign residence began ______________[21]
Date foreign residence ended ______________[22]
Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) _[23]
If any family members lived abroad with you during any part of tax year, list who and for what period:
Relationship ______________ Period abroad ______________________________[24]
Relationship ______________ Period abroad ______________________________
Relationship ______________ Period abroad ______________________________
Relationship ______________ Period abroad ______________________________
Mark if you submitted a statement to foreign country authorities that you are not a resident of that country _[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
______________________________[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 rented, names of occupants and their relationship to you:
Address ______________________________[30] City ______________
State postal code ___ Zip code ______________
Rented _ Occupant ______________________________ Relationship ______________
Address ______________________________[30] City ______________
State postal code ___ Zip code ______________
Rented _ Occupant ______________________________ Relationship ______________

Physical Presence Test

Principal country of employment [31]

Employer's name ______________________________

Taxpayer/Spouse (T, S) _

State postal code ___

Foreign Earned Income

***Please use the Foreign Earned Income Allocation Codes located below.**

		Allocation Code*		Amount
Noncash income:				
Home (lodging)	[10]	__[11]	+	[12]
Meals	[13]	__[14]	+	[15]
Car	[16]	__[17]	+	[18]
Other properties or facilities (Please enter code here and description and amount below):		__[19]		
			+	[20]
			+	
			+	
			+	
			+	
Allowances, reimbursements or expenses paid on behalf:				
Cost of living and overseas differential		__[21]	+	[22]
Family		__[23]	+	[24]
Education		__[25]	+	[26]
Home leave		__[27]	+	[28]
Quarters		__[29]	+	[30]
Other purposes (Please enter code here and description and amount below):		__[31]		
			+	[32]
			+	
			+	
			+	
			+	
Other foreign earned income (Please enter code here and description and amount below):		__[33]		
			+	[34]
			+	
			+	
			+	
			+	
Excludable meals and lodging under section 119			+	[35]

*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

Deductions Allocable to Foreign Earned Income

	Allocation Code*		Amount
Other allocable deductions	__[36]	+	[37]

Housing Exclusion/Deduction

Qualified housing expense	+	[47]

NOTES/QUESTIONS:

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 forces	__	[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 possessions	__	[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]

NOTES/QUESTIONS:

Employee Business Expenses

☐ **Preparer use only**

		2019 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__ [2]	
Occupation in which expenses were incurred		____ [3]	
State postal code		____ [5]	
If the employee expenses were from an occupation listed below, enter the applicable code		__ [6]	__
1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official, 5 = Reservist		__	
Parking fees and tolls	+	____ [18]	____
Local transportation	+	____ [20]	____
Travel expenses	+	____ [23]	____
Other business expenses:			
____	+	____ [26]	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
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____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
____	+	____	____
Nonvehicle depreciation	+	____ [29]	____
Meals	+	____ [32]	____
Meals for individuals subject to DOT hours of service limitation (certain state returns)	+	____ [34]	

Employer Reimbursements

Enter Reimbursements not entered on Screen W2, Box 12, Code L

		2019 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+	____ [61]	____
Reimbursements for meals not included on Form W-2	+	____ [63]	____
Reimbursements for meals for DOT service limitation not included on Form W-2	+	____ [65]	

	Control Totals +		**Form ID: 2106**

Employee Business Expenses

Preparer use only

Taxpayer/Spouse (T, S) __[2]

Occupation in which expenses were incurred ____________________[3]

State postal code ___[4]

Vehicle Questions

	2019 Information	Prior Year Information
If you used your automobile for work purposes, please answer the following questions:		
Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable)	__[5]	_
Was another vehicle available for personal use? (Y, N)	__[7]	_
Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No)	__[9]	

Vehicle Information

Vehicle 1 -	Date placed in service	[11]
	Description	[12]
	Comments	
Vehicle 2 -	Date placed in service	[62]
	Description	[63]
	Comments	
Vehicle 3 -	Date placed in service	[109]
	Description	[110]
	Comments	
Vehicle 4 -	Date placed in service	[156]
	Description	[157]
	Comments	

Vehicles Actual Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total mileage for the year	[20]		[69]		[116]		[163]	
Business mileage	[24]		[71]		[118]		[165]	
Average daily round trip commuting mileage	[26]		[73]		[120]		[167]	
Total commuting mileage	[28]		[75]		[122]		[169]	
Gasoline	+ [30]		+ [77]		+ [124]		+ [171]	
Oil	+ [32]		+ [79]		+ [126]		+ [173]	
Repairs	+ [34]		+ [81]		+ [128]		+ [175]	
Maintenance	+ [36]		+ [83]		+ [130]		+ [177]	
Tires	+ [38]		+ [85]		+ [132]		+ [179]	
Car washes	+ [40]		+ [87]		+ [134]		+ [181]	
Insurance	+ [42]		+ [89]		+ [136]		+ [183]	
Interest	+ [44]		+ [91]		+ [138]		+ [185]	
Registration	+ [46]		+ [93]		+ [140]		+ [187]	
Licenses	+ [48]		+ [95]		+ [142]		+ [189]	
Property taxes (Plates, tags, etc)	+ [50]		+ [97]		+ [144]		+ [191]	
Vehicle rentals	+ [52]		+ [99]		+ [146]		+ [193]	
Inclusion amt (Preparer only)	+ [54]		+ [101]		+ [148]		+ [195]	
Other vehicle expenses	+ [56]		+ [103]		+ [150]		+ [197]	
Value of employer provided vehicle	+ [58]		+ [105]		+ [152]		+ [199]	
Depreciation	+ [60]		+ [107]		+ [154]		+ [201]	

Control Totals +

Other Adjustments

Alimony Paid:

T/S	Date*		2019 Information	Prior Year Information
			+ [4]	
	Recipient name and SSN			
	Address			
	City, state and zip code			
			+	
	Recipient name and SSN			
	Address			
	City, state and zip code			
			+	
	Recipient name and SSN			
	Address			
	City, state and zip code			

*** Date of divorce/separation agreement**

	2019 Information Taxpayer	2019 Information Spouse	Prior Year Information
Educator expenses:			
+	[6] +	[7]	
+	+		
Other adjustments:			
+	[9] +	[10]	
+	+		
+	+		
+	+		
+	+		
+	+		
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+	+		
+	+		

NOTES/QUESTIONS:

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

Complete if you cashed qualified U.S. Savings bonds in 2019 that were issued after 1989, and you paid qualified higher education expenses in 2019 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 2019 for person listed above + ____________ [1]
Enter any nontaxable educational benefits received for 2019 for person listed above + ____________
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) ______
Financial institution name (ESA) or name of program (QTP) ____________
Financial institution address (ESA) or address of program (QTP) ____________
City, state and zip code ____________ ____ ____________

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 2019 for person listed above + ____________ [1]
Enter any nontaxable educational benefits received for 2019 for person listed above + ____________
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) ______
Financial institution name (ESA) or name of program (QTP) ____________
Financial institution address (ESA) or address of program (QTP) ____________
City, state and zip code ____________ ____ ____________

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 2019 for person listed above + ____________ [1]
Enter any nontaxable educational benefits received for 2019 for person listed above + ____________
Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) ______
Financial institution name (ESA) or name of program (QTP) ____________
Financial institution address (ESA) or address of program (QTP) ____________
City, state and zip code ____________ ____ ____________

Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2019 + ____________ [3]

NOTES/QUESTIONS:

Student Loan Interest Paid

Complete this section if you paid interest on a qualified student loan in 2019 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 2019. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender		2019 Interest Paid		Prior Year Information
__		+		[1]	
__		+			
__		+			
__		+			

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

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 ____________

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification 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 Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2019.
Enter the amount actually paid during 2019.

	2019 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) **(Box 1)**	+ ____________[8]	____________
Field no longer applicable	____________	
Educational institution changed its reporting method for 2019 **(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 2020 **(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-secondary education before 2019	__	

NOTES/QUESTIONS:

Qualified Education Programs

Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) __[1]
Payer name ______________________________[3]
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 and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number ______________[11]
First name ______________[12]
Last name ______________[13]

		2019 Information	Prior Year Information
Amount contributed in current year	+	______________[14]	______________
Basis of this account at 12/31/18	+	______________[17]	______________
Value of this account at 12/31/19	+	______________[19]	______________
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+	______________[24]	

Payments from Qualified Education Programs

		2019 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]	

NOTES/QUESTIONS:

	Control Totals +		**Form ID: 1099Q**

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 return of the individual to whom this information applies?
(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse) __[1]

The information for the FAFSA worksheet will be:
(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return) __[4]

	2018 Information	2019 Information
Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts		+ ____[8]
Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence		+ ____[9]
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms		+ ____[10]
Child support paid because of divorce, separation, or a result of a legal requirement	____[12]	+ ____[20]
Taxable earnings from need-based employment programs	____[13]	+ ____[21]
Student grant and scholarship aid included in adjusted gross income	____[14]	+ ____[22]
Earnings from work under a cooperative education program offered by a college	____[15]	+ ____[23]
Child support received but do not include foster care or adoption payments	____[16]	+ ____[24]
Veterans noneducation benefits	____[17]	+ ____[25]
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	____[18]	+ ____[26]
Money received or paid on behalf of the student (For the student's worksheet only)	____[19]	+ ____[27]

	Control Totals +	

Federal Student Aid Application Information #2

This FAFSA information is for the: ____ **Preparer use only**

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?
(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse) __[1]

The information for the FAFSA worksheet will be:
(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return) __[4]

	2018 Information	2019 Information
Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts		+ ____[8]
Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence		+ ____[9]
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms		+ ____[10]
Child support paid because of divorce, separation, or a result of a legal requirement	____[12]	+ ____[20]
Taxable earnings from need-based employment programs	____[13]	+ ____[21]
Student grant and scholarship aid included in adjusted gross income	____[14]	+ ____[22]
Earnings from work under a cooperative education program offered by a college	____[15]	+ ____[23]
Child support received but do not include foster care or adoption payments	____[16]	+ ____[24]
Veterans noneducation benefits	____[17]	+ ____[25]
Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	____[18]	+ ____[26]
Money received or paid on behalf of the student (For the student's worksheet only)	____[19]	+ ____[27]

NOTES/QUESTIONS:

	Control Totals +		Form ID: FAFSA

Schedule A - Medical and Dental Expenses

T/S/J		2019 Information	Prior Year Information
	Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
__[1]		+ [2]	
__		+	
__		+	
__		+	
__		+	
__		+	
	Medical insurance premiums you paid: **Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.**		
__[4]		+ [5]	
__		+	
__		+	
__		+	
	Long-term care premiums you paid: **Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)**		
__[7]		+ [8]	
__		+	
	Prescription medicines and drugs:		
__[10]		+ [11]	
__		+	
__		+	
__[13]	Miles driven for medical items	[14]	

Schedule A - Tax Expenses

T/S/J		2019 Information	Prior Year Information
	State/local income taxes paid:		
__[18]		+ [19]	
__		+	
__		+	
__		+	
__		+	
	2018 state and local income taxes paid in 2019:		
__[21]		+ [22]	
__		+	
__		+	
	Real estate taxes paid:		
__[24]		+ [25]	
__		+	
__		+	
	Personal property taxes:		
__[27]		+ [28]	
__		+	
	Other taxes, such as: foreign taxes and State disability taxes		
__[30]		+ [31]	
__		+	
__		+	
	Sales tax paid on major purchases:		
__[36]		+ [37]	
__		+	
	Sales tax paid on actual expenses:		
__[39]		+ [40]	
__		+	
__		+	

	Control Totals+		**Form ID: A-1**

Interest Expenses

T/S/J	Home mortgage interest: From Form 1098	2019 Interest Paid [2]	2019 Points Paid	Type*	2019 Mortgage Ins. Premiums Paid	Prior Year Information
[1]		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	
		+	+		+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home **1 = Not used to buy, build, improve home or investment**

T/S/J	Payee's Name	SSN or EIN	2019 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			
[4]			+ [5]	
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

T/S/J **Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name [7]

Street Address

City/State/Zip code

Refinancing Points paid in 2019 -

Taxpayer/Spouse/Joint (T, S, J) [11]

Recipient/Lender name

Total points paid at time of refinance

Points deemed as paid in 2019 **(Preparer use only)** + [12]

Date of refinance

Term of new loan (in months)

Reported on Form 1098 in 2019

Taxpayer/Spouse/Joint (T, S, J)

Recipient/Lender name

Total points paid at time of refinance

Points deemed as paid in 2019 **(Preparer use only)** +

Date of refinance

Term of new loan (in months)

Reported on Form 1098 in 2019

T/S/J	Investment interest expense, other than on Schedule(s) K-1:	2019 Information	Prior Year Information
[15]		+ [16]	
		+	
		+	
		+	
		+	
		+	
		+	
		+	

	Control Totals +		Form ID: A-2

Charitable Contributions

T/S/J		2019 Information	Prior Year Information

Contributions 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 contribution in order to claim the contribution on your return.

Individual contributions of $250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

__[2] + [3]

__[5] Volunteer miles driven [6]

Noncash items, such as: Goodwill/Salvation Army/clothing/household goods

__[8] + [9]

**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area

Miscellaneous Deductions

T/S/J		2019 Information	Prior Year Information

Other expenses, not subject to the 2% AGI limit:

__[12] + [13]

Gambling losses: (Enter only if you have gambling income)

__[15] + [16]

NOTES/QUESTIONS:

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.

T/S/J			2019 Information		Prior Year Information
	Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses				
__[1]		+		[2]	
__		+			
__		+			
__		+			
__		+			
__		+			
__		+			
__		+			
__		+			
__		+			
	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/custodial fees				
__[10]		+		[11]	
__		+			
__		+			
__		+			
__		+			
__		+			
__		+			
__		+			
__		+			
__[13]	Safe deposit box rental	+		[14]	
	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:				
__[16]		+		[17]	
__		+			
__		+			
__		+			
__		+			
__		+			
__		+			
__		+			

NOTES/QUESTIONS:

Home Mortgage Interest Subject To Limitations

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.

		2019 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 2019, 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 2019	+	______	[12]	______
Interest paid during 2019	+	______	[14]	______
Points reported on Form 1098 for 2019	+	______	[16]	______
Home mortgage interest you paid, not reported on Form 1098:				
Recipient name		______	[19]	
Recipient SSN or EIN		______	[20]	
Recipient address		______	[21]	
Recipient city, state, zip code		______ [22] ____ [23] ______	[24]	
Grandfather debt as of 12/31/18 (or first day mortgage was outstanding)	+	______	[25]	______
Grandfather debt as of 12/31/19 (or last day mortgage was outstanding)	+	______	[27]	______
Home acquisition/improvement debt as of 12/31/18 (or first day mortgage was outstanding)	+	______	[29]	______
Home acquisition/improvement debt as of 12/31/19 (or last day mortgage was outstanding)	+	______	[31]	______
Home equity debt as of 12/31/18***(or first day mortgage was outstanding)	+	______	[33]	______
Home equity debt as of 12/31/19***(or last day mortgage was outstanding)	+	______	[35]	______
Average balance in 2019 of grandfather debt	+	______	[38]	______
Average balance in 2019 of home acquisition/improvement debt	+	______	[40]	______
Average balance for 2019 all types of debt	+	______	[42]	

*** ONLY portion of loan proceeds used to buy, build, or improve qualified residence

NOTES/QUESTIONS:

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, 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) __[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 Totals +

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, 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) __[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 Totals +

Noncash Contributions Exceeding $500

For donated securities, include the company name and number of shares in the donated property description, 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) __[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 Totals +

Contributions of Motor Vehicles, Boats & Airplanes

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 ____________________[4]
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 6c)** __[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 checked **(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]

NOTES/QUESTIONS:

Casualty and Theft - Business/Income Producing Properties

Preparer use only

Occurrence description ____ [3]
Taxpayer/Spouse/Joint (T, S, J) __[4]
State postal code ___[5]
Date of casualty or theft ____ [7]

Casualty and Theft - Business/Income Producing Properties

Description of casualty or theft - Property A ____ [10]
Description of casualty or theft - Property B ____ [23]
Description of casualty or theft - Property C ____ [36]
Description of casualty or theft - Property D ____ [49]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	__[13]	__[26]	__[39]	__[52]
Date acquired	____[17]	____[30]	____[43]	____[56]
Cost or other basis of property	+ ____[18]	+ ____[31]	+ ____[44]	+ ____[57]
Insurance or other reimbursement	+ ____[19]	+ ____[32]	+ ____[45]	+ ____[58]
Fair market value before casualty	+ ____[20]	+ ____[33]	+ ____[46]	+ ____[59]
Fair market value after casualty	+ ____[21]	+ ____[34]	+ ____[47]	+ ____[60]

Business/Income Use Replacement Information

Description of replacement property A ____ [61]
Description of replacement property B ____ [65]
Description of replacement property C ____ [69]
Description of replacement property D ____ [73]

	A	B	C	D
Mark if property was acquired from a related party	___[62]	___[66]	___[70]	___[74]
Date acquired	____[63]	____[67]	____[71]	____[75]
Cost of replacement property	+ ____[64]	+ ____[68]	+ ____[72]	+ ____[76]

NOTES/QUESTIONS:

Casualty and Theft - Personal Use Properties

Preparer use only

Occurrence description ____ [3]
Taxpayer/Spouse/Joint (T, S, J) ____ [4]
State postal code ____ [5]
Date of casualty or theft ____ [8]
Mark if casualty resulted due to a federally declared disaster. Federally declared disasters are determined by the President of the United States to warrant assistance by the Federal Government ____ [9]
FEMA disaster declaration number (ex. DR-4399) ____ [10]

Casualty and Theft - Personal Use Properties

	Type of property	City	State	Zip code
Property A	[18]	[19]	[20]	[21]
Property B	[35]	[36]	[37]	[38]
Property C	[52]	[53]	[54]	[55]
Property D	[69]	[70]	[71]	[72]

	A	B	C	D
Date acquired	[26]	[43]	[60]	[77]
Cost or other basis of property	+ [27]	+ [44]	+ [61]	+ [78]
Insurance or other reimbursement	+ [28]	+ [45]	+ [62]	+ [79]
Fair market value before casualty	+ [30]	+ [47]	+ [63]	+ [80]
Fair market value after casualty	+ [31]	+ [48]	+ [64]	+ [81]

Personal Use Replacement Information

Description of replacement property A ____ [84]
Description of replacement property B ____ [88]
Description of replacement property C ____ [92]
Description of replacement property D ____ [96]

	A	B	C	D
Mark if property was acquired from a related party	[85]	[89]	[93]	[97]
Date acquired	[86]	[90]	[94]	[98]
Cost of replacement property	+ [87]	+ [91]	+ [95]	+ [99]

NOTES/QUESTIONS:

Prior Year Casualty and Theft - Business/Income Producing Properties

Preparer use only

Occurrence description ______ [3]
Taxpayer/Spouse/Joint (T, S, J) __[4]
State postal code ___[5]
Date of casualty or theft ______[6]

Prior Year Casualty and Theft - Business/Income Producing Properties (Cont'd)

Description of casualty or theft - Property A ______[8]
Description of casualty or theft - Property B ______[17]
Description of casualty or theft - Property C ______[26]
Description of casualty or theft - Property D ______[35]

	A	B	C	D
Property type (1 = Business, 2 = Income producing, 3 = Employee prop)	__[9]	__[18]	__[27]	__[36]
Date acquired	______[12]	______[21]	______[30]	______[39]
Cost or other basis of property	+ ______[13]	+ ______[22]	+ ______[31]	+ ______[40]
Insurance or other reimbursement	+ ______[14]	+ ______[23]	+ ______[32]	+ ______[41]
Fair market value before casualty	+ ______[15]	+ ______[24]	+ ______[33]	+ ______[42]
Fair market value after casualty	+ ______[16]	+ ______[25]	+ ______[34]	+ ______[43]

Current Year Business/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]

	A	B	C	D
Date acquired	______[45]	______[51]	______[57]	______[63]
Prior year cost of replacement property	+ ______[46]	+ ______[52]	+ ______[58]	+ ______[64]
Cost of replacement property	+ ______[47]	+ ______[53]	+ ______[59]	+ ______[65]
Postponed gain	+ ______[48]	+ ______[54]	+ ______[60]	+ ______[66]
Adjusted basis of replacement property	+ ______[49]	+ ______[55]	+ ______[61]	+ ______[67]

NOTES/QUESTIONS:

Form ID: CasPY

Prior Year Casualty and Theft - Personal Use Properties

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 corrosive drywall	__	[5]
Amount paid to repair damage to home or household appliances	+ ______	[6]
25% loss available from 2018	+ ______	[7]

Prior Year Casualty and Theft - Personal Use Properties (Cont'd)

Type of property A	______	[15]	City A	______	[16]
Type of property B	______	[26]	City B	______	[27]
Type of property C	______	[37]	City C	______	[38]
Type of property D	______	[48]	City D	______	[49]

	A	B	C	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	+ [23]	+ [34]	+ [45]	+ [56]
Fair market value before casualty	+ [24]	+ [35]	+ [46]	+ [57]
Fair market value after casualty	+ [25]	+ [36]	+ [47]	+ [58]

Personal Use Replacement Information

Description of replacement property A	______	[59]
Description of replacement property B	______	[65]
Description of replacement property C	______	[71]
Description of replacement property D	______	[77]

	A	B	C	D
Date acquired	[60]	[66]	[72]	[78]
Prior year cost of replacement property	+ [61]	+ [67]	+ [73]	+ [79]
Cost of replacement property	+ [62]	+ [68]	+ [74]	+ [80]
Postponed gain	+ [63]	+ [69]	+ [75]	+ [81]
Adjusted basis of replacement property	+ [64]	+ [70]	+ [76]	+ [82]

NOTES/QUESTIONS:

	Control Totals +		**Form ID: CasPY**

Home Office General Information

Preparer use only

Principal business or profession ____________________ [3]
Taxpayer/Spouse/Joint (T, S, J) __ [4]
State postal code ___ [5]

Business Use of Home

	2019 Information	Prior Year Information
Total area of home	______ [14]	______
Area used exclusively for business	______ [16]	______
Information for day-care facilities only:		
Total hours used for day-care during this year	____ [18]	____
Total hours used this year, if less than 8760	____ [20]	____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	______ [22]	______
Area used partly for day-care business	______ [24]	

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

	2019 Information Direct Expenses	2019 Information Indirect Expenses	Prior Year Information
Mortgage interest:	+ ______ [29]	+ ______ [31]	______
Mortgage insurance premiums	+ ______ [34]	+ ______ [35]	______
Real estate taxes:	+ ______ [37]	+ ______ [39]	______
Excess mortgage interest	+ ______ [42]	+ ______ [43]	______
Insurance	+ ______ [48]	+ ______ [50]	______
Rent	+ ______ [54]	+ ______ [55]	______
Repairs & maintenance	+ ______ [57]	+ ______ [58]	______
Utilities	+ ______ [60]	+ ______ [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, such as:			
Travel, Supplies, Business telephone expenses		+ ______ [71]	______
Depreciation		+ ______ [75]	______

NOTES/QUESTIONS:

Auto Worksheet

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession ____ [3]

Vehicles

Vehicle 1 -	Date placed in service	____ [4]
	Description	____ [5]
	Comments	____
Vehicle 2 -	Date placed in service	____ [9]
	Description	____ [10]
	Comments	____
Vehicle 3 -	Date placed in service	____ [14]
	Description	____ [15]
	Comments	____
Vehicle 4 -	Date placed in service	____ [19]
	Description	____ [20]
	Comments	____

Vehicle Questions

If you used your automobile for work purposes, answer the following questions:

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
Was the vehicle available for off-duty personal use? (Y, N)	__ [60]	__	__ [62]	__	__ [64]	__	__ [66]	__
Was another vehicle available for personal use? (Y, N)	__ [68]	__	__ [70]	__	__ [72]	__	__ [74]	__
Do you have evidence to support your deduction? (Y, N)	__ [76]	__	__ [78]	__	__ [80]	__	__ [82]	__
Is this evidence written? (Y, N)	__ [84]	__	__ [86]	__	__ [88]	__	__ [90]	__

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	____ [32]		____ [34]		____ [36]		____ [38]	
Commuting miles	____ [42]		____ [44]		____ [46]		____ [48]	
Business miles	____ [52]		____ [54]		____ [56]		____ [58]	
Parking fees	+ ____ [92]		+ ____ [94]		+ ____ [96]		+ ____ [98]	
Tolls	+ ____ [100]		+ ____ [102]		+ ____ [104]		+ ____ [106]	
Gasoline	+ ____ [108]		+ ____ [110]		+ ____ [112]		+ ____ [114]	
Oil	+ ____ [116]		+ ____ [118]		+ ____ [120]		+ ____ [122]	
Repairs	+ ____ [124]		+ ____ [126]		+ ____ [128]		+ ____ [130]	
Maintenance	+ ____ [132]		+ ____ [134]		+ ____ [136]		+ ____ [138]	
Tires	+ ____ [140]		+ ____ [142]		+ ____ [144]		+ ____ [146]	
Car washes	+ ____ [148]		+ ____ [150]		+ ____ [152]		+ ____ [154]	
Insurance	+ ____ [156]		+ ____ [158]		+ ____ [160]		+ ____ [162]	
Interest	+ ____ [164]		+ ____ [166]		+ ____ [168]		+ ____ [170]	
Registration	+ ____ [172]		+ ____ [174]		+ ____ [176]		+ ____ [178]	
Licenses	+ ____ [180]		+ ____ [182]		+ ____ [184]		+ ____ [186]	
Property taxes	+ ____ [188]		+ ____ [190]		+ ____ [192]		+ ____ [194]	
Other vehicle expenses	+ ____ [196]		+ ____ [198]		+ ____ [200]		+ ____ [202]	
Vehicle rentals	+ ____ [204]		+ ____ [206]		+ ____ [208]		+ ____ [210]	
Inclusion amt **(Preparer only)**	+ ____ [212]		+ ____ [214]		+ ____ [216]		+ ____ [218]	
Depreciation	+ ____ [220]		+ ____ [222]		+ ____ [224]		+ ____ [226]	

Health Care Coverage

	2019 Information		
	Taxpayer	Spouse	Prior Year Information
Self-employed health insurance premiums: (Not entered elsewhere)			
______	+ ______ [2]	+ ______ [3]	______
______	+ ______	+ ______	______
Self-employed long-term care premiums: (Not entered elsewhere)			
______	+ ______ [5]	+ ______ [6]	______
______	+ ______	+ ______	

NOTES/QUESTIONS:

ACA - Health Insurance Marketplace Statement #1

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____[6]
Marketplace-assigned policy number **(Box 2)** ____[7]
Policy issuer's name **(Box 3)** ____[2]

Part III Household Information -

	A. 2019 Monthly Premium Amount	Prior Year Information	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2019 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 +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) __[1]
Marketplace identifier **(Box 1)** ____[6]
Marketplace-assigned policy number **(Box 2)** ____[7]
Policy issuer's name **(Box 3)** ____[2]

Part III Household Information -

	A. 2019 Monthly Premium Amount	Prior Year Information	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2019 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 +

NOTES/QUESTIONS:

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

		2019 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 2019 (Enter all amounts contributed, including through employer cafeteria plans)	+	________	[10]	________
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)		__	[12]	
Number of months in qualified high deductible health plan in 2019		___	[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 2019	+	________	[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+	________	[16]	________
Excess contributions for 2018 taken as constructive contributions for 2019	+	________	[19]	________
Rollover contribution (Form 5498-SA, Box 4)	+	________	[21]	

Complete this section if your account is an 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 2019? (Y, N)	__	[33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

		2019 Information	Prior Year Information
Taxpayer/Spouse (T, S)		__[1]	
Name of Trustee		______[4]	
State postal code		___[2]	
Gross distributions received **(Box 1)**	+	______[7]	______
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 expenses, enter the unreimbursed qualified medical expenses for 2019	+	______[19]	______
Withdrawal of excess contributions by the due date of the return	+	______[21]	______
Amount of distribution rolled over for 2019	+	______[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 12/31/18	+	______[27]	______
For HSA accounts:			
Was the high deductible health plan coverage started in 2018 and in effect for the month of December 2018? (Y, N)		__[29]	
Was the high deductible health plan coverage ended before 12/31/19? (Y, N)		__[30]	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

		2019 Information	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 payments during 2019? (Y, N)		__[52]	
If the insured is terminally ill, were payments received 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 during the long-term care period	+	______[55]	

NOTES/QUESTIONS:

ABLE Account Information #1

Please provide all Forms 1099-QA and 5498-QA

		2019 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]	____
Earnings **(Form 1099-QA Box 2)**	+	____[12]	____
Basis **(Form 1099-QA Box 3)**	+	____[14]	____
Program-to-program transfer **(Form 1099-QA Box 4)**		___[16]	
Check if ABLE account terminated in 2019 **(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]	____
Amount of rollover	+	____[21]	____
Amount contributed in 2019 **(Form 5498-QA Box 1)**	+	____[23]	____
Value of account on 12/31/19 **(Form 5498-QA Box 4)**	+	____[25]	____

	Control Totals +	

ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

		2019 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]	____
Earnings **(Form 1099-QA Box 2)**	+	____[12]	____
Basis **(Form 1099-QA Box 3)**	+	____[14]	____
Program-to-program transfer **(Form 1099-QA Box 4)**		___[16]	
Check if ABLE account terminated in 2019 **(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]	____
Amount of rollover	+	____[21]	____
Amount contributed in 2019 **(Form 5498-QA Box 1)**	+	____[23]	____
Value of account on 12/31/19 **(Form 5498-QA Box 4)**	+	____[25]	____

	Control Totals +	

NOTES/QUESTIONS:

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of $20 or less in a month in 2019.

	2019 Information Taxpayer	2019 Information Spouse	Prior Year Information
Total cash and charge tips under $20 per month and not reported to employer	+ ________ [3]	+ ________ [4]	

Complete if you received cash/charge tips of $20 or more in a month and did not report all of those tips to your employer.

Taxpayer information [1]

Employer name	Employer identification number	Total tips received in 2019	Total tips reported in 2019

Spouse information [2]

Employer name	Employer identification number	Total tips received in 2019	Total tips reported in 2019

Social Security Tax on Unreported Wages

Complete if you received pay from a firm for services performed not as an independent contractor and social security and Medicare taxes were not withheld from the pay.

(Please refer to Reason Codes located at the bottom)**

Taxpayer information [6]

Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld

Spouse information [7]

Firm name	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld

**** Reason Codes**

A = I filed Form SS-8 and received a determination letter stating that I am an employee of this firm.
C = I received other correspondence from the IRS that states I am an employee.
G = I filed Form SS-8 with the IRS and have not received a reply.
H = I received a Form W-2 and a Form 1099-MISC from this firm for 2019. The amount on Form 1099-MISC should have been included as wages on Form W-2.

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, please complete the following information:			
Fair rental value of parsonage provided by church	+ ________[5]	+ ________[6]	________
Actual parsonage utilities expense	+ ________[11]	+ ________[12]	________
If you received a rental or parsonage allowance provided by the church, please complete the following information:			
Utilities allowance, if separate from parsonage allowance	+ ________[17]	+ ________[18]	________
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-employment tax by filing Form 4361 with the IRS	__[29]	__[30]	
If you are a self-employed minister, enter any tax-deductible contributions to a 403(b) retirement plan	+ ________[33]	+ ________[34]	

NOTES/QUESTIONS:

	Control Totals +		Form ID: Clergy

Tax for Children with Unearned Income

Enter parent's information for children under age 19 on 1/1/20 or a full-time student under age 24 with unearned income of more than $2,200.

Parent's social security number (Enter the name and social security number of the parent listed first on the return) ____________ [1]
Parent's first name ____________ [2]
Parent's last name ____________ [3]

NOTES/QUESTIONS:

Children's Interest Income

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.

Child's social security number ______ [1]
Child's date of birth ______ [2]
Child's name ______ [4]
Taxpayer/Spouse/Joint (T, S, J) __ [5]

Type Code (**See codes below)	Payer		Interest [6] Income	Tax Exempt Income	U.S. Obligations* $ or %	Tax Exempt* $ or %	Prior Year Information
		+					
		+					
		+					
		+					
		+					
		+					

**Interest Codes				
Blank = Regular Interest	3 = Nominee Distribution	4 = Accrued Interest	5 = OID Adjustment	6 = ABP Adjustment

Children's Dividend Income

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

Type Code (** See codes below)			Ordinary[8] Dividends	Qualified Dividends	Total Capital Gain Distributions	Section 1250	Section 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* $ or %	Tax Exempt* $ or %	Prior Year Information
	1	Payer										
		Amounts +										
	2	Payer										
		Amounts +										
	3	Payer										
		Amounts +										
	4	Payer										
		Amounts +										
	5	Payer										
		Amounts +										
	6	Payer										
		Amounts +										

**Dividend Codes	
Blank = Other	3 = Nominee

		2019 Information[10]	Prior Year Information
Alaska Permanent Fund dividends:			
	______	+	
	______	+	

	Control Totals +		Form ID: 8814

Household Employment Tax

Complete if you paid cash wages of $1,000 or more to any household employee.

Taxpayer/Spouse (T, S)		__[1]
Employer identification number		____________[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 withheld	+	____________[7]
State disability plan social security & Medicare withheld	+	____________[8]

Did you:

(A) pay any household employee cash wages of $2100 or more in 2019? (Y, N)	__[9]
(B) withhold Federal income tax for any household employee? (Y, N)	__[10]
(C) pay household employees cash wages equal to or greater than $1,000 in any quarter of 2018 or 2019? (Y, N)	__[11]

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.
Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax	+	____________[12]
State #1 information		
State postal code where you have to pay unemployment contributions *		___[14]
State reporting number as shown on state unemployment tax return		____________[15]
Taxable wages (as defined in state act)	+	____________[16]
State experience rate period:		
From		____________[17]
To		____________[18]
State experience rate (xxx.xx)		________[19]
Contributions paid to state unemployment fund *	+	____________[20]
Contributions for 2019 paid after 04/15/20	+	____________[21]
State #2 information		
State postal code where you have to pay unemployment contributions		___[22]
State reporting number as shown on state unemployment tax return		____________[23]
Taxable wages (as defined in state act)	+	____________[24]
State experience rate period:		
From		____________[25]
To		____________[26]
State experience rate (xxx.xx)		________[27]
Contributions paid to state unemployment fund	+	____________[28]
Contributions for 2019 paid after 04/15/20	+	____________[29]

NOTES/QUESTIONS:

First-Time Homebuyer Credit Repayment

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 ________

NOTES/QUESTIONS:

Form ID: 2441

Child and Dependent Care Expenses

80

Please enter all amounts paid in 2019 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
2018 employer-provided dependent care benefits used during 2019 grace period	+ ____________ [3]	+ ____________ [4]
Employer-provided dependent care benefits that were forfeited in 2019	+ ____________ [5]	+ ____________ [6]
Total qualified expenses incurred in 2019		____________ [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 ____________
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2019 + ____________ [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 moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2019 + ____________
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 moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2019 + ____________
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 moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2019 + ____________
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 moved and unable to get TIN, 4 = Provider refuses to give TIN)
Amount paid to care provider in 2019 + ____________
Foreign province or state of provider ____________
Foreign country and Foreign postal code of provider

	Control Totals +		**Form ID: 2441**

Credit For The Elderly or Disabled

Please complete if you were age 65 or older at the end of 2019, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Taxpayer	Spouse
Nontaxable disability/pension income received in 2019	+ ____________ [7]	+ ____________ [8]
Taxable disability income received in 2019	+ ____________ [9]	+ ____________ [10]

NOTES/QUESTIONS:

Residential Energy Credit

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 furnace	+	____________	[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]

NOTES/QUESTIONS:

Foreign Tax Credit

Complete if you paid or accrued foreign taxes to a foreign country or U.S. possession in 2019.

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	

Foreign Income or Loss

Country code ___[19]
Country name ____ [20]

	Regular	AMT, if different
Foreign gross income	+ ____ [23]	+ ____ [24]
Definitely related expenses:		
____	+ ____ [31]	+ ____ [32]
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
____	+ ____	+ ____
Foreign source losses	+ ____ [45]	+ ____ [46]

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:
Date paid or accrued ____ [47]
In foreign currency - taxes withheld on:
Dividends + ____ [48]
Rents & royalties + ____ [49]
Interest + ____ [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

Adoption Credit

Complete this form if you paid qualified adoption expenses in 2019. Indicate if the adoption was final in or before 2019. 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 '01 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 2018 for this child	___	___	___
Employer-provided benefits received in 2018 for this child	___	___	___
Total qualified adoption expenses paid in 2019 for this child	___	___	___
Employer-provided benefits received in 2019 for this child	___	___	___
Adoption final in (1 = '19, 2 = Pre '19)	___	___	___

	Child 4	**Child 5**	**Child 6**
Taxpayer/Spouse/Joint (T, S, J)	___	___	___
First name	___	___	___
Last name	___	___	___
Child's date of birth	___	___	___
Mark if this child was:			
born before '01 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 2018 for this child	___	___	___
Employer-provided benefits received in 2018 for this child	___	___	___
Total qualified adoption expenses paid in 2019 for this child	___	___	___
Employer-provided benefits received in 2019 for this child	___	___	___
Adoption final in (1 = '19, 2 = Pre '19)	___	___	___

If the adoption was incomplete or unsuccessful please provide information below:

____________________ [9]
____________________ [10]
____________________ [11]

NOTES/QUESTIONS:

Fuel Tax Credit

***Select the Type of Use codes from the chart below**

	Type of Use*	Rate		Gallons
Nontaxable use of gasoline -				
Off-highway business use		$0.183	+	______ [1]
Use on a farm		0.183	+	______ [2]
Other nontaxable use	___[3]	0.183	+	______ [4]
Exported		0.184	+	______ [5]
Nontaxable use of aviation gasoline -				
Commercial aviation		0.15	+	______ [6]
Other nontaxable use	___[7]	0.193	+	______ [8]
Exported		0.194	+	______ [9]
Leaking underground storage tank (LUST) tax		0.001	+	______ [10]
Nontaxable use of undyed diesel fuel -				
Explanation of evidence of dyes: ______ [11]				
Other nontaxable use	___[12]	0.243	+	______ [13]
Use on a farm		0.243	+	______ [14]
Trains		0.243	+	______ [15]
Intercity / local bus		0.17	+	______ [16]
Exported		0.244	+	______ [17]
Nontaxable use of undyed kerosene (other than aviation) -				
Explanation of evidence of dyes: ______ [18]				
Other nontaxable use	___[19]	0.243	+	______ [20]
Use on a farm		0.243	+	______ [21]
Intercity / local buses		0.17	+	______ [22]
Exported		0.244	+	______ [23]
Other nontaxable use taxed at $.044	___[24]	0.043	+	______ [25]
Other nontaxable use taxed at $.219	___[26]	0.218	+	______ [27]
Kerosene used in aviation -				
Kerosene taxed at $.244		0.200	+	______ [28]
Kerosene taxed at $.219		0.175	+	______ [29]
Other nontaxable use taxed at $.244	___[30]	0.243	+	______ [31]
Other nontaxable use taxed at $.219/.044	___[32]	0.218	+	______ [33]
Leaking underground storage tank (LUST) tax		0.001	+	______ [34]

*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**

NOTES/QUESTIONS:

	Control Totals +		Form ID: 4136

Fuel Tax Credit

***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]
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 -				
Registration Number			______	[10]
Commercial aviation taxed at $.219 (Other than foreign trade)		0.175	+ ______	[11]
Commercial aviation taxed at $.244 (Other than foreign trade)		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**	
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**

NOTES/QUESTIONS:

Fuel Tax Credit

***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**

NOTES/QUESTIONS:

Carryover Information - Preparer Use Only

Qualified Business Income Deduction Carryovers	2018 to 2019 Amounts
Qualified business loss (QBID)	+ ____ [1]
Qualified REIT dividends and PTP loss	+ ____ [2]

Indefinite Carryovers	2018 to 2019 Amounts
Minimum tax credit	+ ____ [3]
Investment interest	+ ____ [4]
Investment interest - AMT	+ ____ [5]
Short-term capital loss	+ ____ [6]
Short-term capital loss - AMT	+ ____ [7]
Long-term capital loss	+ ____ [8]
Long-term capital loss - AMT	+ ____ [9]
Residential energy credit	+ ____ [10]
D.C. first-time homebuyer credit	+ ____ [11]
Tax credit bonds	+ ____ [12]

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

Section 1231 Nonrecaptured Losses

	Section 1231 Nonrecaptured Losses	AMT Section 1231 Nonrecaptured Losses
2014	+ ____ [13]	+ ____ [18]
2015	+ ____ [14]	+ ____ [19]
2016	+ ____ [15]	+ ____ [20]
2017	+ ____ [16]	+ ____ [21]
2018	+ ____ [17]	+ ____ [22]

Charitable Contribution Carryover Items

Prior C/O Year	60% Contributions	50% Contributions	30% Contributions	50/30% Cap Gain Prop	20% Contributions
2014		+ ____ [24]	+ ____ [29]	+ ____ [34]	+ ____ [39]
2015		+ ____ [25]	+ ____ [30]	+ ____ [35]	+ ____ [40]
2016		+ ____ [26]	+ ____ [31]	+ ____ [36]	+ ____ [41]
2017		+ ____ [27]	+ ____ [32]	+ ____ [37]	+ ____ [42]
2018	+ ____ [23]	+ ____ [28]	+ ____ [33]	+ ____ [38]	+ ____ [43]

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
2014		+ ____ [45]	+ ____ [50]	+ ____ [55]	+ ____ [60]
2015		+ ____ [46]	+ ____ [51]	+ ____ [56]	+ ____ [61]
2016		+ ____ [47]	+ ____ [52]	+ ____ [57]	+ ____ [62]
2017		+ ____ [48]	+ ____ [53]	+ ____ [58]	+ ____ [63]
2018	+ ____ [44]	+ ____ [49]	+ ____ [54]	+ ____ [59]	+ ____ [64]

NOTES/QUESTIONS:

Qualified Conservation Contribution Carryover Items

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

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

NOTES/QUESTIONS:

Business Credit Carryover Information - Preparer Use Only

Description

A	______	[2]
B	______	[2]
C	______	[2]
D	______	[2]

Prior C/O Year	**A**	**B**	**C**	**D**
	______ [1]	______ [1]	______ [1]	______ [1]
1999	+ ______ [3]	+ ______ [3]	+ ______ [3]	+ ______ [3]
2000	+ ______ [4]	+ ______ [4]	+ ______ [4]	+ ______ [4]
2001	+ ______ [5]	+ ______ [5]	+ ______ [5]	+ ______ [5]
2002	+ ______ [6]	+ ______ [6]	+ ______ [6]	+ ______ [6]
2003	+ ______ [7]	+ ______ [7]	+ ______ [7]	+ ______ [7]
2004	+ ______ [8]	+ ______ [8]	+ ______ [8]	+ ______ [8]
2005	+ ______ [9]	+ ______ [9]	+ ______ [9]	+ ______ [9]
2006	+ ______ [10]	+ ______ [10]	+ ______ [10]	+ ______ [10]
2007	+ ______ [11]	+ ______ [11]	+ ______ [11]	+ ______ [11]
2008	+ ______ [12]	+ ______ [12]	+ ______ [12]	+ ______ [12]
2009	+ ______ [13]	+ ______ [13]	+ ______ [13]	+ ______ [13]
2010	+ ______ [14]	+ ______ [14]	+ ______ [14]	+ ______ [14]
2011	+ ______ [15]	+ ______ [15]	+ ______ [15]	+ ______ [15]
2012	+ ______ [16]	+ ______ [16]	+ ______ [16]	+ ______ [16]
2013	+ ______ [17]	+ ______ [17]	+ ______ [17]	+ ______ [17]
2014	+ ______ [18]	+ ______ [18]	+ ______ [18]	+ ______ [18]
2015	+ ______ [19]	+ ______ [19]	+ ______ [19]	+ ______ [19]
2016	+ ______ [20]	+ ______ [20]	+ ______ [20]	+ ______ [20]
2017	+ ______ [21]	+ ______ [21]	+ ______ [21]	+ ______ [21]
2018	+ ______ [22]	+ ______ [22]	+ ______ [22]	+ ______ [22]

NOTES/QUESTIONS:

20 Year Carryovers - Pre-TCJA

Prior C/O Year	Net Operating Loss	AMT Net Operating Loss
1999	+ ____ [1]	+ ____ [21]
2000	+ ____ [2]	+ ____ [22]
2001	+ ____ [3]	+ ____ [23]
2002	+ ____ [4]	+ ____ [24]
2003	+ ____ [5]	+ ____ [25]
2004	+ ____ [6]	+ ____ [26]
2005	+ ____ [7]	+ ____ [27]
2006	+ ____ [8]	+ ____ [28]
2007	+ ____ [9]	+ ____ [29]
2008	+ ____ [10]	+ ____ [30]
2009	+ ____ [11]	+ ____ [31]
2010	+ ____ [12]	+ ____ [32]
2011	+ ____ [13]	+ ____ [33]
2012	+ ____ [14]	+ ____ [34]
2013	+ ____ [15]	+ ____ [35]
2014	+ ____ [16]	+ ____ [36]
2015	+ ____ [17]	+ ____ [37]
2016	+ ____ [18]	+ ____ [38]
2017	+ ____ [19]	+ ____ [39]

Indefinite Carryovers - Starting in 2018

	Net Operating Loss	AMT Net Operating Loss
Post-TCJA	+ ____ [20]	+ ____ [40]

NOTES/QUESTIONS:

Tax Return History

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

	2015 Amounts	2016 Amounts	2017 Amounts	2018 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				
Qual Bus Inc Ded (plus DPAD)				
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				
Net tax due/-refund -				
Refund applied to estimated tax payments				
Refund received				
Marginal tax rate -	%	%	%	%
Effective tax rate -	%	%	%	%

NOTES/QUESTIONS:

General: 1040

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) ___

Mark if you were married but living apart all year ___ Mark if your nonresident alien spouse does not have an ITIN ___

	Taxpayer	Spouse
Social security number		
First name		
Last name		
Occupation		
Designate $3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank)		
Mark if legally blind		
Mark if dependent of another taxpayer		
Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N)		
Date of birth		
Date of death		
Work/daytime telephone number/ext number		
Do you authorize us to discuss your return with the IRS (Y, N)		

General: 1040, Contact

Present Mailing Address

Address ___

Apartment number ___

City/State postal code/Zip code ___ ___ ___

Foreign country name ___

Foreign phone number ___

Home/evening telephone number ___

Taxpayer email address ___

Spouse email address ___

General: 1040

Dependent Information

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	Care expenses paid for dependent

Credits: 2441

Child and Dependent Care Expenses

Provider 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 2019 ___

	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited		

Income: W2

Salary and Wages

Please provide all copies of Form W-2 that you receive.
Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Retirement: 1099R

Pension, IRA, and Annuity Distributions

Please provide all copies of Form 1099-R that you receive.
Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Income: K1, K1T

Schedules K-1

Please provide all copies of Schedule K-1 that you receive.
Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

T/S/J	Description	Form	Mark if no longer applicable

Income: W2G

Gambling Income

Please provide all copies of Form W-2G that you receive.
Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	Mark if no longer applicable

Educate: 1099Q

Qualified Education Plan Distributions

Please provide all copies of Form 1099-Q that you receive.
Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

T/S	Description	Prior Year Information	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

Income: B1

Interest Income

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

T/S/J	Payer Name	Interest Income	Prior Year Information

Income: B3

Seller Financed Mortgage Interest

T, S, J ___ Payer's name ______________ Payer's social security number ______________

Payer's address, city, state, zip code ______________

Amount received in 2019 ______________ Amount received in 2018 ______________

Income: B2

Dividend Income

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

T/S/J	Payer Name	Ordinary Dividends	Qualified Dividends	Prior Year Information

Income: D

Sales of Stocks, Securities, and Other Investment Property

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

T/S/J	Description of Property	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis

Income: Income

Other Income

Please provide copies of all supporting documentation.

	2019 Information	Prior Year Information
State and local income tax refunds		

	T/S	Agreement Date	2019 Information	Prior Year Information
Alimony received				

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation			
Unemployment compensation repaid			
Social security benefits			
Medicare premiums to be reported on Schedule A			
Railroad retirement benefits			

T/S/J	Other Income:	2019 Information	Prior Year Information

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
Traditional IRA Contributions for 2019 -		
If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	___	___
Enter the total traditional IRA contributions made for use in 2019	________	________
Roth IRA Contributions for 2019 -		
Mark if you want to contribute the maximum Roth IRA contribution	___	___
Enter the total Roth IRA contributions made for use in 2019	________	________

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2019 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2019 Information	Prior Year Information

Complete this section if you paid qualified education expenses for higher education costs in 2019.
Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.
Please provide all copies of Form 1098-T.

T/S	Ed Exp Code*	Student's SSN	Student's First Name	Student's Last Name	Qualified Expenses	Prior Year Information

***Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction**
The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

Complete this section if you moved to a new home due to service in the armed forces.

Description of move	________
Taxpayer/Spouse/Joint (T, S, J)	___
Mark if the move was due to service in the armed forces	___
Number of miles from old home to new workplace	________
Number of miles from old home to old workplace	________
Mark if move is outside United States or its possessions	___
Transportation and storage expenses	________
Travel and lodging (not including meals)	________
Total amount reimbursed for moving expenses	________

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2019 Information	Prior Year Information

Street address ________

City, State and Zip code ________ ___ ________

*Enter the divorce/separation agreement date

	Taxpayer	Spouse	Prior Year Information
Educator expenses:			
Other adjustments:			

Itemized: A1

Medical and Dental Expenses

T/S/J		2019 Information	Prior Year Information
__	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 paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1

Tax Expenses

T/S/J		2019 Information	Prior Year Information
__	State/local income taxes paid		
__	2018 state and local income taxes paid in 2019		
__	Sales tax paid on actual expenses		
__	Real estate taxes paid		
__	Personal property taxes		
__	Other taxes		

Itemized: A2

Interest Expenses

T/S/J		2019 Information	Prior Year Information
__	Home mortgage interest From Form 1098		

Other home mortgage interest paid to individuals:

T/S/J	Payee's Name	SSN or EIN	2019 Information	Prior Year Information
__				

Address	City	State	Zip Code

T/S/J		2019 Information	Prior Year Information
__	Investment interest expense, other than on Sch K-1s:		

Refinancing Information:	Refinance #1	Refinance #2
T/S/J	__	__
Recipient/Lender name		
Total points paid at time of refinance		
Date of refinance		
Term of new loan (in months)		
Reported on Form 1098 in 2019		

Itemized: A3

Charitable Contributions

T/S/J		2019 Information	Prior Year Information
__	Contributions made by cash or check		
__	Volunteer miles driven		
__	Noncash items, such as: Goodwill, Salvation Army		

Itemized: A3, A-St

Miscellaneous Deductions

T/S/J		2019 Information	Prior Year Information
	Other expenses, not subject to the 2% AGI limitation:		
__			
__	Gambling losses (enter only if you have gambling income)		

*****STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA**

T/S/J		2019 Information	Prior Year Information
__	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***		
__	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***		

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 (xxx.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) _
- Enter the maximum dollar amount, or percentage of total refund Dollar ______ **or** Percent (xxx.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 (xxx.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 institution.

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) ______

NOTES/QUESTIONS:

Depreciation - Asset List

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
EXAMPLE	Machinery and equipment (EXAMPLE ASSET)	11/21/12	42,500
	Collected in 5 equal payments over 2 yrs	03/09/19	20,000

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
EXAMPLE	2019 Model T - (EXAMPLE ASSET)	03/09/19	25,750
	Comments: 22,500 job-related miles, 25,000 total miles		
1			
	Comments:		
2			
	Comments:		
3			
	Comments:		
4			
	Comments:		
5			
	Comments:		
6			
	Comments:		
7			
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	Comments:		
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	Comments:		
20			
	Comments:		
21			
	Comments:		
22			
	Comments:		
23			
	Comments:		
24			
	Comments:		
25			
	Comments:		

Alabama General Information

If you moved during the tax year, name of Alabama city moved to ______________________ [1] Zip code ________ [2]
If divorced during the tax year, enter former spouse's social security number ________________ [3]
If you did not file a prior year Alabama tax return, enter reason:
____ [4]

Contributions

Enter the amount of contributions you wish to make:

Political Contributions

	Taxpayer	Spouse
Election campaign fund contribution ($1.00) (1 = Democratic party fund, 2 = Republican party fund)	___ [5]	___ [6]

Charitable Contributions

Senior Services Trust Fund	________ [7]	Firefighters Benefit Fund	________ [16]
Arts Development Fund	________ [8]	Breast and Cervical Cancer Program	________ [17]
Nongame Wildlife Fund	________ [9]	Victims of Violence Assistance	________ [18]
Child Abuse Trust Fund	________ [10]	Military Support Foundation	________ [19]
Veterans Program	________ [11]	Spay-Neuter Program	________ [20]
Historic Preservation Fund	________ [12]	Cancer Research Institute	________ [21]
State Veterans Cemetery at Spanish Fort Foundation	________ [13]	Association of Rescue Squads	________ [22]
Foster Care Trust Fund	________ [14]	USS Alabama Battleship Commission	________ [23]
Mental Health	________ [15]	Children First Trust Fund	________ [24]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Alabama

Part-year residency dates:
From ____________ [25]
To ____________ [26]
If a nonresident of Alabama, enter state of legal residence ____ [27]

Credits

Basic Skills Education Credit:
Dept of Education certification number ______________________ [28]
Name of sponsoring employer or firm ______________________ [29]
Name of approved provider ______________________ [30]
Location of provider ______________________ [31]
Total expenses ______________ [32]
Rural Physician Credit:
Hospital where services provided ______________________ [33]
Community where services provided ______________________ [34]

NOTES/QUESTIONS:

Arizona General Information

Last name on prior returns, if different ________ [1]

If you were a part-year resident during the tax year, enter the dates you lived in Arizona

Part-year residency dates:
From ________ [2]
To ________ [3]
Other state(s) of residency (Part-year residents only) ____[4] ____[5] ____[6] ____[7]
Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) ____[8]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Political gift ________ [9]
Name of party (1 = Arizona Green Party, 2 = Democratic, 3 = Libertarian, 4 = Republican) ____[10]

Charitable Contributions

Solutions Teams Assigned to Schools ________ [11]
Arizona Wildlife Fund ________ [12]
Child Abuse Prevention Fund ________ [13]
Domestic Violence Shelter Fund ________ [14]
Neighbors Helping Neighbors Fund ________ [15]
Special Olympics Fund ________ [16]
Veterans Donation Fund ________ [17]
I Didn't Pay Enough Fund ________ [18]
Sustainable State Parks and Road Fund ________ [19]
Spay/Neuter of Animals ________ [20]

Property Tax Credit Information

Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) ____[21]
Mark if you:
Received Title 16, SSI payments ____[22]
Lived alone ____[23]
Property taxes paid through rent payments ________ [24]
If claimed as a dependent on another's return, enter claimant's information:
Name ________ [25]
Social security number ________ [26]
Address ________ [27] Apartment number ________ [28]
City ________ [29] State ____[30] Zip code ________ [31]
Income earned by other household residents ________ [32]

NOTES/QUESTIONS:

Form ID: AR

Arkansas General Information

Taxpayer deaf ____[1]
Spouse deaf ____[2]
Early childhood program - certificate number ____________________[3]
State political contribution ____________________[4]

	Taxpayer	Spouse
Contributions to a long-term intergenerational trust	____________________[5]	____________________[6]

Contributions

Amount of charitable contributions you wish to make to:

Disaster Relief Program ____________________[7]
Game and Fish Foundation ____________________[8]
School for the Blind and Deaf ____________________[9]
Baby Sharon's Children's Catastrophic Illness Program ____________________[10]
Organ Donor Awareness Education Program ____________________[11]
Area Agencies on Aging ____________________[12]
Military Family Relief ____________________[13]
Newborn Umbilical Cord Blood Initiative ____________________[14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Arkansas

Part-year residency dates:
From ______________[15]
To ______________[16]
State of residency if nonresident of Arkansas _______[17]

NOTES/QUESTIONS:

Form ID: CA

California General Information

Prior year last name

Taxpayer ______ [1]

Spouse ______ [2]

Use Tax

Item purchased	Purchase price	County (City)	Sales Tax paid	
				[3]

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund ______ [4]

Alzheimer's Disease/Related Dementia Fund ______ [5]

Rare and Endangered Species Preservation Program ______ [6]

Breast Cancer Research Fund ______ [7]

Firefighters' Memorial Fund ______ [8]

Emergency Food for Families Fund ______ [9]

Peace Officer Memorial Foundation Fund ______ [10]

Sea Otter Fund ______ [11]

Cancer Research Fund ______ [12]

School Supplies for Homeless Children Fund ______ [13]

Parks Pass Purchase ($195) ______ [14]

State Parks Protection Fund ______ [15]

Protect Our Coast and Oceans Fund ______ [16]

Keep Arts in Schools Fund ______ [17]

Prevention Animal Homelessness & Cruelty ______ [18]

California Senior Citizen Advocacy Fund ______ [19]

Native California Wildlife Rehabilitation ______ [20]

Rape Backlog Kit Fund ______ [21]

Organ and Tissue Donor ______ [22]

National Alliance on Mental Illness California ______ [23]

Schools Not Prisons ______ [24]

Suicide Prevention Fund ______ [25]

Renter Information

Number of months rented principal residence in California in 2019 ______ [32]

Lived with person claiming dependency exemption for more than 6 months (Dependent of another only) ______ [33]

Property rented was exempt from property tax in 2019 ______ [34]

Taxpayer claimed homeowner's property tax exemption in 2019 ______ [35]

Spouse claimed homeowner's property tax exemption during 2019 ______ [36]

Maintained separate residencies for the entire year ______ [37]

Addresses if more than one or different from mailing address

Address	______	______	[38]
City	______	______	
State	______	______	
Zip Code	______	______	
Date Rented From	______	______	
Date Rented To	______	______	

Landlord information

Name	______	______	[39]
Address	______	______	
City	______	______	
State	______	______	
Zip Code	______	______	
Telephone	______	______	

NOTES/QUESTIONS:

Form ID: CA2

California Residency Information

Part-year, Nonresident

	Taxpayer	Spouse
State of domicile	_____[1]	_____[2]
Number of days spent in California	_______[3]	_______[4]
Owned California home or property	___[5]	___[6]
Part-year resident:		
Date moved into California	__________________[7]	__________________[9]
Prior state of residence	_____[8]	_____[10]
Date moved out of California	__________________[11]	__________________[13]
New state of residence	_____[12]	_____[14]
Nonresident or full-year resident for entire year:		
State of residence	_____[15]	_____[16]

Prior Year Residency Information

	Taxpayer	Spouse
Prior residency information:		
From	__________________[17]	__________________[19]
To	__________________[18]	__________________[20]

Military Personnel

Part-year, Nonresident

	Taxpayer	Spouse
State in which stationed	_____[21]	_____[22]

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_______________[23]	_______________[26]
Date returned from overseas or combat zone/QHDA	_______________[24]	_______________[27]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	___[25]	___[28]

Combat Zone/QHDA Operation/Area served

Taxpayer ____[29]

Spouse ____[30]

NOTES/QUESTIONS:

Form ID: CO

Colorado Use Tax

Purchases subject to state sales or use tax ____ [1]
Special district code ____ [2]
Purchases subject to special district sales or use tax if less than the total purchase ____ [3]

Contributions

Amount of charitable contributions you wish to make to:

Nongame and Endangered Wildlife Fund ____ [4]
Domestic Abuse Fund ____ [5]
Homeless Prevention Activities Fund ____ [6]
Western Slope Military Veterans Cemetery Fund ____ [7]
Pet Overpopulation Fund ____ [8]
Military Family Relief Fund ____ [9]
American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund ____ [10]
Habitat for Humanity of Colorado Fund ____ [11]
Special Olympics of Colorado ____ [12]
Colorado Healthy Rivers Fund ____ [13]
Alzheimer's Association Fund ____ [14]
Colorado Cancer Fund ____ [15]
Make-A-Wish Foundation of Colorado Fund ____ [16]
Unwanted Horse Fund ____ [17]
Urban Peak Housing and Support Fund ____ [18]
Family Caregiver Support Fund ____ [19]
Young American Center for Financial Education Fund ____ [20]
Colorado Nonprofit Fund ____ [21]
Charitable organization Secretary of State registration number ____ [22]
Name of registered organization
____ [23]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Colorado

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different):		
Resident	____ [24]	____ [25]
Nonresident	____ [26]	____ [27]
Part-year resident	____ [28]	____ [29]
Military nonresident	____ [30]	____ [31]
Part-year residency dates:		
From	____ [32]	____ [34]
To	____ [33]	____ [35]

NOTES/QUESTIONS:

Form ID: CT

Connecticut Charitable Contributions

Amount of contributions you wish to make to:

AIDS Research	______ [1]	Safety Net Services	______ [5]
Organ Transplant	______ [2]	Military Relief	______ [6]
Endangered Species/Wildlife Fund	______ [3]	CHET Baby Scholar	______ [7]
Breast Cancer Research	______ [4]	Mental Health Community Investment Account	______ [8]

Use Tax Information

Use Tax-Enter any out-of-state purchases made on which sales tax was not paid to the seller:

Purchase 1 Description ______ Date of purchase ______ [9]
Retailer/Service Provider: ______ Purchase price ______
Type Code: ___ Out of state tax paid ______

Purchase 2 Description ______ Date of purchase ______
Retailer/Service Provider: ______ Purchase price ______
Type Code: ___ Out of state tax paid ______

Use Tax Type Codes

1 = Computer & data processing services	**3 = General sales tax**
2 = Boats, boat motors and trailers	**4 = Luxury items**

Property Tax Information

Enter property taxes paid on primary residence and/or motor vehicle:

Primary Residence Description (Enter street address)(Resident only) ______ [10]
Auto 1 Description (Enter year, make and model)(Resident only) ______ [11]
Auto 2 Description (Enter year, make and model)(MFJ Resident only) ______ [12]

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	______ [13]	______ [14]	______ [15]	
Auto 1 (Resident only)	______ [16]	______ [17]	______ [18]	______ [19]
Auto 2 (MFJ Resident only)	______ [20]	______ [21]	______ [22]	______ [23]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Connecticut:

	Taxpayer	Spouse
Enter residency dates:		
From	______ [24]	______ [26]
To	______ [25]	______ [27]
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)	___ [28]	___ [31]
Did you earn income from Connecticut sources during nonresident period? (Y, N)	___ [29]	___ [32]
State of prior or new residence	___ [30]	___ [33]

Enter the following amounts only if you do NOT know the exact amount of your Connecticut source information

Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage) ___ [34]
Working days (or other basis) outside Connecticut ______ [35]
Working days (or other basis) inside Connecticut ______ [36]
Nonworking days (holidays, weekends, etc) ______ [37]
Total income being apportioned ______ [38]

NOTES/QUESTIONS:

Form ID: DE

Delaware General Information

	Taxpayer	Spouse
Mark if totally disabled	____[1]	____[2]
Volunteer firefighter Fire Company number (Resident only)	______[3]	______[4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Non-Game Wildlife	____________[5]	____________[6]
Beau Biden Foundation	____________[7]	____________[8]
Emergency Housing	____________[9]	____________[10]
Breast Cancer Education	____________[11]	____________[12]
Organ Donations	____________[13]	____________[14]
Diabetes Education	____________[15]	____________[16]
Veteran's Home	____________[17]	____________[18]
Delaware National Guard	____________[19]	____________[20]
Juvenile Diabetes Fund	____________[21]	____________[22]
Multiple Sclerosis Society	____________[23]	____________[24]
Ovarian Cancer Fund	____________[25]	____________[26]
21st Fund for Children	____________[27]	____________[28]
White Clay Creek	____________[29]	____________[30]
Home of the Brave	____________[31]	____________[32]
Senior Trust Fund	____________[33]	____________[34]
Veteran's Trust Fund	____________[35]	____________[36]
Protecting Delaware's Children Fund	____________[37]	____________[38]
Food Bank of Delaware	____________[39]	____________[40]
Ctrl DE Habitat for Humanity	____________[41]	____________[42]
B+ Childhood Cancer	____________[43]	____________[44]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Delaware

	Taxpayer	Spouse
Part-year residency dates:		
From	____________[45]	____________[47]
To	____________[46]	____________[48]

NOTES/QUESTIONS:

Form ID: DC

District of Columbia Property Tax Credit Information

If renting, enter rental information below (Residents only)

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house, 4 = Condominium) ____[1]
Landlord's name ____[2]
Landlord's address (Number and street) ____[3]
____[4]
Apartment number ____[5]
City ____[6]
State ____[7]
Zip code ____[8]
Landlord's telephone number ____[9]
Rent paid ____[10]
Rent supplements received ____[11]

If property owner, enter real property information below

Square number ____[12]
Suffix number ____[13]
Lot number ____[14]

Use Tax

Purchases subject to use tax
Merchandise, services and rentals ____[15]
Alcoholic beverages ____[16]
Purchases of catered food or drink ____[17]
Rentals of non-commercial vehicles ____[18]

Contribution

Amount of contribution you wish to make to:

DC Statehood Delegation Fund (Political Contribution) ____[19]
Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) ____[20]
Anacostia River Cleanup and Prevention Fund (Charitable Contribution) ____[21]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in the District of Columbia

Part-year residency dates:
From ____[22]
To ____[23]

Disability Information

	Name of Employer	Payer, if other than employer	No. of Weeks
Taxpayer	____[24]	____[25]	____[26]
Spouse	____[27]	____[28]	____[29]

Mark if physician's certification previously filed ____[30]
Otherwise, enter:
Physician's name ____[31] ____[32] ____[33]
Address, apartment number ____[34] ____[35]
City, state, zip code ____[36] ____[37] ____[38]
Telephone number ____[39]

NOTES/QUESTIONS:

Form ID: GA

Georgia General Information

	Taxpayer	Spouse
If disabled, enter the following:		
Type of disability	____________ [1]	____________ [2]
Date of disability	____________ [3]	____________ [4]

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund	____________ [5]
Fund for Children and Elderly	____________ [6]
Cancer Research Fund	____________ [7]
Land Conservation Program	____________ [8]
National Guard Foundation	____________ [9]
Dog and Cat Sterilization Fund	____________ [10]
Save the Cure Fund	____________ [11]
Realizing Educational Achievement Can Happen Program	____________ [12]
Public Safety Memorial Grant	____________ [13]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Georgia

	Taxpayer	Spouse
Part-year residency dates:		
From	____________ [14]	____________ [16]
To	____________ [15]	____________ [17]

NOTES/QUESTIONS:

Form ID: HI

Hawaii General Information

Mark if first time filer ____[1]
Mark if address has changed from prior year ____[2]
If you (or spouse) are blind, deaf or totally disabled, has impairment been certified? (Special disability exemption: T = Taxpayer, S = Spouse, B = Both) ____[3]
Current year distributions from an individual housing account not used for home purchase ____________[4]
Reservist or National Guard pay included in W-2 income ____________[5]
Payments to an individual housing account ____________[6]

Contributions

Amount of contributions you wish to make to:

Election campaign fund - taxpayer (Y, N) ____[7]
Election campaign fund - spouse (Y, N) ____[8]
$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S = Spouse, B = Both) ____[9]
$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both) ____[10]
$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Taxpayer, S = Spouse, B = Both) ____[11]

Rental Credit Information

Rental credits can only be claimed by persons with Hawaii residence of 9 or more months during the calendar year

Residence Information: Starting Month of Occupancy ______ Ending Month of Occupancy ______[12]
Address ____________
City ____________
State ____
Zip ____________
Owner Information: Name ____________
Business Name ____________
Address ____________
City ____________
State ____
Zip ____________
Foreign Providence/State ____________
Foreign Country Code ____
Foreign Country ____________
Foreign Postal Code ____________
Tax ID # ____________
Total rents received for this unit ____________

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Hawaii

Part-year residency dates:
From ____________[13]
To ____________[14]

NOTES/QUESTIONS:

Form ID: ID

Idaho General Information

Mark if:

Taxpayer or spouse is a disabled veteran ____[1]

Receiving Idaho Public Assistance ____[2]

	Taxpayer	Spouse
Number of days eligible for grocery credit if less than full year or total time spent as part year resident	________[3]	________[4]

Use Tax

Purchases subject to use tax ________________________[5]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Conservation Fund ________________________[6]

Children's Trust Fund and Child Abuse Prevention ________________________[7]

Special Olympics Idaho ________________________[8]

Idaho Guard and Reserve Family Support Fund ________________________[9]

American Red Cross of Idaho ________________________[10]

Veterans Support Fund ________________________[11]

Idaho Food Bank ________________________[12]

Opportunity Scholarship Program Fund ________________________[13]

Donate grocery credit to the Cooperative Welfare Fund ____[14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Idaho

	Taxpayer	Spouse
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident)	____[15]	____[16]
Part-year residency dates:		
From	________________[17]	________________[19]
To	________________[18]	________________[20]
State of residence	______[21]	______[22]

Adjustments and Credits

Energy efficiency upgrades ________________________[23]

Adoption expenses ________________________[24]

Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both) ____[25]

NOTES/QUESTIONS:

Form ID: IL

Illinois General Information

Use Tax

General merchandise purchases ____________________[1]
Qualifying food, non-prescription drugs and medical appliances purchases ____________________[2]
Sales tax already paid to another state ____________________[3]

Contributions

Amount of contributions you wish to make to:

Wildlife Preservation ____________________[4]
Alzheimer's Disease Research ____________________[5]
Assistance to the Homeless ____________________[6]
Diabetes Research Fund ____________________[7]
Hunger Relief Fund ____________________[8]

Credits

Qualified Education Expenses

Child's Name	Grade	School Name	School City	School Type	Total Tuition, Books, Lab fees
[9]	[10]	[11]	[12]	[13]	[14]
[15]	[16]	[17]	[18]	[19]	[20]
[21]	[22]	[23]	[24]	[25]	[26]
[27]	[28]	[29]	[30]	[31]	[32]
[33]	[34]	[35]	[36]	[37]	[38]
[39]	[40]	[41]	[42]	[43]	[44]
[45]	[46]	[47]	[48]	[49]	[50]
[51]	[52]	[53]	[54]	[55]	[56]

Property Taxes

Description	Property Index Number
	[57]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Illinois

Part-year residency dates:	Taxpayer	Spouse
From	[58]	[60]
To	[59]	[61]

Mark if you were a resident of any of the following states during the tax year: IA ___[62] KY ___[63] MI ___[64] WI ___[65]

In what states other than above did you reside and/or file a tax return during the tax year?[66]

State postal code	State postal code	State postal code
State postal code	State postal code	State postal code
State postal code	State postal code	State postal code
State postal code	State postal code	State postal code

NOTES/QUESTIONS:

Form ID: IN

Indiana General Information

	Taxpayer	Spouse
County of residence (as of January 1 of tax year)	____[3]	____[4]
County of employment (as of January 1 of tax year)	____[5]	____[6]

Household employment taxes:

Employee Name	________________	Employee SSN	________[7]
Income	________	State Tax Withheld	________
County Tax Withheld	________	County Code	____

Contributions

Amount of contribution you wish to make to:

Nongame Wildlife Fund	________[8]
Military Family Relief Fund	________[9]
Public K-12 Education Fund	________[10]

Credit for Donation to an Indiana College or University

Mark this field if you made a cash or noncash contribution to an Indiana college or university ___[11]

Renter's Information

Taxpayer, Spouse, Joint (T,S,J)	___	Principal address	________________[12]
		City, state, zip code	________ ____ ________
Number of months rented	____	Total rent paid	________

Landlord name ________________[13]

Landlord address ________________

Landlord city, state, zip code ________ ____ ________

Part-year Resident and Nonresident Information

Enter the dates you lived in Indiana or in other states.

	Taxpayer	Spouse
State of residency (Use these fields if you or your spouse had only one state of residency)	____[14]	____[15]

States of residency (Use these fields if you or your spouse had more than one state of residency)

Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
___	____	________	________[16]
___	____	________	________
___	____	________	________
___	____	________	________

NOTES/QUESTIONS:

Form ID: IA

Iowa General Information

County of residence as of December 31st ________________________[1]
School district ________________________[2]

Contributions

Amount of charitable contributions you wish to make to:

Fish and Wildlife Fund ____________________[3]
State Fairgrounds Renovation ____________________[4]
Firefighters Fund and Veterans Trust Fund ____________________[5]
Child Abuse Prevention ____________________[6]

Residency Information

Residency code ___[7]

Residency Code	
Blank = Both spouses have the same residency status	**4 = Taxpayer nonresident, spouse part-year resident**
1 = Taxpayer nonresident, spouse resident	**5 = Taxpayer resident, spouse part-year resident**
2 = Taxpayer resident, spouse nonresident	**6 = Taxpayer part-year resident, spouse resident**
3 = Taxpayer part-year resident, spouse nonresident	

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Iowa

	Spouse	Taxpayer
Part-year residency dates:		
Moved into Iowa	______________[8]	______________[10]
Moved out of Iowa	______________[9]	______________[11]

Nonresident Information

Illinois residents:
Iowa wages or salary only ___[12]
Wages or salary and other Iowa source income ___[13]

NOTES/QUESTIONS:

Form ID: KS

Kansas General Information

County of residence ________________ [1]
School district number ________ [2]
Mark if name or address has changed ____ [3]

Use Tax

Use Tax due but receipts or records not available ____ [4]
Purchases Subject to Use Tax, receipts or records are available

City/county	Amount	
		[5]

Contributions

Enter the amount of charitable contributions you wish to make to:

Chickadee Checkoff ________ [6]
Senior Citizens Meals On Wheels Contribution Program ________ [7]
Breast Cancer Research Fund ________ [8]
Military Emergency Relief Fund ________ [9]
Kansas Hometown Heroes Fund ________ [10]
Kansas Creative Arts Industry Fund ________ [11]
School District Contribution Fund ________ [12]
School district headquarters county ________________ [13]
School district number ________ [14]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kansas

Part-year residency dates:
From ________ [15]
To ________ [16]

NOTES/QUESTIONS:

Form ID: KY

Kentucky General Information

National Guard member - taxpayer ____[1]
National Guard member - spouse ____[2]
Enter your state of residency at the end of the tax year (Part-year and Nonresident only) ______[3]

Use Tax

	Description	Date of Purchase	Amount
Enter any out-of-state purchases made on which sales tax was not paid to the seller			[4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Spouse	Taxpayer
Political Party Fund (1 = Democratic, 2 = Republican, 3 = No Designation)	____[5]	____[6]

Charitable Contributions

Nature and Wildlife Fund	_________[7]
Child Victims' Trust Fund	_________[8]
Veterans' Program Trust Fund	_________[9]
Breast Cancer Research and Education Trust Fund	_________[10]
Farms to Food Banks Trust Fund	_________[11]
Local History Trust Fund	_________[12]
Special Olympics Kentucky	_________[13]
Pediatric Cancer Research Trust Fund	_________[14]
Rape Crisis Center Trust Fund	_________[15]
Court Appointed Special Advocate Trust Fund	_________[16]
YMCA Youth Association Fund	_________[17]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Kentucky

Part-year residency dates:

From	________________[18]
To	________________[19]
State moved from	______[20]
State moved to	______[21]

Nonresident Information

	Spouse	Taxpayer
Mark if:		
Commuted daily to Kentucky employment (VA resident)	____[22]	____[23]
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	____[24]	____[25]

Resident of state(s)

Taxpayer	IL ____[26]	IN ____[27]	MI____[28]	OH ____[29]	VA ____[30]	WV ____[31]	WI____[32]
Spouse	IL ____[33]	IN ____[34]	MI____[35]	OH ____[36]	VA ____[37]	WV ____[38]	WI____[39]

NOTES/QUESTIONS:

Form ID: LA

Louisiana General Information

Mark if name has changed ____[1]

Credit for certain disabilities (B = Blind, D = Deaf, L = Loss of limb, M = Mentally incapacitated):

Taxpayer ____[2]

Spouse ____[3]

Dependents:

Code	Disability	First Name	Last Name	SSN	
					[4]

Value of computer or other technological equipment donated ____[5]

Use Tax

Enter the amount of any out-of-state purchases on which sales tax was not paid ____[6]

Contributions

Military Family Assistance Fund	[7]	Louisiana Association of United Ways / 2-1-1	[15]
Coastal Protection and Restoration Fund	[8]	American Red Cross	[16]
START Program	[9]	National Guard Honor Guard for Military Funerals	[17]
Wildlife Habitat and Natural Heritage Fund	[10]	Louisiana State Troopers Charities, Inc	[18]
Louisiana Cancer Trust Fund	[11]	Friends of Palmetto State Park	[19]
Pet Overpopulation Advisory Council	[12]	Children's Therapeutic Services at the Emerge Center	[20]
Louisiana Food Bank Association	[13]	Louisiana Horse Rescue Association	[21]
Make-A-Wish of Texas Gulf Coast/Louisiana	[14]	Louisiana Coalition Against Domestic Violence	[22]

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	[23]	[25]
To	[24]	[26]

Retirement Information

	Taxpayer	Spouse
Date retired as a:		
Louisiana state employee	[27]	[28]
Louisiana teacher	[29]	[30]
Federal employee	[31]	[32]

Other retirement information:

Retirement System Name	Taxpayer Date Retired	Spouse Date Retired	
			[33]

NOTES/QUESTIONS:

Form ID: ME

Maine Use Tax

Calculate use tax using table (For purchases < $1000 per purchase only) ___[1]
Out of state purchases (Enter total if not using table or enter purchases > $999 if using table) ___[2]
Use tax already paid to another jurisdiction ___[3]
Casual rental income ___[4]

Contributions

Political Contributions

Contribute $3 ($6 if joint) to the Maine Clean Election Fund (1 = Taxpayer, 2 = Spouse, 3 = Joint) ___[5]

Charitable Contributions

Endangered and Nongame Wildlife Fund "Chickadee Check-off" ___[6]
Maine Children's Trust ___[7]
Companion Animal Sterilization Fund ___[8]
Maine Military Family Relief Fund ___[9]
Maine Veterans' Memorial Cemetery Maintenance Fund ___[10]
Maine Public Library Fund ___[11]

State Park Passes

Number of individual park passes ___[12]
Number of vehicle passes ___[13]

Property Tax Fairness Credit

Not required to file federal or Maine tax return (Filing for Property Tax Fairness only) ___[14]
Married filing separate but claiming credit of same homestead ___[15]
Physical street address if different from mailing address ___[16] ___[17]
City, state, zip code ___[18] ___[19] ___[20]
Property tax paid during 2019 (For home up to 10 acres less portion related to business use and special assessments) ___[21]
Rent paid for 2019 ___[22]
Social security disability / supplemental security income (If part-year resident, enter portion received during residency) ___[23]
Rent includes heat, utilities, furniture, snow plowing, etc. ___[24] Amount related to heat, etc. ___[25]
Landlord #1 name ___ Landlord #1 phone number ___[26]
Landlord #2 name ___ Landlord #2 phone number ___

Part-year Resident Information

	Taxpayer	Spouse
Part-year residency dates:		
From	___[27]	___[29]
To	___[28]	___[30]
State where stationed	___[31]	___[32]
State of prior residency	___[33]	___[34]
Nonresident state of residence	___[35]	___[36]
Number of days in Maine for any reason	___[37]	___[38]
Maine property owners only:		
Municipality where owned, taxpayer	___[39]	
Municipality where owned, spouse	___[40]	

NOTES/QUESTIONS:

Form ID: MD

Maryland General Information

	Taxpayer	Spouse
County of residence	____________________[1]	____________________[2]
City of residence		____________________________[3]

Contributions

Amount of charitable contributions you wish to make to:

Chesapeake Bay and Endangered Species Fund	______________[4]
Developmental Disabilities Waiting List Equity Fund	______________[5]
Maryland Cancer Fund	______________[6]
Fair Campaign Financing Fund	______________[7]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Maryland

Part-year residency dates:

From	___________[8]
To	___________[9]
State of legal residence (Other than Maryland)	_____[10]
If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident)	___[11]
Mark if taxpayer or spouse in military (Nonresident only)	___[12]

NOTES/QUESTIONS:

Form ID: MA

Massachusetts General Information

Mark if name and address have changed since last year ___[1]
Mark if noncustodial parent ___[2]
In care of address or address of legal residence or domicile:
Street ___[3]
City, state, zip code ___[4] ___[5] ___[6]
Foreign country name ___[7]
Foreign province or county ___[8]
Foreign postal code ___[9]

Use Tax

Estimate use tax for out of state purchases less than $1,000 ___[10]
Out of state purchases ___[11] Sales tax paid to other state ___[12]

Contributions

Amount of political and charitable contributions you wish to make to:

	Taxpayer	Spouse
Mark to contribute to the State Election Campaign Fund	___[13]	___[14]

Organ Transplant Fund ___[15]
Endangered Wildlife Conservation ___[16]
Public Health HIV and Hepatitis Fund ___[17]
United States Olympic Fund ___[18]
Military Family Relief Fund ___[19]
Homeless Animal Prevention and Care Fund ___[20]

Adjustments and Deductions

Rental Deduction

Residence #1 rented address ___[21]
Landlord's name and address ___
Date from ___ Date to ___ Rent paid ___

Residence #2 rented address ___
Landlord's name and address ___
Date from ___ Date to ___ Rent paid ___

Health Insurance Information

	Taxpayer	Spouse
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year	___[22]	___[23]
Insurance information has changed from last year	Yes ___[24] No ___[25]	Yes ___[26] No ___[27]
Federal identification number	___[28]	___[29]
Subscriber number	___[30]	___[31]

Name of insurance company (Taxpayer) ___[32]
Name of insurance company (Spouse) ___[33]

Commuter Deduction

	Tolls paid through Fastlane	MBTA Transit/commuter passes
Taxpayer	___[34]	___
Spouse	___[35]	___

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Massachusetts

Part-year residency dates:
From ___[36]
To ___[37]

Form ID: MI

Michigan General Information

School district name ____________________ [1]
School district code ________ [2]
Mark if 2/3 income from seafaring ____ [3]

	Taxpayer	Spouse
Do you want $3.00 to go to the state campaign fund? (Y, N)	____[4]	____[5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Paraplegic, quadriplegic or hemiplegic	____[6]	____[7]
Totally and permanently disabled	____[8]	____[9]
Deaf	____[10]	____[11]
Qualified disabled veteran	____[12]	____[13]

Use Tax

Purchases up $1000 per purchase subject to use tax ____________ [14]
Purchases exceeding $1000 per purchase subject to use tax ____________ [15]

Contributions

Amount of charitable contribution you wish to make to:
Contributions must be a minimum of $5, $10 or any amount greater than $10

American Red Cross of Michigan ________ [16]
Animal Welfare Fund ________ [17]
Children's Trust Fund - Preventing Child Abuse in Michigan ________ [18]
Fostering Futures Scholarship Trust Fund ________ [19]
Kiwanis Fund ________ [20]
Lions of Michigan Foundation Fund ________ [21]
Michigan World War II Legacy Memorial Fund ________ [22]
Military Family Relief Fund ________ [23]
United Way Fund ________ [24]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Michigan

	Taxpayer	Spouse
From	________[25]	________[27]
To	________[26]	________[28]

Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident) ____ [29]

NOTES/QUESTIONS:

Form ID: MI2

Michigan Credits - Homestead Property Tax Credit Information

Homeowner

Homestead occupied entire tax year:Taxable value __________ [1] Special Assessments __________ [3]

Homestead property taxes levied, if different from that entered on Organizer Form ID: A1 (or Lite-5)

TSJ	Description	Amount
___	__________	__________ [4]
___	__________	__________

Address at end of tax year, if different from that entered on Organizer Form ID: 1040 (or Lite-1):

Street address __________ [5] Taxable value __________ [9]

City __________ [6] Number of days occupied _____ [10]

State ____ [7] Zip code __________ [8] Property taxes levied for the year __________ [11]

Address of homestead sold during tax year:

Street address __________ [12] Taxable value __________ [16]

City __________ [13] Number of days occupied _____ [17]

State ____ [14] Zip code __________ [15] Property taxes levied for the year __________ [18]

Rental Information

[19]

Rental #1 Address City Zip code	No. months	Monthly rent	Mobile home
Landlord #1 Name Address City State Zip Code			
Rental #2 Address City Zip code	No. months	Monthly rent	Mobile home
Landlord #2 Name Address City State Zip Code			

Household Income

Enter amounts of nontaxable income received during the tax year by any member of your household

Child support and foster parent payments __________ [20]

Worker's compensation and Veteran's benefits __________ [21]

Family Independence Agency and other public assistance payments __________ [22]

Gifts or expenses paid on your behalf __________ [23]

Other nontaxable income (inheritances, etc):

__________ __________ [24]

__________ __________

__________ __________

NOTES/QUESTIONS:

Form ID: MI3

Michigan Cities General Information

	Taxpayer	Spouse
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		
Disabled	____[1]	____[2]
Deaf	____[3]	____[4]

NOTES/QUESTIONS:

Form ID: MN

Minnesota General Information

Mark if you or your spouse are disabled ____[1]
Welfare amounts received ____________[2]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Taxpayer	Spouse
State campaign fund (Enter the appropriate code for the $5 political party contribution on Form M1 or Form M1PR from the list below)	____[3]	____[4]

Political Parties

11 = Republican	**14 = Grassroots-Legalize Cannabis Party**	**17 = Legalize Marijuana Now Party**
12 = Democratic Farmer-Labor	**15 = Green Party of Minnesota**	**99 = General Campaign Fund**
13 = Independent	**16 = Libertarian**	

Charitable Contribution

Nongame Wildlife Fund ____________[5]

Credits and Subtractions

Long Term Care Insurance Credit

Name of insurance company (Taxpayer) ____________[6]
Name of insurance company (Spouse) ____________[7]
Policy Number (Taxpayer) ____________[8]
Policy Number (Spouse) ____________[9]

K-12 Education Expenses

Child's Name	Grade	Class Fees	Indiv Fees	Textbook Material	Transport Costs	Hardware Software	Qualified Tuition
[10]	[11]	[12]	[13]	[14]	[15]	[16]	[17]
[18]	[19]	[20]	[21]	[22]	[23]	[24]	[25]
[26]	[27]	[28]	[29]	[30]	[31]	[32]	[33]

	Child One	Child Two	Child Three
Class name	[34]	[35]	[36]
Class type	[37]	[38]	[39]
Ind. instr name	[40]	[41]	[42]
Ind. instr type	[43]	[44]	[45]
Music ins type	[46]	[47]	[48]
Musical ins cost	[49]	[50]	[51]
Type of school attended	[52]	[53]	[54]
Transp provider	[55]	[56]	[57]

M1PR Property Tax Credit

Note: Please attach copies of your tax year CRP's and/or current year Property Tax Statements

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Minnesota

	Taxpayer	Spouse
Part-year residency dates:		
From	[58]	[60]
To	[59]	[61]
Other state of residence (State/Foreign country required for other nonresidents)	[62]	[63]

NOTES/QUESTIONS:

Mississippi General Information

County of residence ______________________ [1]

Contributions

Amount of contributions you wish to make to:

Military Family Relief Fund ____________ [2]
Commission for Volunteer Service Fund ____________ [3]
Wildlife Heritage Fund ____________ [4]
Educational Trust Fund ____________ [5]
Wildlife Fisheries and Parks Foundation ____________ [6]
Burn Care Fund ____________ [7]

NOTES/QUESTIONS:

Form ID: MO

Missouri General Information

County of residence name ____________ [1]
County of residence ____________ [2]

Contributions

Amount of contributions you wish to make to:

Children's Trust Fund ________ [3]
Veterans Trust Fund ________ [4]
Elderly Home Delivered Meals Trust Fund ________ [5]
Missouri National Guard Trust Fund ________ [6]
Workers' Memorial Trust Fund ________ [7]
Childhood Lead Testing Trust Fund ________ [8]
Missouri Military Family Relief Trust Fund ________ [9]
General Revenue Trust Fund ________ [10]
Organ Donor Program Trust Fund ________ [11]
Trust Fund ____ [12] ________ [13]
Trust Fund ____ [14] ________ [15]

Trust Fund Codes

01 = American Cancer Society	**09 = National Arthritis Foundation**
02 = American Diabetes Association	**10 = National Multiple Sclerosis Society**
03 = American Heart Association	**12 = Cervical Cancer Fund**
04 = American Lung Association	**13 = Breast Cancer Awareness Fund**
05 = ALS (Lou Gehrig's Disease)	**14 = Adoptive Parent's Recruitment and Retention**
07 = Muscular Dystrophy Association	**18 = Pediatric Cancer Trust**
08 = March of Dimes	**19 = Missouri National Guard Foundation Fund**

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Missouri

	Taxpayer	**Spouse**
Missouri residency dates:		
From	________ [16]	________ [17]
To	________ [18]	________ [19]
Other state residency dates:		
From	________ [20]	________ [21]
To	________ [22]	________ [23]
Other state of residency	____ [24]	____ [25]

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:
Taxpayer ____________ [26]
Spouse ____________ [27]

Property Tax Information

Residents only

Mark if you are a 100% disabled veteran ___ [28]
Mark if you are disabled per section 135.010(2), RSMo ___ [29]
Mark if surviving spouse social security benefits were received during the tax year ___ [30]

NOTES/QUESTIONS:

Form ID: MT

Montana Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Nongame Wildlife Program	____________ [1]	____________ [2]
Child Abuse and Neglect Prevention Program	____________ [3]	____________ [4]
Agriculture in Montana Schools Program	____________ [5]	____________ [6]
Montana Military Family Relief Fund	____________ [7]	____________ [8]
Political Contributions	____________ [9]	____________ [10]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Montana

Part-year residency dates:

From ____________ [11]

To ____________ [12]

State moved to ______ [13]

State moved from ______ [14]

Elderly Homeowner or Renter Credit

Please provide copies of property tax bills

Mark if owned or rented a Montana residence for 6 months or more during the current tax year ____ [15]

Taxpayer, Spouse, Joint ____ [16]

Rent paid ____________ [17]

NOTES/QUESTIONS:

Form ID: NE

Nebraska General Information

County of residence ____________________ [1]
Public school district ____________________ [2]

Contributions

Amount of charitable contributions you wish to make to:

Wildlife Conservation Fund ____________________ [3]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Nebraska

Part-year residency dates:
From ____________________ [4]
To ____________________ [5]

NOTES/QUESTIONS:

New Hampshire General Information

	Taxpayer	Spouse
Mark if disabled on the last day of the tax year	____[1]	____[2]
		DP-10
Name change since last filing		____[3]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Hampshire

From ________________[4]
To ________________[5]

Business Tax Summary

Mark to indicate final return ____[6]

NOTES/QUESTIONS:

Form ID: NJ

New Jersey General Information

County or Municipality code ________[1]
In care of address ________________________[2]
Mark if:
Tax forms, instructions and booklet are not needed ___[3]
You are not eligible for the property tax deduction or credit ___[4]
You maintain the same residence as your spouse (Married filing separate returns ONLY) ___[5]

	Taxpayer	Spouse
Mark if:		
Contributed to the Social Security Fund (Eligible to receive benefits)	___[6]	___[7]
You want to designate $1 to the gubernatorial election campaign fund	___[8]	___[9]

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund		______[10]
Children's Trust Fund to prevent child abuse		______[11]
New Jersey Vietnam Veterans' Memorial Fund		______[12]
Breast Cancer Research Fund		______[13]
USS New Jersey Educational Museum Fund		______[14]
Other (see codes below)	_____[15]	______[16]
Other (see codes below)	_____[17]	______[18]
Other (see codes below)	_____[19]	______[20]

Other Funds

01 = Drug Abuse Educate	**08 = Veterans Haven Support**	**15 = Girl Scouts Council in NJ**	**22 = Non-Profit Veterans Org**
02 = Korean Veterans'	**09 = Community Food Pantry**	**16 = Homeless Veterans Grant**	**23 = NJ Yellow Ribbon**
03 = Organ Donor	**10 = Cat and Dog Spay and Neuter**	**17 = Leukemia and Lymphoma - NJ**	**24 = Autism Programs**
04 = AIDS Services	**11 = Lung Cancer Research**	**18 = North NJ Vet Memorial Cemetery**	**25 = Boy Scouts Councils in NJ**
05 = Literacy Vol	**12 = Boys and Girls Club**	**19 = NJ Farm to School / School Garden**	**26 = NJ Memorial To War Veterans**
06 = Prostate Cancer	**13 = NJ National Guard State Family**	**20 = Local Library Support**	**27 = Jersey Fresh Program**
07 = World Trade Center	**14 = American Red Cross NJ**	**21 = ALS Association Support**	**28 = NJ World War II Vet's Memorial**

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in New Jersey

Part-year residency dates:
From ______________[21]
To ______________[22]
State of residency (Nonresidents only) _____[23]

NOTES/QUESTIONS:

Form ID: NJ2

New Jersey Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

General Information

Principal residence for 2019 ___[1]

Property tax credit not claimed with homestead benefit, claim on NJ-1040 ___[2]

	Part 1	Part 2
Block number	___[3]	___[4]
Lot number	___[5]	___[6]
Qualifier number (Condos)		___[7]
Co-op or continuing care retirement facility resident		___[8]
Municipal code at the end of if different from current residence		___[9]

Homeowner Information

Total property taxes paid ___[10]

Street ___[11]

City ___[12]

Number of days as an owned property ___[13]

Your share of property owned ___[14]

Share used as principal residence ___[15]

Your share of property taxes ___[16]

Renter and Mobile Home Owner Information

Total rent paid or mobile home fees ___[17]

Street ___[18]

Apartment number ___[19]

City ___[20]

Days you were a tenant during 2019 ___[21]

Total number of tenants ___[22]

Your share of rent paid ___[23]

Other Tenant Information

First name ___[24]

Middle initial ___

Last name ___

Social security number ___

Property Tax Reimbursements

	2018	2019
Taxpayer received social security disability	___[25]	___[26]
Spouse received social security disability	___[27]	___[28]
You lived continuously in New jersey since December 31, 2008		___[29]
You owned and lived in home since December 31, 2015 or are otherwise eligible		___[30]
You are a mobile home owner		___[31]
Mobile home park site number		___[32]
Homestead Benefit Identification Number (Enter as 999-999-999)		___[33]
Taxpayer needs a PTR-A or PTR-B to take tax collector/mobile home part owner or manager to verify taxes paid		___[34]

NOTES/QUESTIONS:

Form ID: NM

New Mexico General Information

If you were a part-year resident during the tax year, enter the dates you lived in New Mexico

First year resident ____[1]

Part-year residency dates:

	From	To
Taxpayer	________________[2]	________________[3]
Spouse	________________[4]	________________[5]

Do NOT have a commercial domicile in New Mexico ____[6]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Taxpayer	Spouse
Political party (1 = Democratic, 2 = Republican, 3 = Libertarian, 4 = Green, 5 = Better for America, 6 = Constitution)	____[7]	____[8]

Charitable Contributions

New Mexico Housing Trust Fund ________________________[9]
Share with Wildlife ________________________[10]
Veterans' State Cemetery Fund ________________________[11]
Substance Abuse Education Fund ________________________[12]
Forest Re-Leaf Program ________________________[13]
National Guard Member and Family Assistance ________________________[14]
Kids 'N Parks Transportation Grant Program ________________________[15]
Amyotrophic Lateral Sclerosis Research Fund ________________________[16]
Vietnam Veterans Memorial ________________________[17]
Veterans Enterprise Fund ________________________[18]
Lottery Tuition Fund ________________________[19]
Horse Shelter Rescue Fund ________________________[20]
Animal Care and Facility Fund ________________________[21]
Supplemental Senior Services ________________________[22]
Sexual Assault Examination Kit Processing Fund ________________________[23]

Additions and Deductions

Income of an Indian ____________________[24]
Name of the taxpayer's Indian nation, tribe, or pueblo ____[25]
Name of the spouse's Indian nation, tribe, or pueblo ____[26]
Contributions refunded from the New Mexico approved Section 529 College Savings Plan ____________________[27]

Rebate and Credit Schedule

Public assistance, AFDC, welfare benefits ____________[28]
Supplemental security income (SSI) ____________[29]
Amount of rent paid during the tax year on principal place of residence ________________[30]
Mark if rent includes amount paid on your behalf by a government entity ____[31]
Resident county (1 = Los Alamos, 2 = Santa Fe) ____[32]

NOTES/QUESTIONS:

Form ID: NY

New York General Information

	Taxpayer	Spouse
Mark if you were a resident of New York City at any time during the current tax year	____[1]	____[2]
Mark if you were a resident of Yonkers at any time during the current tax year	____[3]	____[4]
County of residence		________________[5]
School district		________________[6]

Use Tax

Use tax due but receipts or records not available ____[7]

Contributions

Amount of contributions you wish to make to:

Return a Gift to Wildlife	________[8]	Autism Awareness and Research Fund	________[21]
Missing or Exploited Children Clearinghouse Fund	________[9]	Veterans' Homes Assistance Fund	________[22]
Breast Cancer Research and Education Fund	________[10]	Love Your Library Fund	________[23]
Alzheimer's Disease Fund	________[11]	Lupus Fund	________[24]
Olympic Fund (Maximum $2 per filer)	____[12]	Military Family Fund	________[25]
Prostate and Testicular Cancer Research and Education Fund	________[13]	CUNY Fund	________[26]
9/11 Memorial	________[14]	Life Pass it on Fund	________[27]
Volunteer Firefighting and EMS Recruitment Fund	________[15]	ALS Research Fund	________[28]
Teen Health Education Fund	________[16]	School-based Health Centers	________[29]
Veterans Remembrance and Cemetery Fund	________[17]	Gifts to Food Banks Fund	________[30]
Homeless Veterans Assistance Fund	________[18]	Meals on Wheels for Seniors	________[31]
Mental Illness Anti-Stigma Fund	________[19]	Gifts to the Arts Fund	________[32]
Women's Cancers Education and Prevention Fund	________[20]		

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value $85,000 or less

Mark if you lived in a nursing home and qualify for credit ____[33]

Enter amounts received for cash public assistance and relief ____[34]

Enter any other income not reported elsewhere ____________[35]

Homeowners: ____________[36]

Enter the amount of special assessments you and all qualified household members paid during the current tax year

Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467 ____________[37]

Tenants: ____________[38]

Enter the total rent you and all members of your household paid during current tax year

Rent includes charges for (Specify) ____________[39]

4 = Heat, gas, electricity, furnishings and board
2 = Heat, gas and electricity
0 = Nothing included ____[40]
3 = Heat, gas, electricity and furnishings
1 = Heat or heat and gas

NOTES/QUESTIONS:

Form ID: NY2

New York - Part-year Resident and Nonresident Information

		Taxpayer		Spouse	
	New York State	New York City	Yonkers	New York City	Yonkers
Part-year residency dates:					
From	[1]	[3]	[5]	[7]	[9]
To	[2]	[4]	[6]	[8]	[10]
County of residence while a nonresident of New York City		[11]		[12]	

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1

Mark if this address is still maintained by or for you [13]

Number of days in NYC

Street address

City, State and Zip code

Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City)

Address #2

Mark if this address is still maintained by or for you

Number of days in NYC

Street address

City, State and Zip code

Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City)

NOTES/QUESTIONS:

Form ID: NC

North Carolina General Information

County of residence ____________________ [1]

Contributions

Amount of charitable contributions you wish to make to:

Endangered Wildlife Fund ____________________ [2]
Education Endowment Fund ____________________ [3]
Breast and Cervical Cancer Control Program ____________________ [4]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Carolina

	Taxpayer	Spouse
Part-year residency dates:		
From	____________ [5]	____________ [7]
To	____________ [6]	____________ [8]

NOTES/QUESTIONS:

North Dakota General Information

School district code ______[1]
Income source code ______[2]

Income source code			
1 = Farming, ranching	**4 = Public, private education**	**7 = Manufacturing**	**10 = Finance, banking, insur**
2 = Retail, wholesale trade	**5 = Personal, business services**	**8 = Communication, trnspn, utilities**	**11 = Military**
3 = Government service	**6 = Construction**	**9 = Gas, oil, coal**	**12 = Retirement**

Contributions

Amount of contributions you wish to make to:

Watchable Wildlife Fund ______[3]
Trees for North Dakota Fund ______[4]
Veterans Postwar Trust Fund ______[5]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in North Dakota

	Taxpayer	Spouse
Part-year residency dates:		
From	______[6]	______[8]
To	______[7]	______[9]
Other state of residency	______[10]	______[11]

NOTES/QUESTIONS:

Form ID: OH

Ohio General Information

Enter your current Ohio county of residence ____________ [1]
School district number ______ [2]

Use Tax

Mark this field to certify no sales or use tax is due ___ [3]
Purchases subject to use tax ____________ [4]

Contributions

Amount of charitable contributions you wish to make to:

Military injury relief fund ________ [5]
Natural areas and endangered species fund ________ [6]
Wildlife species and endangered wildlife ________ [7]
Ohio History Fund ________ [8]
Breast and cervical cancer project ________ [9]
Wishes for sick children ________ [10]

Credits

	Taxpayer	Spouse
Displaced worker training expenses for 12-month period since loss of job	____________ [11]	____________ [12]
Amount contributed to Ohio political campaigns	____________ [13]	____________ [14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

Part-year residency dates:	Taxpayer	Spouse
From	__________ [15]	__________ [17]
To	__________ [16]	__________ [18]

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)	___ [19]	___ [20]
If nonresident, enter state of residency	____ [21]	____ [22]
If foreign, enter country of residency	____ [23]	____ [24]

NOTES/QUESTIONS:

Form ID: OK

Oklahoma Use Tax

Mark if not subject to Use Tax ____[1]

Contributions

Amount of charitable contributions you wish to make to:

Court Appointed Advocates ___________[2]
Indigent Veteran Burial Program ___________[3]
General Revenue Fund ___________[4]
Emergency Responders Assistance Program ___________[5]
Folds of Honor ___________[6]
Wildlife Diversity Fund ___________[7]
Regional Food Banks ___________[8]
Public Classroom Support Fund ___________[9]
Pet Overpopulation Fund ___________[10]
AIDS Care Fund ___________[11]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oklahoma

Part-year residency dates:
From ________________[12]
To ________________[13]
Nonresident state of residence ______[14] Nonresident country of residence ______[15]
Resident and part-year or nonresident spouse:

Taxpayer's residence

State postal code [16]	Country code [17]
State postal code	Country code
State postal code	Country code
State postal code	Country code

Spouse's residence

State postal code [18]	Country code [19]
State postal code	Country code
State postal code	Country code
State postal code	Country code

Property Tax and Sales Tax Credits

Mark if you were not an Oklahoma resident for the entire tax year ____[20]
Mark if you (or spouse) were disabled for the entire tax year ____[21]
Home real estate tax ________________________[22]
Workmen's compensation/loss of time insurance ________________________[23]
Support money ________________________[24]
Cash public assistance ________________________[25]

NOTES/QUESTIONS:

Form ID: OR

Oregon General Information

	Taxpayer	Spouse
Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both)		____[1]
Number of months of federal service before 10/01/1991 (Federal employees)	______[2]	______[3]
Total number of months of federal service (Federal employees)	______[4]	______[5]

Contributions

Amount of charitable contributions you wish to make to:

Cascade AIDS Project	______[6]	The Salvation Army	______[21]
Veterans Suicide Prevention	______[7]	Doernbecher Children's Hospital	______[22]
Oregon Non-game Wildlife	______[8]	Oregon Veteran's Home	______[23]
Prevent Child Abuse	______[9]	ALS Association	______[24]
Alzheimer's Disease Research	______[10]	Planned Parenthood	______[25]
Stop Domestic and Sexual Violence	______[11]	Lions Sight & Hearing Foundation	______[26]
Habitat for Humanity	______[12]	Shriners Hospitals for Children	______[27]
Head Start Association	______[13]	Special Olympics	______[28]
American Diabetes Association	______[14]	Susan G. Komen	______[29]
SMART - Start Making A Reader Today	______[15]	Military Assistance Program	______[30]
Oregon Coast Aquarium	______[16]	Historical Society	______[31]
SOLVE - Stop Oregon Litter and Vandalism	______[17]	Food Bank	______[32]
The Nature Conservancy	______[18]	Albertina Kerr Kid's Crisis Care	______[33]
St. Vincent DePaul Society of Oregon	______[19]	American Red Cross	______[34]
Oregon Humane Society	______[20]		

Political party you wish to make contributions to:

	Taxpayer	Spouse
Political Party	____[35]	____[36]

Political Party Contributions		
500 = Constitution Party of Oregon	**503 = Libertarian Party of Oregon**	**506 = Progressive Party**
501 = Democratic Party of Oregon	**504 = Oregon Republican Party**	**507 = Working Families Party of Oregon**
502 = Independent Party of Oregon	**505 = Pacific Green Party of Oregon**	

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Oregon

Dates of residency:	Taxpayer	Spouse
From	________[37]	________[39]
To	________[38]	________[40]

NOTES/QUESTIONS:

Pennsylvania General Information

County of residence ______________________________[1]
School district name ______________________________[2]

	Taxpayer	Spouse
Final return	___[3]	___[4]

Contributions

Amount of contributions you wish to make to:

	Taxpayer	Spouse
Breast and Cervical Cancer	____________[5]	____________[6]
Wild Resource Conservation Fund	____________[7]	____________[8]
Military Family Relief Assistance	____________[9]	____________[10]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	____________[11]	____________[12]
Juvenile (Type 1) Diabetes Cure Research Fund	____________[13]	____________[14]
Children's Trust Fund	____________[15]	____________[16]
American Red Cross	____________[17]	____________[18]
Pediatric Cancer Research Fund	____________[19]	____________[20]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania

	Taxpayer	Spouse
Part-year residency dates:		
From	__________[21]	__________[23]
To	__________[22]	__________[24]

NOTES/QUESTIONS:

Form ID: RI

Rhode Island General Information

Enter city or town of legal residence ____________________[1]

Use Tax

Purchases subject to use tax ____________[2]
Total sales tax paid to other states ____________[3]
Purchases subject to use tax is unknown except purchases greater than or equal to $1,000 (Use tax table based on federal AGI) ___[4]
Purchases subject to use tax greater than or equal to $1,000:

Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
	[5]	

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) ___[6]
If you wish for a portion of your electoral contribution to be paid to a political party, enter name of party ____________[7]

Charitable Contributions

Drug Program Account ____________[8]
Mark if you wish to make an Olympic Contribution ___[9]
Organ Transplant Fund ____________[10]
Council on the Arts ____________[11]
Nongame Wildlife Fund ____________[12]
Childhood Disease Victims' Fund ____________[13]
Military Family Relief Fund ____________[14]

Part-year Resident Information

Part-year residency dates:
From ____________[15]
To ____________[16]

Property Tax Relief Claim

Mark if disabled and received social security disability payments during the tax year ___[17]
Live in household or rent dwelling subject to property tax? (Y, N) ___[18]
Current for property taxes and rent due for 2019 and all prior years (Y, N) ___[19]
Rent paid (Enter 100%) ________[20]
If renting, Landlord name: ____________________[21]
Landlord Address: ____________________[22]
Landlord city, state and zip code ____________[23] ___[24] ____________[25]
Landlord phone number: ____________[26]

NOTES/QUESTIONS:

Form ID: SC

South Carolina General Information

County code number, if known _____[1]
Authorize discussion with Department of Revenue (Y, N) ___[2]
Purchases subject to use tax ____________________[3]
If not using direct deposit for refund, select alternative method of receiving refund _[4]

1 = SCDOR Income Tax Refund Prepaid Debit Card issued by Bank of America

2 = Paper Check

Additions and Subtractions

Expenses related to reserve income ____________________[5]
National guard reserve pay ____________________[6]
Law enforcement subsistence (Number of days) ______[7]

Volunteer deduction code
Taxpayer ___[8]
Spouse ___[9]

Volunteer Deduction Codes	
1 = Volunteer Firefighter	**5 = Reserve Police officer**
2 = HAZMAT team member	**6 = State Guard member**
3 = Rescue Squad worker	**7 = State Constable**
4 = DNR officer	

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in South Carolina

Part-year residency dates:
From ______________[10]
To ______________[11]

Contributions

Amount of contributions you wish to make to:

Endangered Wildlife Fund ____________________[12]
Children's Trust Fund ____________________[13]
Eldercare Trust Fund ____________________[14]
Veterans' Trust Fund ____________________[15]
Donate Life South Carolina ____________________[16]
First Steps to School Readiness Fund ____________________[17]
War Between States Heritage Trust Fund ____________________[18]
Litter Control Enforcement Program ____________________[19]
Law Enforcement Assistance Program ____________________[20]
K-12 Public Education Fund ____________________[21]
State Parks Fund ____________________[22]
Military Family Relief Fund ____________________[23]
Conservation Bank Trust Fund ____________________[24]
Financial Literacy Trust Fund ____________________[25]
State Forests Fund ____________________[26]
Department of Natural Resources Fund ____________________[27]
Association of Habitat Affiliates ____________________[28]

NOTES/QUESTIONS:

Form ID: TN

Tennessee General Information

County	______________________[1]	
City	______________________[2]	
Account number	______________________[3]	
	Taxpayer	**Spouse**
Mark if quadriplegic	___[4]	___[5]

NOTES/QUESTIONS:

Form ID: UT

Utah General Information

If you were a part-year resident during the tax year, enter the dates you lived in Utah

Part-year residency dates:

From ________________[1]

To ________________[2]

State of residency (Nonresidents) ______[3]

Use Tax

	County/City	Purchases
Use tax	______________________	______________________[4]

Contributions

Amount of political and charitable contributions you wish to make to:

Political Contributions

	Taxpayer	Spouse
Election campaign fund	____[5]	____[6]

Enter the appropriate code for the political party from the list below:

Political Party	
C = Constitution	**L = Libertarian**
D = Democratic	**R = Republican**
G = Green	**N = No Contribution**
M = Independent American	**U = United Utah**

Making a selection from this list will designate $2 to the party of your choice. Your refund or amount of tax due will not be affected

Charitable Contributions

Pamela Atkinson Homeless Trust Account ______________________[7]

Kurt Oscarson Children's Organ Transplant Account ______________________[8]

School district code ______[9]

School District and Nonprofit School District Foundation ______________________[10]

School district code						
01 = Alpine	**07 = Davis**	**13 = Iron**	**19 = Morgan**	**25 = Park City**	**31 = Sevier**	**37 = Wasatch**
02 = Beaver	**08 = Duchesne**	**14 = Jordan**	**20 = Murray**	**26 = Piute**	**32 = S. Sanpete**	**38 = Washington**
03 = Box Elder	**09 = Emery**	**15 = Juab**	**21 = Nebo**	**27 = Provo**	**33 = S. Summit**	**39 = Wayne**
04 = Cache	**10 = Garfield**	**16 = Kane**	**22 = North Sanpete**	**28 = Rich**	**34 = Tintic**	**40 = Weber**
05 = Carbon	**11 = Grand**	**17 = Logan**	**23 = North Summit**	**29 = Salt Lake City**	**35 = Tooele**	**41 = Utah Assistive Technology**
06 = Daggett	**12 = Granite**	**18 = Millard**	**24 = Ogden**	**30 = San Juan**	**36 = Uintah**	**42 = Canyons**

Clean Air Fund ______________________[11]

Governor's Suicide Prevention Fund ______________________[12]

NOTES/QUESTIONS:

Form ID: VT

Vermont General Information

School district name ____________________ [1]
School district code ______ [2]

Contributions and Use Tax

Use Tax

Calculate use tax using the reporting table ___ [3]
Total out-of-state purchases for items that cost less than $1,000 ______________ [4]
Total out-of-state purchases for items that cost $1,000 or more ______________ [5]
Sales tax paid on out-of-state purchases ______________ [6]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Fund ________ [7]
Children's Trust Fund ________ [8]
Vermont Veterans' Fund ________ [9]
Green Up Day Vermont ________ [10]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Vermont

Part-year residency dates:
From ____________ [11]
To ____________ [12]

Other state of residency _____ [13]

Property Tax Information

Homeowners

Anticipate selling Vermont housesite on or before April 1st ___ [14]
SPAN number from 2019/2020 property tax bill ________________ [15]
Housesite value ____________ [16]
Housesite education tax __________ [17]
Housesite municipal tax __________ [18]
Ownership percentage of property ___________ [19]
Mobile home lot rent __________ [20]

Renters

Rent paid __________ [21]

NOTES/QUESTIONS:

Virginia General Information

Virginia city or county of residence on January 1, 2020; last lived in or business location	[1]
Mark to indicate name has changed from last year (Resident and nonresident only)	[2]
Mark to indicate filing status has changed from last year(Resident only)	[3]
Mark to indicate address has changed from last year (Resident and nonresident only)	[4]
Mark to indicate that a Virginia return was not filed last year (Resident only)	[5]

Use Tax

Consumer's Use Tax	[6]

Contributions

Amount of charitable contributions you wish to make to:

If you contributed to a public school foundation, provide the supporting information to your accountant

Virginia Nongame and Endangered Wildlife Program	[7]	Spay and Neuter Fund	[14]
Virginia Housing Program	[8]	Virginia Cancer Centers	[15]
Department for Aging and Rehabilitative Services	[9]	Federation of Food Banks	[16]
Virginia Arts Foundation	[10]	Chesapeake Bay Restoration Fund	[17]
Open Space Recreation and Conservation	[11]	Family and Children's Trust Fund (FACT)	[18]
Children of America Finding Hope	[12]	Virginia's State Forests Fund	[19]
Virginia Federation of Humane Societies	[13]	Virginia Military Family Relief Fund	[20]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Virginia

	Spouse	Taxpayer
Part-year residency dates:		
From	[21]	[23]
To	[22]	[24]

Nonresident Information

State of residence (Nonresidents only)	[25]

NOTES/QUESTIONS:

Form ID: WV

West Virginia General Information

County of residence ____________________[1]
Notice received for mandatory electronic payments ___[2]

Use Tax

Purchases ____________________[3]

	Municipality	Purchases	
Municipality purchases	____________________	____________________	[4]
Municipality purchases	____________________	____________________	

Contributions

Amount of contributions you wish to make to:

West Virginia Children's Trust Fund ____________________[5]

Part-year Resident and Nonresident Information

Part-year residency status ___[6]
1 = Moved into West Virginia
2 = Moved out of West Virginia with West Virginia source income during period of nonresidency
3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

If you were a part-year resident during the tax year, enter the dates you lived in West Virginia

Part-year residency dates:
From ______________[7]
To ______________[8]

State of residence _____[9]
If state of residence is Virginia or Pennsylvania, enter number of days in West Virginia (Nonresidents only) _______[10]

NOTES/QUESTIONS:

Form ID: WI

Wisconsin General Information

City of residence ____ [1]
Village of residence ____ [2]
Town of residence ____ [3]
County of residence ____ [4]
School district ____ [5]
Mark if divorce decree ____ [6]
Enter rent paid:
Heat included ____ [7]
Heat not included ____ [8]

Use Tax

Mark if not subject to Use Tax ____ [9]

	County	Purchases
Sales and use tax on out-of-state purchases	____	____ [10]
Sales and use tax on out-of-state purchases	____	____
Sales and use tax on out-of-state purchases	____	____

Contributions

Amount of charitable contributions you wish to make to:

Cancer research	____ [11]	Red Cross WI disaster relief	____ [15]
Endangered resources	____ [12]	Second Harvest / Feeding America	____ [16]
Military family relief	____ [13]	Special Olympics Wisconsin	____ [17]
Multiple sclerosis	____ [14]	Veterans trust fund	____ [18]

Part-year Resident and Nonresident Information

Residency code ____ [19]

Residency code	
Blank = Both spouses have the same residency status (Default)	**4 = Taxpayer nonresident, spouse part-year**
1 = Taxpayer nonresident, spouse resident	**5 = Taxpayer resident, spouse part-year**
2 = Taxpayer resident, spouse nonresident	**6 = Taxpayer part-year, spouse resident**
3 = Taxpayer part-year, spouse nonresident	

If you were a part-year resident during the tax year, enter the dates you lived in Wisconsin

	Taxpayer	Spouse
Part-year residency dates:		
From	____ [20]	____ [22]
To	____ [21]	____ [23]
State of residency (Nonresidents only)	____ [24]	____ [25]
Country of residency (Nonresidents only)	____ [26]	____ [27]

Nonresident aliens:
Taxpayer or Spouse is a U.S. citizen or a resident alien ____ [28]
Resident of: IL ____ [29] IN ____ [30] KY ____ [31] MI ____ [32]

NOTES/QUESTIONS: