

**F
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2020 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2020 tax return.

To save you time, selected information from your 2019 tax return has been entered in this organizer. Please line through any information that does not apply to your 2020 tax return.

In some cases, 2019 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2020 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

| | |
|---------------------------|-------------|
| Taxpayer Signature | Date |
| Spouse Signature | Date |

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1

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2020

Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Are you a U.S. citizen or Green Card holder? Yes No

Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

| TS | State | City | Code | PIN |
|----|-------|------|------|-----|
| | | | | |
| | | | | |

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2



Dependents and Wages

Dependent Information:

| | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |
| H | | | | | | |

Did dependent have income over \$4,300?



| | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld | | | | |
|----|-----------------|---------------|--------------|-------------|----------|-------|-------|
| | | | Federal | FICA/TIER 1 | Medicare | State | Local |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |



Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. Electronic filing is the only filing method that provides you with acknowledgment that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 3 weeks.

Note that not all returns qualify for electronic filing under IRS rules.

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

If you qualify for electronic filing, would you like to file the return electronically with the IRS?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If you qualify, would you like to file your state returns electronically?

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Taxpayer

Spouse

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

If No, provide a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



2020

Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2019, your account information may already be included below.

| | | |
|---|------------|-----------|
| Would you like any refunds owed to you directly deposited? | Yes | No |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? | | |

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

| | | |
|--|--|--|
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? | | |
|--|--|--|

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

| | | |
|--|--|--|
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? | | |
|--|--|--|

| | | |
|---|--|--|
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? | | |
|---|--|--|

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

| | | | |
|------------------|---|--|--------------------------------------|
| Type of account: | <input type="checkbox"/> Checking | <input type="checkbox"/> Traditional Savings | <input type="checkbox"/> IRA Savings |
| | <input type="checkbox"/> Archer MSA Savings | <input type="checkbox"/> Coverdell Ed. Savings | <input type="checkbox"/> HSA Savings |

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

| | | |
|---|------------|-----------|
| Would you like any refunds owed to you directly deposited? | Yes | No |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? | | |

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

| | | |
|--|--|--|
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? | | |
|--|--|--|

If Yes, what amount would you like withdrawn, if not the entire balance due? _____

If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)

The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.

| | | |
|--|--|--|
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? | | |
|--|--|--|

| | | |
|---|--|--|
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? | | |
|---|--|--|

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

| | | | |
|------------------|---|--|--------------------------------------|
| Type of account: | <input type="checkbox"/> Checking | <input type="checkbox"/> Traditional Savings | <input type="checkbox"/> IRA Savings |
| | <input type="checkbox"/> Archer MSA Savings | <input type="checkbox"/> Coverdell Ed. Savings | <input type="checkbox"/> HSA Savings |

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



U.S. Series I Savings Bonds Purchase

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds? Yes No

If Yes, provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint:

Co-owner name _____
Beneficiary name _____

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

Taxpayer:

Co-owner name _____
Beneficiary name _____

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Spouse:

Co-owner name _____
Beneficiary name _____

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name _____
Co-owner name _____
Beneficiary name _____

Amount of purchase

Taxpayer name _____
Co-owner name _____
Beneficiary name _____

Amount of purchase



Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| TSJ | Name of Payer | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|--|--|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |
| Total | | | | | |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| Code | Tax-Exempt Interest | 2019 Gross Dividends Amount |
|--------------|------------------------|-----------------------------------|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |
| F | | |
| G | | |
| H | | |
| I | | |
| J | | |
| K | | |
| L | | |
| M | | |
| N | | |
| Total | | |

Enter Any Additional Information:

| |
|--|
| |
| |
| |
| |
| |
| |

Note: List all items sold during the year on Form 7.



Interest Income and Foreign Information

Include all Forms 1099-INT or other documents for interest received

Interest Income:

(List all items sold during the year on Form 7.)

Special Interest Code: 1 - Qualified Educational Series EE Bonds 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

Table with 6 columns: TSJ, Source, Interest Income, U.S. Bonds and Obligations, Code, Special Interest. Rows A-E.

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

Table with 4 columns: Social Security No. of Home Buyer, Address of Individual from Whom Mortgage Interest Was Received, Code, Tax-Exempt Interest. Rows A-E.

Table with 5 columns: Federal Withholding, State Withholding, Investment Expenses, Tax Exempt Paid CUSIP No., 2019 Interest Amount. Rows A-E.

Foreign Taxes Paid or Accrued:

Table with 6 columns: Source, Name of Foreign Country Imposing Tax, X if Tax Accrued, Date Paid or Accrued (Mo/Da/Yr), Tax Amount (in Foreign Currency), Tax Amount (in U.S. Dollars). Rows A-E.

Additional State Information:

Table with 2 columns: Payer ID, New Hampshire or Illinois Reason Interest is Nontaxable. Rows A-E.

Foreign Bank Accounts and Trusts:

At any time during 2020, did you have an interest in or a signature authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it? Yes No



2020

Dividend Income and Foreign Information

5B

Dividend Income: Include all Forms 1099-DIV or other documents for dividends received
(List all items sold during the year on Form 7.)

| TSJ | Source | Form 1099-DIV | | | | |
|-----|--------|---------------------------------------|----------------------------------|--|------|------------------------|
| | | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | U.S. Bond Interest Amount or Percent in Box 1a | Code | Tax-Exempt Interest |
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |

| Form 1099-DIV | | | | | |
|---|--|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| Box 2a Total Capital Gain Distribution | Box 2b Unrecaptured Section 1250 Gain | Box 2c Section 1202 Gain | Box 2d Collectibles (28%) Gain | Box 3 Nondividend Distributions | 2019 Gross Dividends Amount |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

Tax-Exempt Interest Code:
 1 - 1099-DIV
 2 - Private Activity Bonds
 3 - Both

| Form 1099-DIV | | | |
|---------------------------------|------------------------------------|---------------------------------|----------------------|
| Box 4 Federal Withholding | Box 5 Section 199A Dividends | Box 6 Investment Expenses | State Withholding |
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| E | | | |

Foreign Taxes Paid or Accrued:

| Source | Name of Foreign Country Imposing Tax | X if Tax Accrued | Date Paid or Accrued (Mo/Da/Yr) | Tax Amount (in Foreign Currency) | Tax Amount (in U.S. Dollars) |
|--------|---|---------------------|---------------------------------------|--|------------------------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

Additional State Information:

| Payer ID | New Hampshire Reason Dividend is Nontaxable |
|----------|---|
| A | |
| B | |
| C | |
| D | |
| E | |

Foreign Bank Accounts and Trusts:

At any time during 2020, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it? Yes No



Foreign Assets

5D

Asset Information:

| Description | Identifying Number | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) | Jointly Owned | No Tax Items Reported |
|-------------|--------------------|--------------------------|----------------------|---------------|-----------------------|
| | | | | | |

| Value | Foreign Currency | Exchange Rate | Source of Exchange Rate |
|-------|------------------|---------------|-------------------------|
| | | | |

If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

| Name of Foreign Entity | Type of Foreign Entity | Mailing Address of Foreign Entity |
|------------------------|------------------------|-----------------------------------|
| | | |

| City or Town of Foreign Entity | Province, County or State of Foreign Entity | Country of Foreign Entity | Postal Code of Foreign Entity | GIIN |
|--------------------------------|---|---------------------------|-------------------------------|------|
| | | | | |

If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - U.S. person
2 - Foreign person

1 - Issuer 2 - Counterparty

| Name of Issuer | Issuer Code | Type of Issuer | Residence of Issuer |
|----------------|-------------|----------------|---------------------|
| | | | |
| | | | |
| | | | |

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

| Mailing Address of Issuer | City or Town of Issuer |
|---------------------------|------------------------|
| | |
| | |
| | |

| Province, County or State of Issuer | Country of Issuer | Postal Code of Issuer |
|-------------------------------------|-------------------|-----------------------|
| | | |
| | | |
| | | |

Foreign assets were acquired or sold during the tax year Yes No

Foreign Bank Accounts and Trusts:

At any time during 2020, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it?



2020

Brokerage Statement Details

5EA

| | TSJ | Payer Name | Account No. | Information Included (X or ✓) |
|---|-----|------------|-------------|-------------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |
| I | | | | |
| J | | | | |
| K | | | | |
| L | | | | |
| M | | | | |
| N | | | | |
| O | | | | |
| P | | | | |
| Q | | | | |
| R | | | | |
| S | | | | |
| T | | | | |

| | Interest Income | U.S. Bonds and Obligations | Code | Tax-Exempt Interest | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|---|-----------------|----------------------------|------|---------------------|---------------------------------|----------------------------|--|--|
| A | | | | | | | | |
| B | | | | | | | | |
| C | | | | | | | | |
| D | | | | | | | | |
| E | | | | | | | | |
| F | | | | | | | | |
| G | | | | | | | | |
| H | | | | | | | | |
| I | | | | | | | | |
| J | | | | | | | | |
| K | | | | | | | | |
| L | | | | | | | | |
| M | | | | | | | | |
| N | | | | | | | | |
| O | | | | | | | | |
| P | | | | | | | | |
| Q | | | | | | | | |
| R | | | | | | | | |
| S | | | | | | | | |
| T | | | | | | | | |

▲

Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



Consolidated Brokerage Statement

5E

| | | |
|----------------|-----|----------------|
| Brokerage Name | TSJ | Account Number |
|----------------|-----|----------------|

| |
|-------------------|
| Brokerage Address |
|-------------------|

Interest Income and Foreign Information

Interest Income: (List all items sold during the year on Form 5G.)

Special Interest Code: 2 - Early Withdrawal Penalty 4 - Accrued Interest 6 - Amortizable Bond
 1 - Qualified Educational Series EE Bonds 3 - Nominee Interest 5 - Original Issue Discount Adjustment Premium Adjustment

| | Source | Interest Income | U.S. Bonds and Obligations | Code | Special Interest |
|---|--------|-----------------|----------------------------|------|------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

| Code | Tax-Exempt Interest | Investment Expenses | Federal Withholding | State Withholding | Tax Exempt Bond CUSIP No. | 2019 Interest Amount |
|------|---------------------|---------------------|---------------------|-------------------|---------------------------|----------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |

Foreign Taxes Paid or Accrued:

| | Source | Name of Foreign Country Imposing Tax | X if Tax Accrued | Date Paid or Accrued (Mo/Da/Yr) | Tax Amount (in Foreign Currency) | Tax Amount (in U.S. Dollars) |
|---|--------|--------------------------------------|------------------|---------------------------------|----------------------------------|------------------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |

Additional State Information:

| | Payer ID | New Hampshire or Illinois Reason Interest is Nontaxable |
|---|----------|---|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |



Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state, ZIP or postal code, and country _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2020:

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you dispose of this business? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what was the disposition date? _____ (Mo/Da/Yr) | | |
| Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you involved in the operations of this business on a regular, continuous and substantial basis? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you prepared or will you prepare all required Forms 1099? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

| 2020 Amount | 2019 Amount |
|-------------|-------------|
| | |

Health insurance premiums paid for yourself and your dependents _____

Income:

Include all Forms 1099-K

Payment card and third party transactions:

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Other Income:

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Other gross receipts or sales _____
 Less returns and allowances _____

Cost of Goods Sold:

| 2020 Amount | 2019 Amount |
|-------------|-------------|
| | |
| | |
| | |
| | |

Beginning inventory _____
 Purchases less cost of items withdrawn for personal use _____
 Cost of labor (do not include amounts paid to yourself) _____
 Materials and supplies _____
 Other costs of goods sold: _____

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Ending inventory _____



Business Expenses

Name of Business: _____
Principal Business or Profession: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, please enter the percentage to apply to this business _____ %

| | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals | | |
| Entertainment (deductible only on some state returns) | | |

Other Business Expenses:

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses

Amount received for meals

Amount received for entertainment

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?

| 2020 Amount | 2019 Amount |
|-------------|-------------|
| | |
| | |
| | |

Yes No

Vehicle:

If not 100%, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Yes No
 Yes No

Do you (or your spouse) have another vehicle available for personal purposes?

Was your vehicle available for personal use during off-duty hours?

| | 2020 | 2019 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |

Other Vehicle Expenses:

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |



Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

| | 2020 | 2019 |
|--|------|------|
| Square footage of home used exclusively for business | | |
| Total square footage of home | | |
| Total hours home was used for day care during the year | | |

Was your home used for day care purposes for the entire year?

| |
|-----|
| Yes |
| |

| |
|----|
| No |
| |

Were improvements made to the home and/or home office since the time you began using the home for business?

| |
|-----|
| Yes |
| |

| |
|----|
| No |
| |

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| | | | | |
| | | | | |
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Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

| | Yes | No |
|--|--------------------------|--------------------------|
| Mutual fund transactions | <input type="checkbox"/> | <input type="checkbox"/> |
| Exchange of any securities or investments for something other than cash | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of inherited property | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale | <input type="checkbox"/> | <input type="checkbox"/> |
| Commodity sales, short sales or straddles | <input type="checkbox"/> | <input type="checkbox"/> |
| Reinvestment of the proceeds of gains in a qualified opportunity fund | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any investments in qualified opportunity funds | <input type="checkbox"/> | <input type="checkbox"/> |
| Debts that became uncollectible | <input type="checkbox"/> | <input type="checkbox"/> |
| Securities that became worthless | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any property where you will receive payments in future years | <input type="checkbox"/> | <input type="checkbox"/> |

| TSJ | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|-----|----------------------------------|----------|--------------------------|----------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

| | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

Installment Sales: Do not include interest received in principal amount

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2020 Principal Received | 2019 Principal Received |
|-----|----------------------|----------------------|-------------------------|-------------------------|
| | | | | |
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Sale of Your Home and Moving Expenses

Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ _____
 Date acquired (Mo/Da/Yr) _____
 Date sold (Mo/Da/Yr) _____
 Selling price _____

Original Cost and Cost of Improvements:

| Description | Amount |
|-------------|--------|
| | |
| | |
| | |

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

| Description | Amount |
|-------------|--------|
| | |
| | |
| | |

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No
 If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? Yes No
 If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ _____

Were the moving expenses reimbursed by your employer? Yes No
 Enter reimbursements not included in wages on your Form W-2 _____

Was the move due to a permanent change of station pursuant to a military order? Yes No

Mileage:

Number of miles from old home to new workplace (applicable only on some state returns)
 Number of miles from old home to old workplace (applicable only on some state returns)
 Number of automobile miles in move

| Miles |
|-------|
| |
| |
| |

Transportation Expenses:

Costs of transportation of household goods and personal effects
 Costs of travel and lodging (do not include meals or automobile expenses)
 Automobile expenses (gasoline, oil, etc.)
 Meals (Pennsylvania only)

| Amount |
|--------|
| |
| |
| |
| |



2020

Individual Retirement Account (IRA) Information

9

Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

TS

IRA Questions for 2020:

Are you covered by an employer's retirement plan?

If no, is your spouse covered by an employer's retirement plan?

Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?

If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?

Did you use any IRA as security for a loan this year?

Did you have any transactions with any IRA during the year?

If Yes, explain. _____

| Yes | No |
|-----|----|
| | |
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IRA Values, Rollovers, and Distributions:

Total value of all traditional IRAs on December 31, 2020

Note: This information on Form 5498 is required if you received a distribution during the year.

Outstanding rollovers on December 31, 2020

Total distributions converted to Roth IRAs

Total retirement plans converted to Roth IRAs

Contributions:

IRA:

Contributions in 2020 for the 2020 tax return

Contributions in 2021 for the 2020 tax return

Amount for 2020 you choose to be treated as nondeductible

Roth IRA:

Contributions made for the 2020 tax year

Distributions: Include all Forms 1099-R and any nontaxable distribution details

| Name of Payer | 2020 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2019 Gross Distributions |
|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
| | | | | | | |
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Pension, Annuity and Retirement Plan Information

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

| TSJ | Name of Payer | 2020 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2019 Gross Distributions |
|-----|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?

Do you want to contribute the maximum amount allowed?

| Taxpayer | | Spouse | |
|----------|----|--------|----|
| Yes | No | Yes | No |
| | | | |
| | | | |

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

| 2020 Amount | 2020 Amount |
|-------------|-------------|
| | |
| | |
| | |
| | |



Rental and Royalty Income

Location of Property: _____

TSJ _____

Type of property _____

Have you prepared or will you prepare all required Forms 1099? **Yes** **No**

Ownership percentage if not 100% _____ %
How many days was this property rented at fair market value? _____
How many days was this property used personally (including use by family members)? _____

| 2020 | 2019 |
|------|------|
| | |
| | |
| | |

Income:

Rents received _____
Royalties received _____

| 2020 Amount | 2019 Amount |
|-------------|-------------|
| | |
| | |

Payment card and third party transactions: Include all Forms 1099-K

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Miscellaneous income: Include all Forms 1099-MISC

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Other income:

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |



Rental and Royalty Property and Equipment & Depletion

Location of Property: _____

Property and Equipment: Include a list if more space is needed

Acquisitions:

| X if not new | Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|-------------|--------------------------|------|
| | | | |
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Dispositions:

| Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|-------------|--------------------------|------|----------------------|---------------|
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Percentage Depletion Information:

| Production Type | Royalty Income | |
|-----------------|----------------|-------------|
| | 2020 Amount | 2019 Amount |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |



Rental and Royalty Business Expenses

Location of Property: _____

Business Expenses: Enter all expenses at 100 percent

If not 100%, enter the percentage to apply to this business _____ %

| | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals | | |
| Entertainment (deductible only on some state returns) | | |
| Other Business Expenses: | | |

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals | | |
| Amount received for entertainment | | |

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Was your vehicle available for personal use during off-duty hours?

| | 2020 | 2019 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |
| Other Vehicle Expenses: | | |

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |



Rental - Business Use of Home

Location of Property: _____

Partial Use of Your Home for Business:

| |
|------|
| 2020 |
| |
| |

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? .. Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



Partnership and S Corporation Business Expenses

Activity Name: _____

Business Expenses: Enter all expenses at 100 percent

If not 100%, enter the percentage to apply to this business _____ %

| | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals | | |
| Entertainment (deductible only on some state returns) | | |
| Other Business Expenses: | | |

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals | | |
| Amount received for entertainment | | |

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Was your vehicle available for personal use during off-duty hours?

| | 2020 | 2019 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |
| Other Vehicle Expenses: | | |

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |



Passthrough Business Use of Home

Activity Name: _____

Partial Use of Your Home for Business:

| |
|------|
| 2020 |
| |
| |

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? ... Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



Farm Income (Page 1 of 2)

Proprietor's Name: _____

Principal Crop or Activity: _____

TSJ _____
 Employer identification number _____
 Method of accounting _____

Farm Questions for 2020:

Did you dispose of this farm? Yes No
 If Yes, what was the disposition date? _____ (Mo/Da/Yr)
 Have you prepared or will you prepare all required Forms 1099?

| 2020 Amount | 2019 Amount |
|-------------|-------------|
| | |

Health insurance premiums paid for yourself and your dependents _____

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

| Description | 2020 | | 2019 | |
|-------------|-----------------|---------------------|-----------------|---------------------|
| | Amount Received | Cost or Other Basis | Amount Received | Cost or Other Basis |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Income (Accrual Method):

| Description | Beginning Inventory | Cost of Items Purchased | Sales | Ending Inventory |
|-------------|---------------------|-------------------------|-------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Income:

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Sales of livestock, produce, grains, etc. you raised | | |
| Total cooperative distributions (Forms 1099-PATR) | | |
| Taxable cooperative distributions | | |
| Total agricultural program payments | | |
| Taxable agriculture program payments | | |
| Total Commodity Credit Corporation (CCC) loans | | |
| Total crop insurance proceeds and certain disaster payments received in 2020 | | |
| Taxable crop insurance proceeds received | | |
| Crop insurance proceeds deferred from prior year | | |
| Custom hire (machine work) income | | |
| Federal gasoline tax or fuel tax credit or refund | | |
| State gasoline tax or fuel tax credit or refund | | |



Farm Income (Page 2 of 2)

12A

Proprietor's Name:

Principal Crop or Activity: ..

Income:

Payment card and third party transactions: Include all Forms 1099-K

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Government payments: Include all Forms 1099-G

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Other income:

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |



Farm Vehicle and Other Listed Property

Proprietor's Name: _____

Principal Crop or Activity: _____

Listed Property Questions for 2020:

| | | |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | | |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service . . . (Mo/Da/Yr) _____

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

Was your vehicle available for use during off-duty hours?

| Vehicle 1 | |
|--|-------------|
| Description of vehicle | |
| Date placed in service (Mo/Da/Yr) | |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2020 Miles | 2019 Miles |
| | |
| | |
| | |
| 2020 Amount | 2019 Amount |
| | |
| | |
| | |
| | |
| | |

| Vehicle 2 | |
|--|-------------|
| Description of vehicle | |
| Date placed in service (Mo/Da/Yr) | |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2020 Miles | 2019 Miles |
| | |
| | |
| | |
| 2020 Amount | 2019 Amount |
| | |
| | |
| | |
| | |
| | |



Farm Business Expenses

Proprietor's Name: _____

Principal Crop or Activity: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business _____ %

| | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals | | |
| Entertainment (deductible only on some state returns) | | |

Other Business Expenses:

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements:

List only reimbursements NOT reported in Box 1 of your Form W-2

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals | | |
| Amount received for entertainment | | |

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Was your vehicle available for personal use during off-duty hours?

| | 2020 | 2019 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |

Other Vehicle Expenses:

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |



Farm Business Use of Home

Proprietor's Name: _____

Principal Crop or Activity: _____

Partial Use of Your Home for Business:

| |
|------|
| 2020 |
| |
| |

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, and 1099-G

Miscellaneous Income and Adjustments:

| | TSJ _____ | | TSJ _____ | |
|--|-------------|-------------|-------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Unemployment compensation received | | | | |
| Unemployment compensation repaid in 2020 | | | | |
| Social security benefits received | | | | |
| Social security benefits repaid in 2020 | | | | |
| Medicare premiums withheld | | | | |
| Tier 1 railroad retirement benefits received | | | | |
| Tier 1 railroad retirement benefits repaid in 2020 | | | | |
| Total lump sum social security received | | | | |
| Lump sum taxable social security | | | | |
| Other federal withholding | | | | |
| Other state withholding | | | | |

State and Local Income Tax Refunds:

| TSJ | State | City | Tax Year | Income Tax Refund | |
|-----|-------|------|----------|-------------------|-------|
| | | | | State | Local |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Income:

| TSJ | Nature and Source | 2020 Amount | 2019 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Alimony Paid or Received:

| TSJ | Recipient's Name | Recipient's Social Security Number | Date of Original Divorce or Separation (Mo/Da/Yr) | Date Divorce or Separation Agreement Modified (Mo/Da/Yr) | Alimony Received? | 2020 Amount | 2019 Amount |
|-----|------------------|------------------------------------|---|--|-------------------|-------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



Miscellaneous Adjustments

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

| TS | 2020 Amount | 2019 Amount |
|----|-------------|-------------|
| | | |
| | | |

Health Savings Accounts (HSAs)

| TS | Description | 2020 Amount | 2019 Amount |
|----|--|-------------|-------------|
| | Contributions made for 2020 | | |
| | Distributions received from all HSAs in 2020 | | |

What type of coverage applies to your high deductible health plan? Self only Family

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

| Yes | No |
|-----|----|
| | |
| | |
| | |

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

| TSJ | Nature and Source | 2020 Amount | 2019 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



Ministerial Income

TS

Do you have any expenses associated with a business as a minister? Yes No

If Yes, enter the name of the business: _____

Do you have any expenses associated with your wages received as a minister?

If Yes, enter the occupation: _____

Parsonage:

Fair rental value of parsonage provided by church
Utility allowance of parsonage
Actual expenses for utilities of parsonage

| 2020 Amount | 2019 Amount |
|-------------|-------------|
| | |
| | |
| | |

Rental or Parsonage Allowance:

Parsonage or rental allowance
Utility allowance
Actual expenses for parsonage
Actual expenses for utilities
Fair rental value of home, plus the cost of utilities

| 2020 Amount | 2019 Amount |
|-------------|-------------|
| | |
| | |
| | |
| | |



Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

- Prescription medicines and drugs
- Total medical insurance premiums paid *
- Long-term care expenses
- Total insurance reimbursement
- Number of miles traveled for medical care
- Lodging
- Doctors, dentists, etc.
- Hospitals
- Lab fees
- Eyeglasses and contacts

| TSJ | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |

| 2020 Amount | 2019 Amount |
|-------------|-------------|
| | |
| | |

- Taxpayer long-term care insurance premiums paid
- Spouse long-term care insurance premiums paid

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

| TSJ | Description | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Taxes Paid: Include copies of your tax bills

- Personal property taxes paid (include vehicle taxes)
- General sales taxes paid on specified items

| TSJ | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|
| | | |
| | | |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2020 Amount | 2019 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Other Taxes Paid:

| TSJ | Description | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

If you purchased or sold your home in 2020, did you include any taxes from your closing statement in the amounts above? Yes No



Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for 2020:

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? _____ | | |
| Did you purchase a new home or sell your former home during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes. | | |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? | <input type="checkbox"/> | <input type="checkbox"/> |

Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? | | 2020 Amount | 2019 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Home Mortgage Interest Paid:

| TSJ | Paid To | | ID Number | 2020 Amount | 2019 Amount |
|-----|---------|---------|-----------|-------------|-------------|
| | Name | Address | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? | | 2020 Amount | 2019 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2020 Amount | 2019 Amount |
|-----|---------|-------------|-------------|
| | | | |
| | | | |
| | | | |



Itemized Deductions - Contributions

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2020 Amount | 2019 Amount |
|-----|---|-------------|-------------|
| | | | |
| | | | |
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| TSJ | Conservation Real Property | 2020 Amount | 2019 Amount |
|-----|----------------------------|-------------|-------------|
| | 100% limit | | |
| | 50% limit | | |

| TSJ | Description | 2020 Miles | 2019 Miles |
|-----|---|------------|------------|
| | Number of miles traveled performing volunteer work for qualified charitable organizations | | |

Noncash Contributions Totaling \$500 or Less: Include all documentation.

| TSJ | Description of Donated Property | 2020 Amount | 2019 Amount |
|-----|---------------------------------|-------------|-------------|
| | | | |
| | | | |

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

| TSJ | Property Description | Date Acquired | Date of Donation | Cost or Basis |
|-----|----------------------|---------------|------------------|---------------|
| A | | | | |
| B | | | | |
| C | | | | |

| | Fair Market Value (FMV) | Method Used to Determine FMV | Other Method Description | Method of Acquisition |
|---|-------------------------|------------------------------|--------------------------|-----------------------|
| A | | | | |
| B | | | | |
| C | | | | |

- 1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value
- 2 - Catalog 4 - Other (Describe)

- 1 - Gift 3 - Exchange
- 2 - Inheritance 4 - Purchase

| | Donee Organization Name | Donee Organization Address |
|---|-------------------------|----------------------------|
| A | | |
| B | | |
| C | | |



Itemized Deductions - Business Use of Home

These expenses are not deductible on the Federal return but may be deductible on some state returns.

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

| 2020 | 2019 |
|------|------|
| | |
| | |
| | |

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

| Yes | No |
|-----|----|
| | |
| | |

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



Employee Business Expenses (Page 1 of 2)

TS: _____ Occupation: _____

Business Expenses: Enter all expenses at 100 percent Include all documentation

Occupation code

- | | | |
|--------------------------|--|-------------------------|
| 1 - Performing artist | 3 - Fee-basis state or local government official | 5 - Outside salesperson |
| 2 - Handicapped employee | 4 - National Guard or Reserve | (Big Rapids, MI only) |

If not 100%, enter the percentage to apply to Schedule A %

| | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals | | |
| Entertainment (deductible only on some state returns) | | |

Other Business Expenses:

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals | | |
| Amount received for entertainment | | |

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No



Employee Business Expenses- Business Use of Home

17B

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

| 2020 | 2019 |
|------|------|
| | |
| | |
| | |

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

| Yes | No |
|-----|----|
| | |
| | |

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No

Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2019 but paid in 2020

Employer-provided dependent care benefits that were forfeited in 2020

2019 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
Street address
City, state, ZIP or postal code, and country
Social security number OR
Employer identification number
Telephone number (California only)

| 2020 Amount | 2019 Amount |
|--|-------------|
| Expenses incurred and paid in 2020 | |
| Expenses incurred and not paid in 2020 | |

Provider 2:

Name
Street address
City, state, ZIP or postal code, and country
Social security number OR
Employer identification number
Telephone number (California only)

| 2020 Amount | 2019 Amount |
|--|-------------|
| Expenses incurred and paid in 2020 | |
| Expenses incurred and not paid in 2020 | |

Qualifying Persons for Child/Dependent Care Expenses:

| First Name and Initial | Last Name | Social Security Number | 2020 Expenses Incurred | 2019 Expenses Incurred |
|------------------------|-----------|------------------------|------------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

| First Name and Initial | Last Name | Social Security Number | 2020 Qualified Expenses |
|------------------------|-----------|------------------------|-------------------------|
| | | | |
| | | | |
| | | | |



Household Employment Taxes

General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$2,200 or more in 2020? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020? Yes No

Social Security, Medicare and Income Taxes:

| | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Cash wages subject to social security taxes | | |
| Cash wages subject to Medicare taxes (if different than cash wages subject to social security) | | |
| Cash wages subject to additional Medicare tax withholding | | |
| Federal income tax withheld | | |
| State disability plan payments subject to social security taxes | | |
| State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) | | |

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

| State | Total Cash Wages Subject to FUTA | 2019 Amount |
|-------|----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2021

| Name of State | Total Taxable Wages | Contribution Paid to Unemployment Fund | X | 2019 Amount |
|---------------|---------------------|--|---|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



Federal Tax Payments

Refund Application:

If you have an overpayment of 2020 taxes, do you want the excess:

Refunded Yes No
 Applied to your 2021 estimated tax liability Yes No

Federal Estimated Tax Payments:

2020 1st Quarter Estimate (Due 07-15-2020)
 2020 2nd Quarter Estimate (Due 07-15-2020)
 2020 3rd Quarter Estimate (Due 09-15-2020)
 2020 4th Quarter Estimate (Due 01-15-2021)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--------------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |

2019 overpayment applied to 2020 estimate

Tax Planning Information for Tax Year 2021:

Do you expect any of the following to occur in 2021?

| | Yes | No |
|---|--------------------------|--------------------------|
| A change in your marital status | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

| |
|--|
| |
| |
| |
| |
| |



2020

State and City Tax Payments

20A

State and City Estimated Tax Payments:

| TSJ _____ | | |
|------------------|--------------------------------------|-------------|
| State/City _____ | | |
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2020 1st Quarter Estimate

2020 2nd Quarter Estimate

2020 3rd Quarter Estimate

2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax liability? Yes No

2019 overpayment applied to 2020 estimate

Balance of prior year(s)' tax paid in 2020 plus amount paid with 2019 extensions

Estimated tax payments for 2019 paid in 2020

State and City Estimated Tax Payments:

| TSJ _____ | | |
|------------------|--------------------------------------|-------------|
| State/City _____ | | |
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2020 1st Quarter Estimate

2020 2nd Quarter Estimate

2020 3rd Quarter Estimate

2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax liability? Yes No

2019 overpayment applied to 2020 estimate

Balance of prior year(s)' tax paid in 2020 plus amount paid with 2019 extensions

Estimated tax payments for 2019 paid in 2020

State and City Estimated Tax Payments:

| TSJ _____ | | |
|------------------|--------------------------------------|-------------|
| State/City _____ | | |
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2020 1st Quarter Estimate

2020 2nd Quarter Estimate

2020 3rd Quarter Estimate

2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax liability? Yes No

2019 overpayment applied to 2020 estimate

Balance of prior year(s)' tax paid in 2020 plus amount paid with 2019 extensions

Estimated tax payments for 2019 paid in 2020



Foreign Employment Information (Page 1 of 3)

General Information:

TS _____

Foreign address _____

Name of employer _____

Employer's U.S. address _____

Employer's foreign address _____

Employer type: Foreign entity, U.S. company,
 Foreign affiliate of a U.S. company, Self _____

Enter the last year that Form 2555 was filed to
 claim either of the exclusions _____

Type of exclusions revoked in prior years _____

Year exclusion revoked _____

If a separate foreign residence was maintained for your
 family due to adverse living conditions, please provide
 the city, country, and number of days maintained _____

List tax home(s) during tax year and dates established _____

Country of citizenry or nationality _____

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
 housing expense

Tax Home History:

| | Principal City and Country of Employment | Start Date (Mo/Da/Yr) | End Date (Mo/Da/Yr) |
|--------------------------------|--|-----------------------|---------------------|
| Most recent tax home | | | |
| First previous tax home | | | |
| Second previous tax home | | | |
| Third previous tax home | | | |



Foreign Employment Information (Page 2 of 3)

30A

Bona Fide Residence Test Information:

Beginning date for foreign residence (Mo/Da/Yr) _____
Ending date for foreign residence (Mo/Da/Yr) _____

Kind of foreign living quarters:
Purchased house, Rented house or apartment, Rented room,
Quarters furnished by employer _____

If any family members lived abroad with you during any part
of the tax year, enter their names. Include the dates when
the family members lived with you

| Relationship | First Name | MI | Last Name | Date Arrived | Date Left | X if Entire Period |
|--------------|------------|----|-----------|--------------|-----------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Was a statement made to foreign country authorities declaring you were not a resident of their country?

| |
|-----|
| Yes |
| |

| |
|----|
| No |
| |

Were you required to pay income tax in that country?

| |
|--|
| |
| |

| |
|--|
| |
| |

Does the foreign country have an income tax?

| |
|--|
| |
| |

| |
|--|
| |
| |

State any contractual terms or other conditions relating to the length of employment abroad _____

What type of visa was used to enter the foreign country? _____

Explain any limitations of the visa as to length of stay or employment in a foreign country _____

If a home was maintained in U.S. while residing abroad, show address, whether rented, names and relationships of occupants

Address

Street address _____

City _____

State _____

ZIP Code _____

X if rented _____

| Occupants | | | |
|------------|----|-----------|--------------|
| First Name | MI | Last Name | Relationship |
| | | | |
| | | | |
| | | | |
| | | | |



2020

Foreign Housing Expenses Worksheet

30C

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, indicate dates of payment to the left of the amount boxes and enter type of currency.

| Type of currency | Amount Reimbursed to You or Paid on Your Behalf by Employer | Amount Paid by You Which is NOT Reimbursable by Your Employer | Total Expenses |
|---|---|---|----------------|
| Rent | | | |
| Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge) | | | |
| Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet) | | | |
| Utilities (but not telephone charges) | | | |
| Real and personal property insurance | | | |
| "Key money" or other similar nonrefundable deposits paid to secure a lease | | | |
| Repairs and maintenance | | | |
| Furniture rental | | | |
| Lodging portion of temporary living expenses (Do not include on Moving Expenses page) | | | |

Other Expenses:

| Description | Amount Reimbursed to You or Paid on Your Behalf by Employer | Amount Paid by You Which is NOT Reimbursable by Your Employer | Total Expenses |
|-------------|---|---|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Total expenses

| | | |
|--|--|--|
| | | |
|--|--|--|

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises: (If you resided in a camp, you are considered to be on the business premises of your employer.)

| | | |
|----------------------------------|--------------------------|--------------------------|
| To you | <input type="checkbox"/> | <input type="checkbox"/> |
| To your family members | <input type="checkbox"/> | <input type="checkbox"/> |



Foreign Travel and Workdays Information Worksheet

30D

Complete for every month even if this may have been your first or last year in the U.S.

| Travel To/From the U.S. | | | | Days in Month | Days Worked In and Outside U.S. | | | | |
|-------------------------|--------------|------------------|-------------------------|---------------|---------------------------------|---------|---------------|---------|--|
| Dates (Mo/Da/Yr) | | Dates (Mo/Da/Yr) | | | Days Not Worked* | | Days Worked** | | |
| Left Foreign Country | Arrived U.S. | Left U.S. | Arrived Foreign Country | | U.S. | Foreign | U.S. | Foreign | |
| | | | | January | 31 | | | | |
| | | | | February | 29 | | | | |
| | | | | March | 31 | | | | |
| | | | | April | 30 | | | | |
| | | | | May | 31 | | | | |
| | | | | June | 30 | | | | |
| | | | | July | 31 | | | | |
| | | | | August | 31 | | | | |
| | | | | September | 30 | | | | |
| | | | | October | 31 | | | | |
| | | | | November | 30 | | | | |
| | | | | December | 31 | | | | |
| | | | | Total | 366 | | | | |

* Weekends, holidays, vacation, sick, etc.
 ** Include weekends and holidays if you worked on these days.

During 2020, in which state(s)/city(ies) did you work? List the dates

| State/City | From (Mo/Da/Yr) | To (Mo/Da/Yr) | Days Worked |
|------------|-----------------|---------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in 2019 ____ 2018 ____



Foreign Wages and Other Income

(Page 1 of 2)

Foreign Questions for 2020:

If you will be outside the U.S., do you want an automatic extension if you qualify?

Will any tax due be paid with the extension?

If you were working outside the U.S., did you terminate your foreign employment in 2020?

Did you have foreign income derived from sources within designated "Boycott Activities"?

If Yes, provide all information pertaining to the boycott activities.

| Yes | No |
|-----|----|
| | |
| | |
| | |
| | |

Foreign Source Wages and Salaries:

Include all copies of your current year Forms W-2 or other wage statements

TS _____ Employer name

Employer address

Employer city

Employer state

Employer ZIP

Employer foreign country

| | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Base wages | | |
| Federal tax withheld | | |
| FICA withheld | | |
| Medicare tax withheld | | |
| Days in foreign country before foreign assignment | | |
| Days in foreign country after foreign assignment | | |
| Days in U.S. while on foreign assignment | | |

Allowances and Reimbursements:

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Cost of living and overseas differential | | |
| Moving expense reimbursement | | |
| Family | | |
| Education | | |
| Home leave | | |
| Quarters | | |
| Bonus | | |
| Stock option - current year | | |
| Foreign tax reimbursement | | |
| Survivor's insurance | | |
| Automobile | | |
| Hardship premium | | |
| Home gross salary | | |
| Tax adjustment - current year | | |
| Gross up | | |
| Mobility premium | | |
| Relocation allocation | | |
| Wire transfer allowance | | |
| Home housing allowance | | |
| Home gross entitlement | | |
| Home net entitlement | | |
| Variable pay awards | | |
| Miscellaneous | | |
| Imputed tax preparation fees | | |
| Home country pension cost | | |
| 401(k) reductions | | |



Gifts Made Outright to an Individual

NOTE: Only complete Forms 34 and/or 35 if in 2020:

- You made gifts of cash or marketable securities to an individual that exceeded \$15,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

| | | | |
|--|---|---------------------------------|--------------------------------|
| Person giving the gift | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint |
| Name of person receiving the gift | _____ | | |
| Address of person | _____ | | |
| Your relationship to the person (e.g., son, granddaughter or friend) | _____ | | |
| Age of the person | _____ | | |
| Date(s) of gift(s) | (Mo/Da/Yr) _____ | | |
| Description and amount of assets gifted (e.g., \$15,000 in cash or 500 shares of ABC stock) | _____ | | |
| Cost basis of assets gifted if other than cash | <input style="width: 100%;" type="text"/> | | |
| Value of assets gifted if other than cash | <input style="width: 100%;" type="text"/> | | |

Gift 2:

| | | | |
|--|---|---------------------------------|--------------------------------|
| Person giving the gift | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint |
| Name of person receiving the gift | _____ | | |
| Address of person | _____ | | |
| Your relationship to the person (e.g., son, granddaughter or friend) | _____ | | |
| Age of the person | _____ | | |
| Date(s) of gift(s) | (Mo/Da/Yr) _____ | | |
| Description and amount of assets gifted (e.g., \$15,000 in cash or 500 shares of ABC stock) | _____ | | |
| Cost basis of assets gifted if other than cash | <input style="width: 100%;" type="text"/> | | |
| Value of assets gifted if other than cash | <input style="width: 100%;" type="text"/> | | |



Gifts Made in Trust

NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, provide the following information:

Name of trust receiving the gift _____

Name of the trustee _____

Address of the trustee _____

Trust identification number _____

Name of the beneficiary of the trust _____

Your relationship to the beneficiary
(e.g., son, granddaughter or friend) _____

Age of the beneficiary _____

Date(s) of gift(s) _____ (Mo/Da/Yr)

Description and amount of assets gifted
(e.g., \$15,000 in cash or 500 shares of ABC stock) _____

Cost basis of assets gifted if other than cash _____

Value of assets gifted if other than cash _____

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

Include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.



2020 Tax Return Checklist

Client Name: _____

| | Prior Year | Current Year |
|---|------------|--------------|
| Income: | | |
| Wages (IRS W-2) | _____ | _____ |
| Interest Income (IRS 1099-INT) | _____ | _____ |
| Dividend Income (IRS 1099-DIV) | _____ | _____ |
| Brokerage Statements (Form 1099-A,B,S) | _____ | _____ |
| IRA/Pension/Annuity Income (IRS 1099R) | _____ | _____ |
| Schedule K-1s (IRS K-1) | _____ | _____ |
| Miscellaneous Income and Adjustments (IRS-1099-MISC, G) | _____ | _____ |
| Rent and Royalty Income | _____ | _____ |
| Itemized Deductions: | | |
| Medical/Dental Expenses | _____ | _____ |
| Real Estate Taxes | _____ | _____ |
| Property Taxes | _____ | _____ |
| Mortgage Interest (Form 1098) | _____ | _____ |
| Charitable Contributions | _____ | _____ |
| Other: | | |
| Estimated Tax Payments | _____ | _____ |

* Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.



2020

Itemized Deductions

| TSJ | Description | Prior Year Amount | Information Included (X or ✓) |
|-----|-------------|-------------------|-------------------------------|
|-----|-------------|-------------------|-------------------------------|

Medical/Dental Expenses:

| | | | |
|--|--|--|--|
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Real Estate Taxes:

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Property Taxes:

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Mortgage Interest:

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Charitable Contributions:

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2020

Federal, State, and City Tax Payments

Refund Application:

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

Refunded Yes No
 Applied to next year's estimated tax liability Yes No

Federal Estimated Tax Payments:

2020 1st Quarter Estimate (Due 07-15-2020)
 2020 2nd Quarter Estimate (Due 07-15-2020)
 2020 3rd Quarter Estimate (Due 09-15-2020)
 2020 4th Quarter Estimate (Due 01-15-2021)

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
| | | |
| | | |
| | | |
| | | |

State and City Estimated Tax Payments:

2020 1st Quarter Estimate
 2020 2nd Quarter Estimate
 2020 3rd Quarter Estimate
 2020 4th Quarter Estimate

TSJ _____
 State/City Name _____

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
| | | |
| | | |
| | | |
| | | |

2020 1st Quarter Estimate
 2020 2nd Quarter Estimate
 2020 3rd Quarter Estimate
 2020 4th Quarter Estimate

TSJ _____
 State/City Name _____

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
| | | |
| | | |
| | | |
| | | |

2020 1st Quarter Estimate
 2020 2nd Quarter Estimate
 2020 3rd Quarter Estimate
 2020 4th Quarter Estimate

TSJ _____
 State/City Name _____

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
| | | |
| | | |
| | | |
| | | |

2020 1st Quarter Estimate
 2020 2nd Quarter Estimate
 2020 3rd Quarter Estimate
 2020 4th Quarter Estimate

TSJ _____
 State/City Name _____

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
| | | |
| | | |
| | | |
| | | |



General Information:

Enter the amount of Internet or out of state purchases for which you did not pay state sales or use tax

If you live in a special use tax district, enter the name of the district

Enter the amount of Internet or out of state purchases for which you did not pay special district sales or use tax

Residency Information:

Table with columns for Taxpayer and Spouse, each with sub-columns for From (Mo/Da/Yr) and To (Mo/Da/Yr)

If you did not live in Colorado for all of 2020, enter the dates you did live in Colorado

Enter the state names other than Colorado where you had income

Education Savings:

Did you or your spouse make any contributions to a Colorado 529 College Savings Plan account?

Yes/No checkboxes

If Yes, enter the following:

Table with columns: TS, Account Holder Name, Account Holder Social Security Number, Account Number, 2020 Amount Contributed

First-Time Home Buyer Savings Account Deduction:

Name of beneficiary

SSN of beneficiary

Name of bank or institution

Account number of the first-time home buyer account

Beginning of year balance in account

End of year balance in account

