

Client Organizer Topical Index

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

Topic	Page	Topic	Page
ABLE account distributions	73	Gambling winnings	10, 18, 20
Adoption expenses	84	Gambling losses	59
Affordable Care Act Health Coverage	69, 70	Health savings account (HSA)	71, 72
Alaska Permanent Fund dividends	18, 77	Household employee taxes	78
Alimony paid	51	Identity authentication	7
Alimony received	18	Installment sales	41, 42
Annuity payments received	10, 24	Interest income, including foreign	11, 13, 17b
Automobile information -		Interest paid	58
Business or profession	68	Investment expenses	57
Employee business expense	50	Investment interest expenses	58
Farm, Farm Rental	68	IRA, Roth IRA contributions	26
Rent and royalty	68	IRA distributions	10, 24
Bank account information	3	Like-kind exchange of property	43
Broker Statement - Consolidated	17b	Long-term care services and contracts (LTC)	72
Business income and expenses	28, 29, 30	Medical and dental expenses	57
Business use of home	67	Medical savings account (MSA)	71, 72
Cancellation of debt	19	Minister earnings and expenses	28, 49, 75
Casualty and theft losses, business	63, 65	Miscellaneous income	18, 18a, 18b
Casualty and theft losses, personal	64, 66	Miscellaneous adjustments	51
Child and dependent care expenses	80	Miscellaneous itemized deductions	59, 59a
Children's interest and dividend	76, 77	Mortgage interest expense	58, 60
Charitable contributions	59, 61, 62	Moving expenses - Active Military	48
Contracts and straddles	22	Nonresident Alien	4, 5
Dependent care benefits received	12	Partnership income	10, 38
Dependent information	1	Payments from Qualified Education Programs (1099-Q)	10, 55
Depreciable asset acquisitions and dispositions -		Pension distributions	10, 24
Business or profession	92, 93	Personal property taxes paid	57
Employee business expense	92, 93	Railroad retirement benefits	25
Farm, Farm Rental	92, 93	Real estate taxes	57
Rent and royalty	92, 93	REMIC's	16
Direct deposit information	3	Rent and royalty, vacation home, income and expenses	31, 32
Disability income	24, 81	Residential energy credit	82
Dividend income, including foreign	11, 14, 17b	S corporation income	10, 21, 38
Early withdrawal penalty	13	Sale of business property	41, 42
Education Credits and tuition and fees deduction	54	Sale of personal residence	40
Education Savings Account & Qualified Tuition Programs	55	Sale of stock, securities, and other capital assets	17, 17a, 17b
Electronic filing	6	Self-employed health insurance premiums	28, 33, 69
Email address	2	Self-employed Keogh, SEP and SIMPLE plan contributions	27
Employee business expenses	49	Seller-financed mortgage interest received	15
Estate income	10, 39	Social security benefits received	25
Farm income and expenses	33, 34, 35	State and local income tax refunds	18
Farm rental income and expenses	36, 37	State & local estimate payments	9
Federal estimate payments	8	State & local withholding	12, 20, 24
Federal student aid application information (FAFSA)	56	Statutory employee	12, 28
Federal withholding	12, 20, 24, 25	Student loan interest paid	53
First-time homebuyer credit repayment	79	Taxes paid	57
Foreign bank accounts & financial assets	44, 45	Trust income	39
Foreign earned income & housing deduction	46, 47	Unemployment compensation	18
Foreign employer compensation	23	Unreported tip or unreported wage income	74
Foreign taxes paid	83	U.S. savings bonds educational exclusion	52
Fuel tax credit	85, 86, 87	Wages and salaries	10, 12

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

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____[1]
 Mark if you were married but living apart all year _____[2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____[3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

Present Mailing Address

Address _____ [38]
 Apartment number _____ [39]
 City, state postal code, zip code _____ [40] _____ [41] _____ [42]
 Foreign country name _____ [44]
 Foreign phone number _____ [47]
 In care of addressee _____ [48]

Dependent Information

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

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

Name of child who lived with you but is not your dependent _____ [50]
 Social security number of qualifying person _____ [51]

Dependent Codes

- | | | | |
|------------------|---------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------|
| *Basic | 1 = Child who lived with you | **Other | 1 = Student (Age 19 - 23) |
| | 2 = Child who did not live with you due to divorce/separation | | 2 = Disabled dependent |
| | 3 = Other dependent | | 3 = Dependent who is both a student and disabled |
| | 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC) | | |
| | 5 = Qualifying child for Earned Income Credit only | | |
| | 6 = Children who lived with you, but do not qualify for Earned Income Credit | | |
| | 7 = Children who lived with you, but do not qualify for Child Tax Credit | | |
| | 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit | | |
| ***Months | 77 = Reported on odd year return | | |
| | 88 = Reported on even year return | | |
| | 99 = Not reported on return | | |

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____ [8]

Taxpayer email address _____ [9]

Spouse email address _____ [10]

Taxpayer

Spouse

Fax telephone number _____ [11] _____ [19]

Mobile telephone number _____ [12] _____ [20]

Mobile telephone #2 number _____ [13] _____ [21]

Pager number _____ [14] _____ [22]

Other: _____ [15] _____ [23]

 Telephone number _____ [16] _____ [24]

 Extension _____ [17] _____ [25]

Preferred method of contact: _____ [18] _____ [26]

 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____ [18] _____ [26]

NOTES/QUESTIONS:

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

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. [1]

Primary account:

Financial institution routing transit number _____ [3]

Name of financial institution _____ [4]

Your account number _____ [5]

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

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

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

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

Secondary account #1:

Financial institution routing transit number _____ [25]

Name of financial institution _____ [26]

Your account number _____ [27]

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

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

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

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

Secondary account #2:

Financial institution routing transit number _____ [31]

Name of financial institution _____ [32]

Your account number _____ [33]

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

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [35]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [36]

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

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds _____ [17] or Percent (xxx.xx) _____ [18]

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

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

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

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds _____ [21] or Percent (xxx.xx) _____ [22]

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

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

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

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

Country where you are a citizen or national during the tax year _____ [2]
 Foreign address to use for refund check, if different than mailing address entered on Screen 1040:
 Foreign address _____ [3]
 Foreign city _____ [4]
 Foreign country name _____ [6]
 Foreign province or county _____ [7]
 Foreign postal code _____ [8]
 Country of permanent residence for tax purposes _____ [10]
 Scholarships and fellowship grants received during tax year: _____ [15]
 U.S. real property interests that were disposed at a gain during the tax year _____ + _____ [18]

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

Payer / Description	Tax Rate	Income	U.S. Fed Withholding
Dividends paid by U.S. corporations:			
_____	_____ +	_____ [21] +	_____
_____	_____ +	_____	_____
Dividends paid by foreign corporations:			
_____	_____ +	_____ [23] +	_____
_____	_____ +	_____	_____
Interest received on mortgages:			
_____	_____ +	_____ [27] +	_____
_____	_____ +	_____	_____
Interest paid by foreign corporations:			
_____	_____ +	_____ [29] +	_____
_____	_____ +	_____	_____
Other Interest received:			
_____	_____ +	_____ [31] +	_____
_____	_____ +	_____	_____
Industrial royalties (patents, trademarks, etc.)			
_____	_____ +	_____ [33] +	_____
Motion picture or T.V. copyright royalties			
_____	_____ +	_____ [35] +	_____
Other royalties (copyrights, recording, publishing, etc.)			
_____	_____ +	_____ [37] +	_____
Real property income and natural resources royalties			
_____	_____ +	_____ [39] +	_____
Pensions and annuities:			
_____	_____ +	_____ [41] +	_____
Gambling - Residents of Canada only:			
Winnings _____ [42] Losses _____ [44]			_____ [43]
Gambling - Residents of countries other than Canada:			
_____	_____ +	_____ [47] +	_____
Other income:			
_____	_____ +	_____ [49] +	_____
_____	_____ +	_____	_____

Capital Gains & Losses Not Effectively Connected with a U.S. Trade or Business

Description of Property [41]	Date Acquired	Date Sold	Sales Price	Cost/Basis	U.S. Fed W/H
_____	_____	_____	_____ +	_____ +	_____ +
_____	_____	_____	_____ +	_____ +	_____ +
_____	_____	_____	_____ +	_____ +	_____ +
_____	_____	_____	_____ +	_____ +	_____ +
_____	_____	_____	_____ +	_____ +	_____ +

Control Totals+

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

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

Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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

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

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

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

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

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

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

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

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

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

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [1]
Identification number _____ [2]
Issue date _____ [3]
Expiration date (mm/dd/yyyy) _____ [4]
Location of issuance (State issued only) _____ [5]
Document number (New York only) _____ [6]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [9]
Identification number _____ [10]
Issue date _____ [11]
Expiration date (mm/dd/yyyy) _____ [12]
Location of issuance (State issued only) _____ [13]
Document number (New York only) _____ [14]

NOTES/QUESTIONS:

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

Refunded _____ [52]

Applied to 2020 estimated tax liability _____ [53]

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

If yes, please explain any differences:

_____ [55]

_____ [56]

_____ [57]

_____ [58]

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

If yes, please explain any differences:

_____ [60]

_____ [61]

_____ [62]

_____ [63]

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

If yes, please explain any differences:

_____ [65]

_____ [66]

_____ [67]

_____ [68]

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

If yes, please explain any differences:

_____ [70]

_____ [71]

_____ [72]

_____ [73]

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

2019 Federal Estimated Tax Payments

2018 overpayment applied to 2019 estimates + _____ [1]

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

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

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/19	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/17/19	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/16/19	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/15/20	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]		

***Method of payment indicated in prior year**
EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2018 return + _____ [3]

2018 overpayment applied to '19 estimates + _____ [4]

Treat calculated amounts as paid _____ [8]

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

2019 City Estimated Tax Payments

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2018 return + _____ [31]		Amount paid with 2018 return + _____ [53]	
2018 overpayment applied to '19 estimates\$ _____ [32]		2018 overpayment applied to '19 estimates\$ _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

Calculated Amount

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

Calculated Amount

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

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2018 return + _____ [75]		Amount paid with 2018 return + _____ [97]	
2018 overpayment applied to '19 estimates\$ _____ [76]		2018 overpayment applied to '19 estimates\$ _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

Calculated Amount

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

Calculated Amount

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

Wages and Salaries #1

Please provide all copies of Form W-2.

2019 Information

Prior Year Information

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

	Control Totals+
--	------------------------

Wages and Salaries #2

Please provide all copies of Form W-2.

2019 Information

Prior Year Information

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

	Control Totals+
--	------------------------

Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

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

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

Dividend Income

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

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

T S J	Type Code	(**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer											
		Amounts +											
	2	Payer											
		Amounts +											
	3	Payer											
		Amounts +											
	4	Payer											
		Amounts +											
	5	Payer											
		Amounts +											
	6	Payer											
		Amounts +											
	7	Payer											
		Amounts +											
	8	Payer											
		Amounts +											
	9	Payer											
		Amounts +											
	10	Payer											
		Amounts +											

**Dividend Codes	
Blank = Other	3 = Nominee

Seller Financed Mortgage Interest Income

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

2019 Information

Prior Year Information

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2019 + _____ [1]

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2019 + _____ [1]

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2019 + _____ [1]

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2019 + _____ [1]

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2019 + _____ [1]

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2019 + _____ [1]

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2019 + _____ [1]

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

Payer's name _____

Payer's street address _____

Payer's city, state, zip code _____

Payer's social security number _____

Interest income amount received in 2019 + _____ [1]

Control Totals+

Please provide all Schedules Q.

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

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

NOTES/QUESTIONS:

Sales of Stocks, Securities, and Other Investment Property

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

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

Table with 6 columns: T/S/J, Description of Property, Date Acquired, Date Sold, Gross Sales Price (Less expenses of sale), Cost or Other Basis. Includes multiple rows for data entry and a Control Totals+ row at the bottom.

Consolidated Broker Statement

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

Preparer use only

T/S/J _____	Employer identification number _____
Broker Name _____	Margin interest _____
Account number _____	Investment management/advisory fees _____

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

Type Code	1099-INT	Interest Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer							
	Amounts +							
2	Payer							
	Amounts +							
3	Payer							
	Amounts +							
4	Payer							
	Amounts +							
5	Payer							
	Amounts +							

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

Form 1099-B Proceeds From Broker and Barter Exchange Transactions

Description of Property	Date Acquired	Date Sold	Gross Sales Price <small>(Less expenses of sale)</small>	Cost or Other Basis
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____
_____	_____	_____	+ _____	+ _____

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

Control Totals +

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

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

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

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

NOTES/QUESTIONS:

Miscellaneous Income #1

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

Control Totals+

Miscellaneous Income #2

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

Control Totals+

NOTES/QUESTIONS:

Taxable Distributions Received from Cooperatives #1

Please provide all Forms 1099-PATR

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Patron dividends (Box 1)	+ _____	[10]
Nonpatronage distributions (Box 2)	+ _____	[12]
Per-unit retain allocations (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Redemption of nonqualified notices and retain allocations (Box 5)	+ _____	[18]
Domestic production activities deductions - IRC Section 199 (a) (Box 6)	+ _____	[20]
Domestic production activities deductions - IRC Section 199A (g) (Box 6)	+ _____	[22]
Qualified payments (Box 7)	+ _____	[23]
Investment credit (Box 8)	+ _____	[24]
Work opportunity credit (Box 9)	+ _____	[26]
Patron's AMT adjustments (Box 10)	+ _____	[28]
Other credits and deductions #1 (Box 11)	+ _____	[30]
Other credits and deductions #2 (Box 11)	+ _____	[32]

Control Totals+

Taxable Distributions Received from Cooperatives #2

Please provide all Forms 1099-PATR

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Patron dividends (Box 1)	+ _____	[10]
Nonpatronage distributions (Box 2)	+ _____	[12]
Per-unit retain allocations (Box 3)	+ _____	[14]
Federal income tax withheld (Box 4)	+ _____	[16]
Redemption of nonqualified notices and retain allocations (Box 5)	+ _____	[18]
Domestic production activities deductions - IRC Section 199 (a) (Box 6)	+ _____	[20]
Domestic production activities deductions - IRC Section 199A (g) (Box 6)	+ _____	[22]
Qualified payments (Box 7)	+ _____	[23]
Investment credit (Box 8)	+ _____	[24]
Work opportunity credit (Box 9)	+ _____	[26]
Patron's AMT adjustments (Box 10)	+ _____	[28]
Other credits and deductions #1 (Box 11)	+ _____	[30]
Other credits and deductions #2 (Box 11)	+ _____	[32]

Control Totals+

NOTES/QUESTIONS:

Cancellation of Debt, Abandonment #1

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor/lender _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

Control Totals+

Cancellation of Debt, Abandonment #2

Please provide all Forms 1099-C and 1099-A

Preparer use only

Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:

_____ [51]

Taxpayer/Spouse/Joint (T, S, J) _____ [5]

State postal code _____ [6]

Name of creditor _____ [3]

Form 1099-C Cancellation of Debt

Date of identifiable event (Box 1) _____ [10]

Amount of debt discharged (Box 2) + _____ [11]

Interest if included in box 2 (Box 3) + _____ [12]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [13]

Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) _____ [14]

Fair market value of property (Box 7) + _____ [15]

Form 1099-A Acquisition or Abandonment of Secured Property

Date of lender's acquisition or knowledge of abandonment (Box 1) _____ [16]

Balance of principal outstanding (Box 2) + _____ [17]

Fair market value of property (Box 4) + _____ [18]

Personally liable for repayment of the debt (if checked) (Box 5) _____ [19]

Control Totals+

NOTES/QUESTIONS:

Gambling Winnings #1

Please provide all copies of Form W-2G.

2019 Information

Prior Year Information

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

Control Totals+

Gambling Winnings #2

Please provide all copies of Form W-2G.

2019 Information

Prior Year Information

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

Control Totals+

NOTES/QUESTIONS:

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2019 Information	Prior Year Information	
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
RIC or REIT name _____	_____ [3]		
State postal code _____	_____ [4]		
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]		
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]		
Section 1202 gain (Box 1c)	+ _____ [13]		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)			_____ [15]
Collectibles (28%) gain (Box 1d)	+ _____ [17]		
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]		

	Control Totals+	
--	------------------------	--

Shareholders Undistributed Capital Gain #2

Please provide all copies of Form 2439

	2019 Information	Prior Year Information	
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
RIC or REIT name _____	_____ [3]		
State postal code _____	_____ [4]		
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]		
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]		
Section 1202 gain (Box 1c)	+ _____ [13]		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)			_____ [15]
Collectibles (28%) gain (Box 1d)	+ _____ [17]		
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]		

	Control Totals+	
--	------------------------	--

Shareholders Undistributed Capital Gain #3

Please provide all copies of Form 2439

	2019 Information	Prior Year Information	
Taxpayer/Spouse (T, S)	_____ [1]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>	
RIC or REIT name _____	_____ [3]		
State postal code _____	_____ [4]		
Total undistributed long-term capital gains (Box 1a)	+ _____ [9]		
Unrecaptured section 1250 gain (Box 1b)	+ _____ [11]		
Section 1202 gain (Box 1c)	+ _____ [13]		
If your interest in the RIC/REIT was held on the date the RIC/REIT acquired the Section 1202 stock and continuously until sold indicate the appropriate section 1202 code (1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion, 4 = 100% exclusion)			_____ [15]
Collectibles (28%) gain (Box 1d)	+ _____ [17]		
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+ _____ [19]		

	Control Totals+	
--	------------------------	--

NOTES/QUESTIONS:

Subject to self-employment tax code (T = Taxpayer, S = Spouse, J = Joint) _____ [1]
 Mark to indicate all the elections that apply:
 Mixed straddle election _____ [2]
 Mixed straddle account election (Attach explanation) _____ [3]

 Straddle-by-straddle identification election _____ [4]
 Net section 1256 contracts loss election _____ [5]

Section 1256 Contracts Marked to Market

Identification of Account A _____ [6]
 Identification of Account B _____
 Identification of Account C _____

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

Gains and Losses From Straddles

Description of Property A _____ [7]
 Name of Contract _____
 Component _____ Type _____
 Description of Property B _____
 Name of Contract _____
 Component _____ Type _____
 Description of Property C _____
 Name of Contract _____
 Component _____ Type _____
 Description of Property D _____
 Name of Contract _____
 Component _____ Type _____

	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	—	—	—	—
State postal code	_____	_____	_____	_____
Date entered into/acquired	_____	_____	_____	_____
Date closed out/sold	_____	_____	_____	_____
Gross sales price	+ _____	+ _____	+ _____	+ _____
Cost plus expense of sale	+ _____	+ _____	+ _____	+ _____
Unrecognized gain	+ _____	+ _____	+ _____	+ _____

Unrecognized Gain From Positions Held on Last Business Day

Description of Property A _____ [8]
 Description of Property B _____
 Description of Property C _____

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

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

Taxpayer/Spouse (T/S) _____ [3]
 State _____ [4]

Foreign Employer Identification (ID) number _____ [1]
 Foreign Employer Name _____ [2]
 Foreign Employer Address _____
 Foreign street address _____ [6]
 Foreign city _____ [7]
 Foreign country code/name _____ [8] _____ [9]
 Foreign province/county _____ [10]
 Foreign postal code _____ [11]
 Name "in care of" _____ [12]

Employee address, if different from home address on Organizer Form ID: 1040
 Enter U.S. (street, city, state, zip code) OR foreign (street, city, country, province, postal code)
 Street address _____ [13]
 City, state, zip code _____ [14] _____ [15] _____ [16]
 Foreign country code/name _____ [17] _____ [18]
 Foreign province/county _____ [19]
 Foreign postal code _____ [20]

Income

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

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2019 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer		_____	[3]
State postal code		_____	[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]

	Control Totals+	
--	------------------------	--

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2019 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer		_____	[3]
State postal code		_____	[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]

	Control Totals+	
--	------------------------	--

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2019 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Name of payer		_____	[3]
State postal code		_____	[5]
Gross distributions received (Box 1)	+	_____	[7]
Taxable amount received (Box 2a)	+	_____	[9]
Federal withholding (Box 4)	+	_____	[11]
Distribution code (Box 7)		_____	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		_____	[16]
State withholding (Box 12)	+	_____	[17]
Local withholding (Box 15)	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		_____	[23]

	Control Totals+	
--	------------------------	--

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) _____ [1]

State postal code _____ [2]

Social Security Benefits

	2019 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2019 (Box 3 minus Box 4) (Box 5)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2019 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Portion of Tier 1 Paid in 2019 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2019 or receive any prior year benefits in 2019. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9

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

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2019	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2019	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2020 for use in 2019	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2019:		
_____	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

Roth IRA

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

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

NOTES/QUESTIONS:

--	--

Preparer use only

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

Catch-up Contributions

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

Elective Deferrals

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

NOTES/QUESTIONS:

Preparer use only

	2019 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16] _____ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	___
If other:	_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	___
If other enter explanation:	_____ [24]	

Enter an explanation if there was a change in determining your inventory:	_____ [25]	

Did you "materially participate" in this business? (Y, N)	_____ [26]	___
If not, number of hours you did significantly participate	_____ [28]	___
Mark if you began or acquired this business in 2019	_____ [30]	
Did you make any payments in 2019 that require you to file Form(s) 1099? (Y, N)	_____ [31]	___
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	___
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	___
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	___
Medical insurance premiums paid by this activity	+ _____ [40]	
Long-term care premiums paid by this activity	+ _____ [44]	
Amount of wages received as a statutory employee	+ _____ [47]	

Business Income

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

Cost of Goods Sold

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

Control Totals+

Preparer use only

Principal business or profession _____

Preparer use only Carryovers	Pre- TCJA Regular	Regular	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

Preparer use only

	2019 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____	
Physical address: Street _____	[6]	
City, state, zip code _____ [7] ___ [8]	[9]	
Foreign country _____	[11]	
Foreign province/county _____	[12]	
Foreign postal code _____	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) [14]		
Description of other type (Type code #8) _____	[15]	
Did you make any payments in 2019 that require you to file Form(s) 1099? (Y,N) _____	[16]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	_____
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]	
Percentage of ownership if not 100% _____	[22]	
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]	

Rent and Royalty Income

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

Rent and Royalty Expenses

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

Control Totals+

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

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

Vacation Home Information

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

Passive and Other Information

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

Please provide all Forms 1099-K

Preparer use only

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

Schedule F Income

Sales Code**	Income description	2019 Information	Prior Year Information
—	_____	+ _____ [35]	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**** Sales Codes**

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

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

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

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

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

Control Totals+

Preparer use only

Description

	2019 Information	Prior Year Information
Car and truck expenses	+ _____ [5]	_____
Chemicals	+ _____ [7]	_____
Conservation expenses	+ _____ [9]	_____
Carryover from prior years	+ _____ [11]	_____
Custom hire (machine work)	+ _____ [13]	_____
Depreciation	+ _____ [15]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	+ _____ [17]	_____
Feed purchased	+ _____ [19]	_____
Fertilizers and lime	+ _____ [21]	_____
Freight and trucking	+ _____ [23]	_____
Gasoline, fuel, and oil	+ _____ [25]	_____
Insurance (Other than health)	+ _____ [28]	_____
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest (Paid to banks, etc.)	+ _____ [30]	_____
_____	+ _____	_____
_____	+ _____	_____
Other interest	+ _____ [32]	_____
Labor hired (Less employment credit)	+ _____ [34]	_____
Pension and profit sharing	+ _____ [36]	_____
Rent - vehicles, machinery, and equipment	+ _____ [38]	_____
Rent - other	+ _____ [40]	_____
Repairs and maintenance	+ _____ [42]	_____
Seed and plants purchased	+ _____ [44]	_____
Storage and warehousing	+ _____ [46]	_____
Supplies purchased	+ _____ [48]	_____
Taxes:	+ _____ [50]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____ [52]	_____
Veterinary, breeding, and medicine	+ _____ [54]	_____
Other expenses:	+ _____ [56]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Preproductive period expenses	+ _____ [58]	_____

Preparer use only

Description _____

Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

NOTES/QUESTIONS:

Preparer use only

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

Income Items

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

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

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

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

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

Preparer use only

Description

	2019 Information	Prior Year Information
Car and truck expenses	+ _____ [6]	
Chemicals	+ _____ [8]	
Conservation expenses	+ _____ [10]	
Carryover from prior years	+ _____ [12]	
Custom hire (machine work)	+ _____ [14]	
Depreciation	+ _____ [16]	
Employee benefit programs	+ _____ [18]	
Feed purchased	+ _____ [20]	
Fertilizers and lime	+ _____ [22]	
Freight and trucking	+ _____ [24]	
Gasoline, fuel, and oil	+ _____ [26]	
Insurance (Other than health):		
_____	+ _____ [28]	
_____	+ _____	
_____	+ _____	
Mortgage interest (Paid to banks, etc.):		
_____	+ _____ [30]	
_____	+ _____	
_____	+ _____	
Other interest	+ _____ [33]	
Labor hired (Less employment credit)	+ _____ [35]	
Pension and profit sharing	+ _____ [37]	
Rent - vehicles, machinery, and equipment	+ _____ [39]	
Rent - other	+ _____ [41]	
Repairs and maintenance	+ _____ [43]	
Seed and plants purchased	+ _____ [45]	
Storage and warehousing	+ _____ [47]	
Supplies purchased	+ _____ [49]	
Taxes:		
_____	+ _____ [51]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Utilities	+ _____ [53]	
Veterinary, breeding, and medicine	+ _____ [55]	
Other expenses:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Preproductive period expenses	+ _____ [59]	

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

Control Totals+

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____ [7]
 Date former residence was acquired _____ [9]
 Date former residence was sold _____ [10]
 Selling price of former residence + _____ [11]
 Expenses related to the sale of your old home + _____ [12]
 Original cost of home sold including capital improvements + _____ [13]

Exclusion Information

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

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [28]
 Total current year payments received + _____ [29]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [30]
 Address _____ [31]
 City, State and Zip _____ [32] [33] _____ [34]
 Identifying number of related party _____ [35]
 Was the property sold as a marketable security? (Y, N) _____ [36]
 Enter date of second sale if more than 2 years after the first sale _____ [37]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [38]
 Selling price of property sold by a related party + _____ [40]

NOTES/QUESTIONS:

Preparer use only

	2019 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[19]	
Date sold _____	[20]	
Gross sales price of property sold + _____	[21]	
Mortgage and other debts the buyer assumed + _____	[23]	
Cost or other basis + _____	[25]	
Commissions and other expenses of the sale + _____	[27]	
Gross profit percentage _____	[29]	
Total current year principal payments received + _____	[35]	
Prior year principal payments received + _____	[37]	
Total ordinary income to recapture + _____	[39]	
Total ordinary income previously recaptured + _____	[41]	

	Control Totals+		
--	------------------------	--	--

Prior Year Installment Sale

Preparer use only

	2019 Information	Prior Year Information
Description _____	[3]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	[7]	
State postal code _____	[8]	
Date acquired _____	[19]	
Date sold _____	[20]	
Gross sales price of property sold + _____	[21]	
Mortgage and other debts the buyer assumed + _____	[23]	
Cost or other basis + _____	[25]	
Commissions and other expenses of the sale + _____	[27]	
Gross profit percentage _____	[29]	
Total current year principal payments received + _____	[35]	
Prior year principal payments received + _____	[37]	
Total ordinary income to recapture + _____	[39]	
Total ordinary income previously recaptured + _____	[41]	

	Control Totals+		
--	------------------------	--	--

NOTES/QUESTIONS:

Preparer use only

Description	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[9]
State postal code	_____	[10]
Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1	_____	[15]
Mark if disposition is due to casualty or theft	_____	[19]
Mark if disposition was to a related party	_____	[21]

Sale Information

Date acquired	_____	[23]
Date sold	_____	[24]
Gross sales price or insurance proceeds received	+ _____	[25]
Cost or other basis	+ _____	[26]
Commissions and other expenses of sale	+ _____	[27]
Depreciation allowed or allowable	+ _____	[28]

Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250)	+ _____	[30]
Applicable percentage (if not 100%) (Section 1250)	_____	[31]
Additional depreciation after 1969 (Section 1250)	+ _____	[32]
Soil, water and land clearing expenses (Section 1252)	+ _____	[33]
Applicable percentage (if not 100%) (Section 1252)	_____	[34]
Intangible drilling and development costs (Section 1254)	+ _____	[35]
Applicable payments excluded from income under sec. 126 (Section 1255)	+ _____	[36]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed	+ _____	[37]
Total current year payments received	+ _____	[38]

Form 6252 - Related Party Installment Sale Information

Related party name	_____	[39]
Address	_____	[40]
City, State, and Zip	_____ [41] [42]	[43]
Identifying number of related party	_____	[44]
Was the property sold as a marketable security? (Y, N)	_____	[45]
Enter date of second sale	_____	[46]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)	_____	[47]
Selling price of property sold by a related party	+ _____	[49]

NOTES/QUESTIONS:

--	--

Preparer use only

Description of property given up _____ [4]
 _____ [5]
 Taxpayer/Spouse/Joint (T, S, J) _____ [6]
 State postal code _____ [7]
 Description of property received _____ [10]
 _____ [11]

Date Information

Date the like-kind property given up was acquired _____ [16]
 Date you transferred your property to the other party _____ [17]
 Date the like-kind property received was identified _____ [18]
 Date you received the like-kind property from the other party _____ [19]

Gain and Basis Information

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

Related Party Exchange Information

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

NOTES/QUESTIONS:

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service. Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2019 Information	Prior Year Information
Asset description	[2]	
Asset identifying number or other designation	[3]	
Date asset acquired	[4]	
Date asset disposed	[6]	
Asset jointly owned with spouse	[7]	
Maximum value of asset	[9]	

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

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) [14]

Foreign entity name [16]

Foreign entity address [17]

City, state, zip code [18] [19] [20]

Foreign country code/name [21] [22]

Foreign province/county [23]

Foreign postal code [24]

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

Type: (I = Issuer, C = Counterparty) [25]

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) —

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) —

Individual or organization name _____

Address of issuer or counterparty _____

City, state, zip code _____

Foreign country code/name _____

Foreign province/county _____

Foreign postal code _____

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

Type: (I = Issuer, C = Counterparty) —

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) —

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) —

Individual or organization name _____

Address of issuer or counterparty _____

City, state, zip code _____

Foreign country code/name _____

Foreign province/county _____

Foreign postal code _____

NOTES/QUESTIONS:

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

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

__[1]

	2019 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	__[4]	[Redacted]
Type of Account:		
Bank	__[5]	
Securities	__[6]	
Other	__[7]	
Maximum value of account	__[8]	
Account number or other designation	__[10]	
Financial institution	__[12]	
Address of financial institution	__[13]	
City, state, zip code	__[14] __[15] __[16]	
Foreign country code/name	__[17] __[18]	
For addresses in Mexico, enter state	__[20]	
Foreign province/county	__[23]	
Foreign postal code	__[24]	
Account jointly owned with spouse	__[25]	
Account opened during the tax year	__[47]	
Account closed during the tax year	__[49]	
Information is reported for a financial account which is:	__[27]	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

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

Taxpayer identification number of account holder/joint owner	__[28]
Foreign identification number of account holder/joint owner (If no Taxpayer identification number)	__[29]
Last name or organization name of account holder/joint owner	__[30]
First name and middle initial of account holder/joint owner	__[31] __[32]
Address and apartment	__[33] __[34]
City, state, zip code	__[35] __[36] __[37]
Foreign country code/name	__[38] __[39]
For addresses in Mexico, enter state	__[41]
Foreign postal code	__[44]
Number of joint owners (Not including taxpayer, if applicable)	__[45]
Filer's title with this owner (If applicable)	__[46]

NOTES/QUESTIONS:

Foreign Earned Income Exclusion

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

Foreign Earned Income Allocation Information

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

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

Table with 5 columns: Type Code*, Name of Country including United States, Date Arrived, Date Left, No. of U.S. business days

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

Bona Fide Residence Test

Date foreign residence began [21] Date foreign residence ended [22]
Kind of foreign living quarters (A = Purchased house, B = Rented house or apartment, C = Rented room, D = Quarters furnished by employer) [23]
If any family members lived abroad with you during any part of tax year, list who and for what period:
Relationship Period abroad [24]
Relationship Period abroad
Relationship Period abroad
Relationship Period abroad
Mark if you submitted a statement to foreign country authorities that you are not a resident of that country [25]
Mark if required to pay income tax to that country [26]
List any contractual terms or other conditions relating to length of employment abroad [27]

Type of visa used to enter foreign country [28]
Explanation if visa limited length of stay or employment [29]

If maintained a home in U.S., enter address, whether it was rented, names of occupants and their relationship to you:

Address [30] City
State postal code Zip code
Rented ___ Occupant Relationship
Address [30] City
State postal code Zip code
Rented ___ Occupant Relationship

Physical Presence Test

Principal country of employment [31]

Employer's name _____
 Taxpayer/Spouse (T, S) _____
 State postal code _____

Foreign Earned Income

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

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

***Foreign Earned Income Allocation Codes**

1 = 100% foreign during assignment
2 = 100% U.S. during assignment
3 = U.S. and foreign days worked during assignment
4 = U.S. and foreign days before/after assignment
5 = Days worked before, during, and after assignment

Deductions Allocable to Foreign Earned Income

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

Housing Exclusion/Deduction

Qualified housing expense _____	+ _____	_____ [47]
---------------------------------	---------	------------

NOTES/QUESTIONS:

Preparer use only

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

NOTES/QUESTIONS:

Preparer use only

2019 Information

Prior Year Information

Taxpayer/Spouse (T, S) [2]

Occupation in which expenses were incurred [3]

State postal code [5]

If the employee expenses were from an occupation listed below, enter the applicable code [6]

1 = Qualified performing artist, 2 = Impairment-related work expenses, 3 = Fee-basis official, 5 = Reservist

Parking fees and tolls + [18]

Local transportation + [20]

Travel expenses + [23]

Other business expenses: + [26]

Multiple lines for entering other business expenses with '+' and line numbers.

Nonvehicle depreciation + [29]

Meals + [32]

Meals for individuals subject to DOT hours of service limitation (certain state returns) [34]

Large vertical box for entering Prior Year Information.

Employer Reimbursements

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

2019 Information

Prior Year Information

Reimbursements for other expenses not included on Form W-2 + [61]

Reimbursements for meals not included on Form W-2 + [63]

Reimbursements for meals for DOT service limitation not included on Form W-2+ [65]

Small box for entering Prior Year Information for reimbursements.

Control Totals+

Preparer use only

Taxpayer/Spouse (T, S) _____ [2]
 Occupation in which expenses were incurred _____ [3]
 State postal code _____ [4]

Vehicle Questions

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

Was the vehicle available for off-duty personal use? (Y, N, Blank = Not applicable) _____ [5]
 Was another vehicle available for personal use? (Y, N) _____ [7]
 Do you have evidence to support your deduction? (1 = Yes - written, 2 = Yes - not written, 3 = No) _____ [9]

2019 Information

Prior Year Information

Vehicle Information

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

Vehicles Actual Expenses

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

Alimony Paid:

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

* Date of divorce/separation agreement

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

NOTES/QUESTIONS:

Complete if you cashed qualified U.S. Savings bonds in 2019 that were issued after 1989, and you paid qualified higher education expenses in 2019 for yourself, your spouse, or your dependents.

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

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2019 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2019 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

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

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2019 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2019 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

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

SSN of person enrolled at eligible educational institution _____

Name of person enrolled at eligible educational institution (First/Last) _____

Name of eligible educational institution _____

Address of eligible educational institution _____

City, state, and zip code _____

Qualified higher education expenses you paid in 2019 for person listed above + _____ [1]

Enter any nontaxable educational benefits received for 2019 for person listed above + _____

Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Tuition Program) _____

Financial institution name (ESA) or name of program (QTP) _____

Financial institution address (ESA) or address of program (QTP) _____

City, state and zip code _____

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

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2019 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2019. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2019 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="border: 1px solid black; background-color: #cccccc; padding: 5px;"> _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

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

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____ [8]
 Education Code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

Institution Information

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

Institution's federal identification number _____ [8]
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

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

	2019 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____ [8]	[]
Field no longer applicable	_____	
Educational institution changed its reporting method for 2019 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2020 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2019

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

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

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

Payments from Qualified Education Programs

	2019 Information	Prior Year Information
Gross distribution (Box 1)	+ _____ [30]	_____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	+ _____ [32]	
Basis (Box 3)	+ _____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

NOTES/QUESTIONS:

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA.
If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

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

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

___[1]

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

___[4]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts + _____[8]

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence + _____[9]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms + _____[10]

	2018 Information	2019 Information
Child support paid because of divorce, separation, or a result of a legal requirement	_____ [12]	+ _____ [20]

Taxable earnings from need-based employment programs	_____ [13]	+ _____ [21]
------------------------------------------------------	------------	--------------

Student grant and scholarship aid included in adjusted gross income	_____ [14]	+ _____ [22]
---------------------------------------------------------------------	------------	--------------

Earnings from work under a cooperative education program offered by a college	_____ [15]	+ _____ [23]
-------------------------------------------------------------------------------	------------	--------------

Child support received but do not include foster care or adoption payments	_____ [16]	+ _____ [24]
----------------------------------------------------------------------------	------------	--------------

Veterans noneducation benefits	_____ [17]	+ _____ [25]
--------------------------------	------------	--------------

Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	_____ [18]	+ _____ [26]
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	--------------

Money received or paid on behalf of the student (For the student's worksheet only)	_____ [19]	+ _____ [27]
------------------------------------------------------------------------------------	------------	--------------

	Control Totals+
--	------------------------

Federal Student Aid Application Information #2

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

Who is listed as the primary taxpayer on the tax return of the individual to whom this information applies?

(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)

___[1]

The information for the FAFSA worksheet will be:

(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)

___[4]

Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts + _____[8]

Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence + _____[9]

Taxpayer's (and spouse's) net worth in current businesses and/or investment farms + _____[10]

	2018 Information	2019 Information
Child support paid because of divorce, separation, or a result of a legal requirement	_____ [12]	+ _____ [20]

Taxable earnings from need-based employment programs	_____ [13]	+ _____ [21]
------------------------------------------------------	------------	--------------

Student grant and scholarship aid included in adjusted gross income	_____ [14]	+ _____ [22]
---------------------------------------------------------------------	------------	--------------

Earnings from work under a cooperative education program offered by a college	_____ [15]	+ _____ [23]
-------------------------------------------------------------------------------	------------	--------------

Child support received but do not include foster care or adoption payments	_____ [16]	+ _____ [24]
----------------------------------------------------------------------------	------------	--------------

Veterans noneducation benefits	_____ [17]	+ _____ [25]
--------------------------------	------------	--------------

Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, on-base military housing or a military housing allowance, or combat pay.	_____ [18]	+ _____ [26]
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------	--------------

Money received or paid on behalf of the student (For the student's worksheet only)	_____ [19]	+ _____ [27]
------------------------------------------------------------------------------------	------------	--------------

NOTES/QUESTIONS:

	Control Totals+
--	------------------------

	Form ID: FAFSA
--	-----------------------

Schedule A - Medical and Dental Expenses

T/S/J

2019 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1] _____ + _____ [2]
_____ + _____
_____ + _____
_____ + _____
_____ + _____

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4] _____ + _____ [5]
_____ + _____
_____ + _____
_____ + _____

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7] _____ + _____ [8]
_____ + _____

Prescription medicines and drugs:

[10] _____ + _____ [11]
_____ + _____
_____ + _____

[13] Miles driven for medical items _____ [14]

Prior Year Information grid with 10 rows of blank lines.

Schedule A - Tax Expenses

T/S/J

2019 Information

Prior Year Information

State/local income taxes paid:

[18] _____ + _____ [19]
_____ + _____
_____ + _____
_____ + _____

2018 state and local income taxes paid in 2019:

[21] _____ + _____ [22]
_____ + _____
_____ + _____

Real estate taxes paid:

[24] _____ + _____ [25]
_____ + _____
_____ + _____

Personal property taxes:

[27] _____ + _____ [28]
_____ + _____

Other taxes, such as: foreign taxes and State disability taxes

[30] _____ + _____ [31]
_____ + _____
_____ + _____

Sales tax paid on major purchases:

[36] _____ + _____ [37]
_____ + _____

Sales tax paid on actual expenses:

[39] _____ + _____ [40]
_____ + _____
_____ + _____

Prior Year Information grid with 10 rows of blank lines.

Control Totals+

Interest Expenses

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

***Mortgage Types**

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

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

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

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2019 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2019 (**Preparer use only**) + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2019 _____

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2019 (**Preparer use only**) + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2019 _____

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

T/S/J	2019 Information	Prior Year Information
Contributions made by cash or check (including out-of-pocket expenses)		
Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.		
Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.		
[2] _____	+ _____ [3]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
[5] Volunteer miles driven _____	_____ [6]	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8] _____	+ _____ [9]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	

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

Miscellaneous Deductions

T/S/J	2019 Information	Prior Year Information
Other expenses, not subject to the 2% AGI limit:		
[12] _____	+ _____ [13]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Gambling losses: (Enter only if you have gambling income)		
[15] _____	+ _____ [16]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

NOTES/QUESTIONS:

Complete this section if either of the following applies:

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

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

	2019 Information	Prior Year Information
Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
If refinanced debt, date of initial loan _____	[5]	
Fair market value of home + _____	[6]	
Number of months loan was outstanding in 2019, if not 12 _____	[8]	_____
Number of months home was a qualifying home _____ (If different from number of months loan was outstanding)	[10]	_____
Principal paid in 2019 + _____	[12]	
Interest paid during 2019 + _____	[14]	
Points reported on Form 1098 for 2019 + _____	[16]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____	[19]	
Recipient SSN or EIN _____	[20]	
Recipient address _____	[21]	
Recipient city, state, zip code _____ [22] _____ [23] _____	[24]	
Grandfather debt as of 12/31/18 (or first day mortgage was outstanding) + _____	[25]	
Grandfather debt as of 12/31/19 (or last day mortgage was outstanding) + _____	[27]	
Home acquisition/improvement debt as of 12/31/18 (or first day mortgage was outstanding) _____	[29]	
Home acquisition/improvement debt as of 12/31/19 (or last day mortgage was outstanding) _____	[31]	
Home equity debt as of 12/31/18*** (or first day mortgage was outstanding) + _____	[33]	
Home equity debt as of 12/31/19*** (or last day mortgage was outstanding) + _____	[35]	
*** ONLY portion of loan proceeds used to buy, build, or improve qualified residence		
Average balance in 2019 of grandfather debt + _____	[38]	
Average balance in 2019 of home acquisition/improvement debt + _____	[40]	
Average balance for 2019 all types of debt + _____	[42]	

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

Taxpayer/Spouse/Joint (T, S, J) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals+

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

Taxpayer/Spouse (T, S) _____ [1]

Donee's name _____ [4]

State postal code _____ [3]

Date of contribution **(Box 1)** _____ [9]

Odometer mileage **(Box 2a)** _____ [10]

Year of vehicle **(Box 2b)** _____ [11]

Make of vehicle **(Box 2c)** _____ [12]

Model of vehicle **(Box 2d)** _____ [13]

Vehicle or other identification number **(Box 3)** _____ [14]

Donee certifies that vehicle was sold in arm's length transaction to unrelated party **(Box 4a)** _____ [15]

Date of sale **(Box 4b)** _____ [16]

Gross proceeds from sale **(Box 4c)** + _____ [17]

Donee certifies that vehicle will not be transferred for money, other property, or services before completion of material improvement or significant intervening use **(Box 5a)** _____ [18]

Donee certifies that vehicle is to be transferred to a needy individual for significantly below fair market value in furtherance of donee's charitable purpose **(Box 5b)** _____ [19]

Detailed description of material improvements or significant intervening use and duration of use **(Box 5c)** _____ [20]

_____ [20]

_____ [20]

_____ [20]

Did you provide goods or services in exchange for the vehicle? **(Box 6a)** Yes ___ [21] No ___ [22]

Value of goods and services provided in exchange for the vehicle **(Box 6b)** + _____ [23]

Donee certifies that the goods and services consisted solely of intangible religious benefits **(Box 6c)** _____ [24]

Description of goods and services **(Box 6c)** _____ [25]

_____ [25]

_____ [25]

_____ [25]

Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked **(Box 7)** _____ [26]

Other Information for Donated Property

Overall physical condition of property _____ [31]

Date property was acquired by donor _____ [32]

How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [33]

Donor's cost or basis + _____ [34]

Fair market value on date of contribution + _____ [35]

Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [36]

If other: _____ [37]

Bargain sale amount received _____ [38]

Donee's address, and ZIP code _____ [42]

_____ [43] _____ [44] _____ [45]

Donee's telephone number _____ [46]

NOTES/QUESTIONS:

Preparer use only

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

Casualty and Theft - Business/Income Producing Properties

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

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

Business/Income Use Replacement Information

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

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

NOTES/QUESTIONS:

Preparer use only

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

Casualty and Theft - Personal Use Properties

Type of property	City	State	Zip code
Property A _____ [18]	_____ [19]	_____ [20]	_____ [21]
Property B _____ [35]	_____ [36]	_____ [37]	_____ [38]
Property C _____ [52]	_____ [53]	_____ [54]	_____ [55]
Property D _____ [69]	_____ [70]	_____ [71]	_____ [72]
	A	B	C
Date acquired _____ [26]	_____ [43]	_____ [60]	_____ [77]
Cost or other basis of property + _____ [27]	+ _____ [44]	+ _____ [61]	+ _____ [78]
Insurance or other reimbursement + _____ [28]	+ _____ [45]	+ _____ [62]	+ _____ [79]
Fair market value before casualty + _____ [30]	+ _____ [47]	+ _____ [63]	+ _____ [80]
Fair market value after casualty + _____ [31]	+ _____ [48]	+ _____ [64]	+ _____ [81]

Personal Use Replacement Information

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

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

NOTES/QUESTIONS:

Preparer use only

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

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

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

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

Current Year Business/Income Use Replacement Information

Description of replacement property A _____ [44]
 Description of replacement property B _____ [50]
 Description of replacement property C _____ [56]
 Description of replacement property D _____ [62]

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

NOTES/QUESTIONS:

Occurrence description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 State postal code _____ [3]
 Date of casualty or theft _____ [4]
 Damage to personal residence from corrosive drywall _____ [5]
 Amount paid to repair damage to home or household appliances + _____ [6]
 25% loss available from 2018 + _____ [7]

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

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

	A	B	C	D
State postal code	_____ [17]	_____ [28]	_____ [39]	_____ [50]
Zip code	_____ [18]	_____ [29]	_____ [40]	_____ [51]
Date acquired	_____ [20]	_____ [31]	_____ [42]	_____ [53]
Cost or other basis of property	+ _____ [21]	+ _____ [32]	+ _____ [43]	+ _____ [54]
Insurance or other reimbursement	+ _____ [22]	+ _____ [33]	+ _____ [44]	+ _____ [55]
Principal residence exclusion taken	+ _____ [23]	+ _____ [34]	+ _____ [45]	+ _____ [56]
Fair market value before casualty	+ _____ [24]	+ _____ [35]	+ _____ [46]	+ _____ [57]
Fair market value after casualty	+ _____ [25]	+ _____ [36]	+ _____ [47]	+ _____ [58]

Personal Use Replacement Information

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

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

NOTES/QUESTIONS:

Preparer use only

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

Business Use of Home

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

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

	2019 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [48]	+ _____ [50]	_____
Rent	+ _____ [54]	+ _____ [55]	_____
Repairs & maintenance	+ _____ [57]	+ _____ [58]	_____
Utilities	+ _____ [60]	+ _____ [61]	_____
Other expenses, such as: Supplies & Security system	+ _____ [63]	+ _____ [64]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [66]	_____
Carryovers:			
Operating expenses		+ _____ [67]	_____
Casualty losses		+ _____ [68]	_____
Depreciation		+ _____ [70]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [71]	_____
Depreciation		+ _____ [75]	_____

NOTES/QUESTIONS:

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

Preparer use only

Description of business or profession _____ [3]

Vehicles

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

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
--	------------------	-------------------	------------------	-------------------	------------------	-------------------	------------------	-------------------

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

Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

Vehicle Expenses

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

2019 Information

Taxpayer

Spouse

Prior Year Information

Self-employed health insurance premiums: (Not entered elsewhere)

_____	+	_____ [2]	+	_____ [3]	_____ _____ _____
_____	+	_____	+	_____	

Self-employed long-term care premiums: (Not entered elsewhere)

_____	+	_____ [5]	+	_____ [6]	_____ _____ _____
_____	+	_____	+	_____	

NOTES/QUESTIONS:

Please provide all Forms 1095-A

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

Part III Household Information -

	A. 2019 Monthly Premium Amount	Prior Year Information	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2019 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

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

Part III Household Information -

	A. 2019 Monthly Premium Amount	Prior Year Information	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2019 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2019 Information	Prior Year Information
Taxpayer/Spouse (T, S)	_____ [1]	[]
Name of Trustee _____	_____ [4]	
State postal code _____	_____ [2]	
Indicate type of health or medical savings account:		
HSA	_____ [6]	
Archer MSA	_____ [7]	
MA (Medicare Advantage) MSA	_____ [9]	
Total HSA/MSA contributions made		
for 2019 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____ [10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	_____ [12]	
Number of months in qualified high deductible health plan in 2019	_____ [13]	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	_____ [14]	
Total HSA/MSA contribution to be made for 2019	+ _____ [15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____ [16]	
Excess contributions for 2018 taken as constructive contributions for 2019	+ _____ [19]	
Rollover contribution (Form 5498-SA, Box 4)	+ _____ [21]	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____ [24]	[]
Enter compensation from employer maintaining high deductible health plan	+ _____ [27]	
If self-employed, enter earned income from business under which plan was established	+ _____ [31]	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2019? (Y, N) _____ [33]

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2019 Information

Prior Year Information

Taxpayer/Spouse (T, S) [1]
Name of Trustee [4]
State postal code [2]
Gross distributions received (Box 1) + [7]
Earnings on excess contributions (Box 2) + [9]
Distribution code (Box 3) [11]
Fair Market Value on date of death (Box 4) + [12]
Box 5 -
HSA [13]
Archer MSA [14]
MA MSA [15]
All distributions were used to pay unreimbursed qualified medical expenses [17]
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2019 + [19]
Withdrawal of excess contributions by the due date of the return + [21]
Amount of distribution rolled over for 2019 + [23]
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer + [26]
If MA (Medicare Advantage) MSA, enter value of account on 12/31/18 + [27]
For HSA accounts:
Was the high deductible health plan coverage started in 2018 and in effect for the month of December 2018? (Y, N) [29]
Was the high deductible health plan coverage ended before 12/31/19? (Y, N) [30]

Large shaded rectangular area for Prior Year Information.

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2019 Information

Prior Year Information

Name of the insured chronically ill individual [39]
Social security number of insured [40]
Gross long-term care (LTC) benefits paid (Box 1) + [42]
Accelerated death benefits paid (Box 2) + [44]
Check one (Box 3)
Per diem [46]
Reimbursed amount [47]
Qualified contract (Box 4) [48]
Check, if applicable (Box 5)
Chronically ill [49]
Terminally ill [50]
Are there other individuals who received LTC payments during 2019? (Y, N) [52]
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) [53]
Number of days during the long-term care period [54]
Cost incurred for qualified long-term care services during the long-term care period + [55]

Large shaded rectangular area for Prior Year Information.

NOTES/QUESTIONS:

ABLE Account Information #1

Please provide all Forms 1099-QA and 5498-QA

2019 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code	_____		[4]
Recipient's Social Security Number	_____		[7]
Recipient's Name	_____ [8]		[9]
Gross distribution (Form 1099-QA Box 1)	+	_____	[10]
Earnings (Form 1099-QA Box 2)	+	_____	[12]
Basis (Form 1099-QA Box 3)	+	_____	[14]
Program-to-program transfer (Form 1099-QA Box 4)		_____	[16]
Check if ABLE account terminated in 2019 (Form 1099-QA Box 5)		_____	[17]
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)		_____	[18]
Qualified disability expenses	+	_____	[19]
Amount of rollover	+	_____	[21]
Amount contributed in 2019 (Form 5498-QA Box 1)	+	_____	[23]
Value of account on 12/31/19 (Form 5498-QA Box 4)	+	_____	[25]

	Control Totals+	
--	------------------------	--

ABLE Account Information #2

Please provide all Forms 1099-QA and 5498-QA

2019 Information

Prior Year Information

Taxpayer/Spouse (T, S)		__	[1]
Payer name	_____		[3]
State postal code	_____		[4]
Recipient's Social Security Number	_____		[7]
Recipient's Name	_____ [8]		[9]
Gross distribution (Form 1099-QA Box 1)	+	_____	[10]
Earnings (Form 1099-QA Box 2)	+	_____	[12]
Basis (Form 1099-QA Box 3)	+	_____	[14]
Program-to-program transfer (Form 1099-QA Box 4)		_____	[16]
Check if ABLE account terminated in 2019 (Form 1099-QA Box 5)		_____	[17]
Check if the recipient is not the designated beneficiary (Form 1099-QA Box 6)		_____	[18]
Qualified disability expenses	+	_____	[19]
Amount of rollover	+	_____	[21]
Amount contributed in 2019 (Form 5498-QA Box 1)	+	_____	[23]
Value of account on 12/31/19 (Form 5498-QA Box 4)	+	_____	[25]

	Control Totals+	
--	------------------------	--

NOTES/QUESTIONS:

Social Security Tax on Unreported Tips

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

	2019 Information		Prior Year Information
	Taxpayer	Spouse	
Total cash and charge tips under \$20 per month and not reported to employer	+ _____ [3]	+ _____ [4]	<div style="border: 1px solid black; width: 100%; height: 20px; background-color: #cccccc;"></div>

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

	Employer identification number	Total tips received in 2019	Total tips reported in 2019
Taxpayer information [1]			
Spouse information [2]			

Social Security Tax on Unreported Wages

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

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

	Firm's federal identification number	Reason Code **	Date of IRS determination or correspondence received	Mark if 1099-MISC received	Total wages received with no social security or Medicare tax withheld
Taxpayer information [6]		—		—	
		—		—	
		—		—	
		—		—	
Spouse information [7]		—		—	
		—		—	
		—		—	
		—		—	

**** Reason Codes**

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

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

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

Parent's first name _____ [2]

Parent's last name _____ [3]

NOTES/QUESTIONS:

Children's Interest Income

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.
 Complete a separate Organizer Form ID: 8814 for each child.

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

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

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

Children's Dividend Income

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

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

**Dividend Codes
Blank = Other 3 = Nominee

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

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

Taxpayer/Spouse (T, S)	_____	[1]
Employer identification number	_____	[2]
Total cash wages subject to social security taxes	+ _____	[4]
Total cash wages subject to Medicare taxes	+ _____	[5]
Total cash wages subject to Additional Medicare Tax withholding	+ _____	[6]
Federal income tax withheld	+ _____	[7]
State disability plan social security & Medicare withheld	+ _____	[8]
Did you:		
(A) pay any household employee cash wages of \$2100 or more in 2019? (Y, N)	_____	[9]
(B) withhold Federal income tax for any household employee? (Y, N)	_____	[10]
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2018 or 2019? (Y, N)	_____	[11]

Federal Unemployment (FUTA) Tax

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

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

NOTES/QUESTIONS:

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

Principal residence address, if different from home address on Organizer Form ID: 1040

Address _____ [1]

City/State/Zip code _____ [2] ____ [3] _____ [4]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) _____ [5]

Purchase price of the home _____ [6]

Date the home was sold or ceased being used as principal residence _____ [13]

If you sold your home, enter the selling price _____ [14]

If you sold your home, enter the expense of sale _____ [15]

Were you and your spouse married on the purchase date? (Y, N) _____ [18]

If your home was transferred to your ex-spouse due to a divorce settlement,
enter his or her full name _____ [19]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name _____ [22]

Allocation percentage _____

NOTES/QUESTIONS:

Child and Dependent Care Expenses

Please enter all amounts paid in 2019 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2018 employer-provided dependent care benefits used during 2019 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2019	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2019		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2019 + _____ [7]
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2019 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2019 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2019 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)
 Amount paid to care provider in 2019 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Control Totals+

Credit For The Elderly or Disabled

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

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

NOTES/QUESTIONS:

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

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

NOTES/QUESTIONS:

Foreign Tax Credit

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

Preparer use only

Description _____ [3]
 Taxpayer/Spouse (T, S) _____ [9]
 Category of income* _____ [11]
 Description of income _____ [12]

*Category of Income	
A = Section 951A income	E = Section 901(j) income
B = Foreign Branch income	F = Certain income re-sourced by treaty
C = Passive income	G = Lump-sum distributions
D = General income	

Foreign Income or Loss

Country code _____ [19]
 Country name _____ [20]

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

Foreign Taxes Paid or Accrued

Foreign taxes paid or accrued:		
Date paid or accrued		_____ [47]
In foreign currency - taxes withheld on:		
Dividends		+ _____ [48]
Rents & royalties		+ _____ [49]
Interest		+ _____ [50]
Other foreign taxes		+ _____ [51]
In US dollars - taxes withheld on:		
Dividends		+ _____ [53]
Rents & Royalties		+ _____ [54]
Interest		+ _____ [55]
Other foreign taxes		+ _____ [56]

NOTES/QUESTIONS:

Complete this form if you paid qualified adoption expenses in 2019. Indicate if the adoption was final in or before 2019. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home. Please provide copies of legal documents approving the adoption.

	Child 1 [1]	Child 2	Child 3
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '01 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2018 for this child	_____	_____	_____
Employer-provided benefits received in 2018 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2019 for this child	_____	_____	_____
Employer-provided benefits received in 2019 for this child	_____	_____	_____
Adoption final in (1 = '19, 2 = Pre '19)	_____	_____	_____

	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (T, S, J)	_____	_____	_____
First name	_____	_____	_____
Last name	_____	_____	_____
Child's date of birth	_____	_____	_____
Mark if this child was:			
born before '01 and was disabled	_____	_____	_____
a child with special needs	_____	_____	_____
a foreign child	_____	_____	_____
Child's identifying number	_____	_____	_____
Total adoption credit received in prior years for this child	_____	_____	_____
Total qualified adoption expenses paid in 2018 for this child	_____	_____	_____
Employer-provided benefits received in 2018 for this child	_____	_____	_____
Total qualified adoption expenses paid in 2019 for this child	_____	_____	_____
Employer-provided benefits received in 2019 for this child	_____	_____	_____
Adoption final in (1 = '19, 2 = Pre '19)	_____	_____	_____

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

_____ [9]
 _____ [10]
 _____ [11]

NOTES/QUESTIONS:

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

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

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

NOTES/QUESTIONS:

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

Type of Use*	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fuel -		
Registration Number		_____ [1]
Explanation of evidence of dyes:		_____ [2]
		_____ [3]
State / local government	0.243	+ _____ [3]
Intercity / local buses	0.17	+ _____ [4]
Sales by registered ultimate vendors of undyed kerosene -		
Registration Number		_____ [5]
Explanation of evidence of dyes:		_____ [6]
		_____ [7]
Use by state/local government	0.243	+ _____ [7]
Sales from a blocked pump	0.243	+ _____ [8]
Intercity / local buses	0.17	+ _____ [9]
Sales by registered ultimate vendors of kerosene in aviation -		
Registration Number		_____ [10]
Commercial aviation taxed at \$.219 (Other than foreign trade)	0.175	+ _____ [11]
Commercial aviation taxed at \$.244 (Other than foreign trade)	0.200	+ _____ [12]
Nonexempt use in noncommercial aviation	0.025	+ _____ [13]
Other nontaxable uses taxed at \$.244 _____ [14]	0.243	+ _____ [15]
Other nontaxable uses taxed at \$.219/.044 _____ [16]	0.218	+ _____ [17]
Leaking underground storage tank (LUST) tax	0.001	+ _____ [18]

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

NOTES/QUESTIONS:

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

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

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

NOTES/QUESTIONS:

Qualified Business Income Deduction Carryover 2018 to 2019 Amounts

Qualified business loss (QBID) + _____ [1]
 Qualified REIT dividends and PTP loss + _____ [2]

Instructions

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

Indefinite Carryovers

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

2018 to 2019 Amounts

Section 1231 Nonrecaptured Losses

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

Charitable Contribution Carryover Items

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

AMT Charitable Contribution Carryover Items

Prior C/O Year	60% AMT Contributions	50% AMT Contributions	30% AMT Contributions	50/30% AMT Cap Gain Prop	20% AMT Contributions
2014		+ _____ [45]	+ _____ [50]	+ _____ [55]	+ _____ [60]
2015		+ _____ [46]	+ _____ [51]	+ _____ [56]	+ _____ [61]
2016		+ _____ [47]	+ _____ [52]	+ _____ [57]	+ _____ [62]
2017		+ _____ [48]	+ _____ [53]	+ _____ [58]	+ _____ [63]
2018	+ _____ [44]	+ _____ [49]	+ _____ [54]	+ _____ [59]	+ _____ [64]

NOTES/QUESTIONS:

Qualified Conservation Contribution Carryover Items

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

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

NOTES/QUESTIONS:

Description

A	_____	[2]
B	_____	[2]
C	_____	[2]
D	_____	[2]

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

NOTES/QUESTIONS:

20 Year Carryovers - Pre-TCJA

**Prior
C/O Year**

**Net
Operating Loss**

**AMT Net
Operating Loss**

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

Indefinite Carryovers - Starting in 2018

Post-TCJA

**Net
Operating Loss**

**AMT Net
Operating Loss**

+ _____ [20]	+ _____ [40]
--------------	--------------

NOTES/QUESTIONS:

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

	2015 Amounts	2016 Amounts	2017 Amounts	2018 Amounts
Filing Status (1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)	_____	_____	_____	_____
Salaries and wages	_____	_____	_____	_____
Interest income	_____	_____	_____	_____
Tax-exempt interest	_____	_____	_____	_____
Dividend income	_____	_____	_____	_____
Qualified dividends	_____	_____	_____	_____
Business income/loss	_____	_____	_____	_____
Capital gains and losses	_____	_____	_____	_____
Other gains and losses	_____	_____	_____	_____
IRA distributions, pensions, annuities	_____	_____	_____	_____
Rent, royalty, farm rental income	_____	_____	_____	_____
Partnership/S corp income	_____	_____	_____	_____
Estate or trust income	_____	_____	_____	_____
Farm income/loss	_____	_____	_____	_____
Other income/loss	_____	_____	_____	_____
Total income -	_____	_____	_____	_____
Total adjustments to income	_____	_____	_____	_____
Adjusted gross income -	_____	_____	_____	_____
Medical expenses	_____	_____	_____	_____
State and local taxes	_____	_____	_____	_____
Interest expenses	_____	_____	_____	_____
Charitable contributions	_____	_____	_____	_____
Other itemized deductions	_____	_____	_____	_____
Allowable itemized deductions	_____	_____	_____	_____
Standard deduction	_____	_____	_____	_____
Standard or itemized deduction taken -	_____	_____	_____	_____
Exemptions	_____	_____	_____	_____
Qual Bus Inc Ded (plus DPAD)	_____	_____	_____	_____
Taxable income -	_____	_____	_____	_____
Tax on taxable income	_____	_____	_____	_____
Alternative minimum tax	_____	_____	_____	_____
Total credits	_____	_____	_____	_____
Net tax liability -	_____	_____	_____	_____
Self-employment taxes	_____	_____	_____	_____
Other taxes	_____	_____	_____	_____
Total tax -	_____	_____	_____	_____
Income tax withheld	_____	_____	_____	_____
Estimated tax payments	_____	_____	_____	_____
Other payments	_____	_____	_____	_____
Total payments -	_____	_____	_____	_____
Tax due/-refund -	_____	_____	_____	_____
Penalties and interest	_____	_____	_____	_____
Net tax due/-refund -	_____	_____	_____	_____
Refund applied to estimated tax payments	_____	_____	_____	_____
Refund received	_____	_____	_____	_____
Marginal tax rate -	_____ %	_____ %	_____ %	_____ %
Effective tax rate -	_____ %	_____ %	_____ %	_____ %

NOTES/QUESTIONS:

General: 1040 **Personal Information**

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

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

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) _____

Mark if legally blind _____

Mark if dependent of another taxpayer _____

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) _____

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

Do you authorize us to discuss your return with the IRS (Y, N) _____

General: 1040, Contact **Present Mailing Address**

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040 **Dependent Information**

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

Credits: 2441 **Child and Dependent Care Expenses**

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) _____

Amount paid to care provider in 2019 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

Income: W2 **Salary and Wages**

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

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

Retirement: 1099R **Pension, IRA, and Annuity Distributions**

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

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

Income: K1, K1T **Schedules K-1**

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

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

Income: W2G **Gambling Income**

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

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

Educate: 1099Q **Qualified Education Plan Distributions**

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

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

Income: B1 **Interest Income**

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

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

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2019 _____ Amount received in 2018 _____

Income: B2 **Dividend Income**

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

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

Income: D **Sales of Stocks, Securities, and Other Investment Property**

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

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

Income: Income **Other Income**

Please provide copies of all supporting documentation.

State and local income tax refunds _____ **2019 Information** _____ **Prior Year Information** _____

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

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

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

1040 Adj: IRA

Adjustments to Income - IRA Contributions

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

Taxpayer Spouse

Traditional IRA Contributions for 2019 -

If you want to contribute the maximum allowable traditional IRA contribution amount,

enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

Enter the total traditional IRA contributions made for use in 2019

Roth IRA Contributions for 2019 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2019

Educate: Educate2

Higher Education Deductions and/or Credits

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

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

Complete this section if you paid qualified education expenses for higher education costs in 2019.

Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

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

*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

Job Related Moving Expenses

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

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

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2019 Information	Prior Year Information
___	___	_____	_____	_____	_____
Street address		_____			
City, State and Zip code		_____			

*Enter the divorce/separation agreement date

Taxpayer Spouse Prior Year Information

Educator expenses:

_____	_____	_____	_____
_____	_____	_____	_____

Other adjustments:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2019 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

***Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

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

Itemized: A2 **Interest Expenses**

T/S/J		2019 Information	Prior Year Information																
—	Home mortgage interest From Form 1098	_____	_____																
T/S/J	Other home mortgage interest paid to individuals:																		
—	<table border="0"> <tr> <td>Payee's Name</td> <td>SSN or EIN</td> <td>2019 Information</td> <td>Prior Year Information</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Payee's Name	SSN or EIN	2019 Information	Prior Year Information	_____	_____	_____	_____	Address	City	State	Zip Code	_____	_____	_____	_____		
Payee's Name	SSN or EIN	2019 Information	Prior Year Information																
_____	_____	_____	_____																
Address	City	State	Zip Code																
_____	_____	_____	_____																
T/S/J	Investment interest expense, other than on Sch K-1s:	2019 Information	Prior Year Information																
—	_____	_____	_____																
	Refinancing Information:	Refinance #1	Refinance #2																
T/S/J	Recipient/Lender name	_____	_____																
—	Total points paid at time of refinance	_____	_____																
—	Date of refinance	_____	_____																
—	Term of new loan (in months)	_____	_____																
—	Reported on Form 1098 in 2019	_____	_____																

Itemized: A3 **Charitable Contributions**

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

Itemized: A3, A-St **Miscellaneous Deductions**

T/S/J		2019 Information	Prior Year Information
	Other expenses, not subject to the 2% AGI limitation:		
—	_____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA		
T/S/J	Unreimbursed expenses***	2019 Information	Prior Year Information
—	Union dues, other than amounts reported on Form W-2***	_____	_____
—	Tax preparation fees***	_____	_____
—	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
—	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

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

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____
 Name of financial institution _____
 Your account number _____
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____
 Identification number _____
 Issue date _____
 Expiration date _____
 Location of issuance _____
 Document number (New York only) _____

NOTES/QUESTIONS:

Preparer use only

Activity name _____

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

		Description of Asset Acquired	Date Acquired	Cost or Basis
EXAMPLE		2019 Model T - (EXAMPLE ASSET)	03/09/19	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1	Comments:			
2	Comments:			
3	Comments:			
4	Comments:			
5	Comments:			
6	Comments:			
7	Comments:			
8	Comments:			
9	Comments:			
10	Comments:			
11	Comments:			
12	Comments:			
13	Comments:			
14	Comments:			
15	Comments:			
16	Comments:			
17	Comments:			
18	Comments:			
19	Comments:			
20	Comments:			
21	Comments:			
22	Comments:			
23	Comments:			
24	Comments:			
25	Comments:			

Alabama General Information

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

_____ [4]

Contributions

**Enter the amount of contributions you wish to make:
 Political Contributions**

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

Charitable Contributions

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

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From _____ [25]
 To _____ [26]

If a nonresident of Alabama, enter state of legal residence _____ [27]

Credits

Basic Skills Education Credit:

Dept of Education certification number _____ [28]

Name of sponsoring employer or firm _____ [29]

Name of approved provider _____ [30]

Location of provider _____ [31]

Total expenses _____ [32]

Rural Physician Credit:

Hospital where services provided _____ [33]

Community where services provided _____ [34]

NOTES/QUESTIONS:

Arizona General Information

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

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

Part-year residency dates:

From _____ [2]

To _____ [3]

Other state(s) of residency (Part-year residents only) _____ [4] _____ [5] _____ [6] _____ [7]

Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents only) _____ [8]

Contributions

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

Political Contributions

Political gift _____ [9]

Name of party (1 = Arizona Green Party, 2 = Democratic, 3 = Libertarian, 4 = Republican) _____ [10]

Charitable Contributions

Solutions Teams Assigned to Schools _____ [11]

Arizona Wildlife Fund _____ [12]

Child Abuse Prevention Fund _____ [13]

Domestic Violence Shelter Fund _____ [14]

Neighbors Helping Neighbors Fund _____ [15]

Special Olympics Fund _____ [16]

Veterans Donation Fund _____ [17]

I Didn't Pay Enough Fund _____ [18]

Sustainable State Parks and Road Fund _____ [19]

Spay/Neuter of Animals _____ [20]

Property Tax Credit Information

Full Year Residents Only

Homestead status on December 31 (1 = Rent, 2 = Own) _____ [21]

Mark if you:

Received Title 16, SSI payments _____ [22]

Lived alone _____ [23]

Property taxes paid through rent payments _____ [24]

If claimed as a dependent on another's return, enter claimant's information:

Name _____ [25]

Social security number _____ [26]

Address _____ [27] Apartment number _____ [28]

City _____ [29] State _____ [30] Zip code _____ [31]

Income earned by other household residents _____ [32]

NOTES/QUESTIONS:

Arkansas General Information

Taxpayer deaf		_____[1]						
Spouse deaf		_____[2]						
Early childhood program - certificate number	_____	[3]						
State political contribution	_____	[4]						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Taxpayer</th> <th style="width: 20%; text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>Contributions to a long-term intergenerational trust</td> <td style="text-align: center;">_____ [5]</td> <td style="text-align: center;">_____ [6]</td> </tr> </tbody> </table>				Taxpayer	Spouse	Contributions to a long-term intergenerational trust	_____ [5]	_____ [6]
	Taxpayer	Spouse						
Contributions to a long-term intergenerational trust	_____ [5]	_____ [6]						

Contributions

Amount of charitable contributions you wish to make to:

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

Part-year Resident and Nonresident Information

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

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

NOTES/QUESTIONS:

California General Information

Prior year last name

Taxpayer _____ [1]

Spouse _____ [2]

Use Tax

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

Contributions

Amount of contributions you wish to make to:

Seniors Special Fund _____ [4]	State Parks Protection Fund _____ [15]
Alzheimer's Disease/Related Dementia Fund _____ [5]	Protect Our Coast and Oceans Fund _____ [16]
Rare and Endangered Species Preservation Program _____ [6]	Keep Arts in Schools Fund _____ [17]
Breast Cancer Research Fund _____ [7]	Prevention Animal Homelessness & Cruelty _____ [18]
Firefighters' Memorial Fund _____ [8]	California Senior Citizen Advocacy Fund _____ [19]
Emergency Food for Families Fund _____ [9]	Native California Wildlife Rehabilitation _____ [20]
Peace Officer Memorial Foundation Fund _____ [10]	Rape Backlog Kit Fund _____ [21]
Sea Otter Fund _____ [11]	Organ and Tissue Donor _____ [22]
Cancer Research Fund _____ [12]	National Alliance on Mental Illness California _____ [23]
School Supplies for Homeless Children Fund _____ [13]	Schools Not Prisons _____ [24]
Parks Pass Purchase (\$195) _____ [14]	Suicide Prevention Fund _____ [25]

Renter Information

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

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

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

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

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

Maintained separate residences for the entire year _____ [37]

Addresses if more than one or different from mailing address

Address _____ [38]

City _____

State _____

Zip Code _____

Date Rented From _____

Date Rented To _____

Landlord information

Name _____ [39]

Address _____

City _____

State _____

Zip Code _____

Telephone _____

NOTES/QUESTIONS:

California Residency Information

Part-year, Nonresident

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

Prior Year Residency Information

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

Military Personnel

Part-year, Nonresident

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

Electronic Filing Information for Military

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____ [23]	_____ [26]
Date returned from overseas or combat zone/QHDA	_____ [24]	_____ [27]
Duty (A = Military overseas, B = Combat Zone/QHDA, C = NAT Guard)	_____ [25]	_____ [28]
Combat Zone/QHDA Operation/Area served		
Taxpayer	_____ [29]	_____ [29]
Spouse	_____ [30]	_____ [30]

NOTES/QUESTIONS:

Colorado Use Tax

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

Contributions

Amount of charitable contributions you wish to make to:

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

Part-year Resident and Nonresident Information

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

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

NOTES/QUESTIONS:

Connecticut Charitable Contributions

Amount of contributions you wish to make to:

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

Use Tax Information

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

Purchase 1	Description _____	Date of purchase _____	[9]
	Retailer/Service Provider: _____	Purchase price _____	
	Type Code: _____	Out of state tax paid _____	
Purchase 2	Description _____	Date of purchase _____	
	Retailer/Service Provider: _____	Purchase price _____	
	Type Code: _____	Out of state tax paid _____	

Use Tax Type Codes

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

Property Tax Information

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

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

	Name of CT Tax Town or District	Date Paid	Date Paid	Amount Paid
Primary Residence (Resident only)	_____	_____	_____	_____
Auto 1 (Resident only)	_____	_____	_____	_____
Auto 2 (MFJ Resident only)	_____	_____	_____	_____

Part-year Resident Information

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

	Taxpayer	Spouse
Enter residency dates:		
From	_____	_____
To	_____	_____
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)	_____	_____
Did you earn income from Connecticut sources during nonresident period? (Y, N)	_____	_____
State of prior or new residence	_____	_____

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

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

NOTES/QUESTIONS:

Delaware General Information

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

Contributions

Amount of contributions you wish to make to:

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

Part-year Resident Information

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

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

NOTES/QUESTIONS:

District of Columbia Property Tax Credit Information

If renting, enter rental information below (Residents only)

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

If property owner, enter real property information below

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

Use Tax

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

Contribution

Amount of contribution you wish to make to:

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

Part-year Resident Information

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

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

Disability Information

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

Mark if physician's certification previously filed _____ [30]

Otherwise, enter:

Physician's name _____ [31] ____ [32] _____ [33]
 Address, apartment number _____ [34] _____ [35]
 City, state, zip code _____ [36] ____ [37] _____ [38]
 Telephone number _____ [39]

NOTES/QUESTIONS:

Georgia General Information

Taxpayer

Spouse

If disabled, enter the following:

Type of disability	_____ [1]	_____ [2]
Date of disability	_____ [3]	_____ [4]

Contributions

Amount of contributions you wish to make to:

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

Part-year Resident Information

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

Taxpayer

Spouse

Part-year residency dates:

From	_____ [14]	_____ [16]
To	_____ [15]	_____ [17]

NOTES/QUESTIONS:

Hawaii General Information

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

Contributions

Amount of contributions you wish to make to:

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

Rental Credit Information

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

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

Part-year Resident Information

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

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

NOTES/QUESTIONS:

Idaho General Information

Mark if:

Taxpayer or spouse is a disabled veteran _____[1]

Receiving Idaho Public Assistance _____[2]

	Taxpayer	Spouse
--	-----------------	---------------

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

Use Tax

Purchases subject to use tax _____ [5]

Contributions

Amount of charitable contributions you wish to make to:

Nongame Wildlife Conservation Fund _____ [6]

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

Special Olympics Idaho _____ [8]

Idaho Guard and Reserve Family Support Fund _____ [9]

American Red Cross of Idaho _____ [10]

Veterans Support Fund _____ [11]

Idaho Food Bank _____ [12]

Opportunity Scholarship Program Fund _____ [13]

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

Part-year Resident and Nonresident Information

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

	Taxpayer	Spouse
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident)	_____ [15]	_____ [16]

Part-year residency dates:

From _____ [17] _____ [19]

To _____ [18] _____ [20]

State of residence _____ [21] _____ [22]

Adjustments and Credits

Energy efficiency upgrades _____ [23]

Adoption expenses _____ [24]

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

NOTES/QUESTIONS:

Illinois General Information

Use Tax

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

Contributions

Amount of contributions you wish to make to:

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

Credits

Qualified Education Expenses

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

Property Taxes

Description	Property Index Number
_____	_____ [57]
_____	_____
_____	_____

Part-year Resident and Nonresident Information

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

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

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

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

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

NOTES/QUESTIONS:

Indiana General Information

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

Household employment taxes:

Employee Name _____	Employee SSN _____ [7]
Income _____	State Tax Withheld _____
County Tax Withheld _____	County Code _____

Contributions

Amount of contribution you wish to make to:

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

Credit for Donation to an Indiana College or University

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

Renter's Information

Taxpayer, Spouse, Joint (T,S,J) _____	Principal address _____ [12]
	City, state, zip code _____
Number of months rented _____	Total rent paid _____
Landlord name _____	_____ [13]
Landlord address _____	_____
Landlord city, state, zip code _____	_____

Part-year Resident and Nonresident Information

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

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

States of residency (Use these fields if you or your spouse had more than one state of residency)			
Taxpayer, Spouse(T,S)	State Postal Code	From Date	To Date
_____	_____	_____	_____ [16]
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTES/QUESTIONS:

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

Contributions

Amount of charitable contributions you wish to make to:

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

Residency Information

Residency code _____ [7]

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

Part-year Resident Information

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

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

Nonresident Information

Illinois residents:

Iowa wages or salary only _____ [12]
 Wages or salary and other Iowa source income _____ [13]

NOTES/QUESTIONS:

Form ID: KS **Kansas General Information**

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

Use Tax

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

City/county	Amount
_____	_____ [5]
_____	_____
_____	_____

Contributions

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

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

Part-year Resident Information

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

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

NOTES/QUESTIONS:

Kentucky General Information

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

Use Tax

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

Contributions

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

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

Charitable Contributions

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

Part-year Resident Information

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

Part-year residency dates:

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

Nonresident Information

	Spouse	Taxpayer
Mark if:		
Commuted daily to Kentucky employment (VA resident)	_____ [22]	_____ [23]
All Kentucky wage income earned while a resident of a reciprocal state (indicate state(s) below)	_____ [24]	_____ [25]
Resident of state(s)		
Taxpayer	IL _____ [26]	IN _____ [27]
Spouse	MI _____ [28]	OH _____ [29]
	VA _____ [30]	WV _____ [31]
	WI _____ [32]	
	IL _____ [33]	IN _____ [34]
	MI _____ [35]	OH _____ [36]
	VA _____ [37]	WV _____ [38]
	WI _____ [39]	

NOTES/QUESTIONS:

Louisiana General Information

Mark if name has changed _____ [1]

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

Taxpayer _____ [2]

Spouse _____ [3]

Dependents:

Code	Disability	First Name	Last Name	SSN
_____	_____	_____	_____	_____ [4]
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Use Tax

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

Contributions

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

Part-year Resident Information

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

Retirement Information

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

	Taxpayer	Spouse
Retirement System Name	Date Retired	
Other retirement information:		
_____ [33]	_____ [33]	_____ [33]
_____ [33]	_____ [33]	_____ [33]
_____ [33]	_____ [33]	_____ [33]

NOTES/QUESTIONS:

Maine Use Tax

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

Contributions

Political Contributions

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

Charitable Contributions

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

State Park Passes

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

Property Tax Fairness Credit

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

Part-year Resident Information

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

NOTES/QUESTIONS:

Maryland General Information

Taxpayer

Spouse

County of residence _____ [1] _____ [2]
 City of residence _____ [3]

Contributions

Amount of charitable contributions you wish to make to:

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

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From _____ [8]
 To _____ [9]

State of legal residence (Other than Maryland) _____ [10]

If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident) _____ [11]

Mark if taxpayer or spouse in military (Nonresident only) _____ [12]

NOTES/QUESTIONS:

Massachusetts General Information

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

Use Tax

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

Contributions

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

	Taxpayer	Spouse
Mark to contribute to the State Election Campaign Fund	_____[13]	_____[14]
Organ Transplant Fund _____[15]		_____[18]
Endangered Wildlife Conservation _____[16]		_____[19]
Public Health HIV and Hepatitis Fund _____[17]		_____[20]
United States Olympic Fund _____[18]		
Military Family Relief Fund _____[19]		
Homeless Animal Prevention and Care Fund _____[20]		

Adjustments and Deductions**Rental Deduction**

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

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

Health Insurance Information

	Taxpayer	Spouse
Enrolled in Minimum Creditable Coverage (MCC) health insurance plan for entire year _____[22]		_____[23]
Insurance information has changed from last year	Yes ___[24] No ___[25]	Yes ___[26] No ___[27]
Federal identification number _____[28]		_____[29]
Subscriber number _____[30]		_____[31]
Name of insurance company (Taxpayer) _____[32]		
Name of insurance company (Spouse) _____[33]		

Commuter Deduction

	Tolls paid through Fastlane	MBTA Transit/commuter passes
Taxpayer _____[34]		_____[35]
Spouse _____[35]		_____[36]

Part-year Resident Information

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

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

Michigan General Information

School district name _____ [1]
 School district code _____ [2]
 Mark if 2/3 income from seafaring _____ [3]

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

Use Tax

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

Contributions

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

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

Part-year Resident Information

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

	Taxpayer	Spouse
From	_____ [25]	_____ [27]
To	_____ [26]	_____ [28]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		_____ [29]

NOTES/QUESTIONS:

Michigan Credits - Homestead Property Tax Credit Information

Homeowner

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

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

TSJ	Description	Amount
_____	_____	_____ [4]
_____	_____	_____

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

Street address _____ [5]	Taxable value _____ [9]
City _____ [6]	Number of days occupied _____ [10]
State _____ [7] Zip code _____ [8]	Property taxes levied for the year _____ [11]

Address of homestead sold during tax year:

Street address _____ [12]	Taxable value _____ [16]
City _____ [13]	Number of days occupied _____ [17]
State _____ [14] Zip code _____ [15]	Property taxes levied for the year _____ [18]

Rental Information

[19]

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

Household Income

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

Child support and foster parent payments	_____ [20]
Worker's compensation and Veteran's benefits	_____ [21]
Family Independence Agency and other public assistance payments	_____ [22]
Gifts or expenses paid on your behalf	_____ [23]
Other nontaxable income (inheritances, etc):	_____ [24]
_____	_____
_____	_____
_____	_____

NOTES/QUESTIONS:

Michigan Cities General Information

Taxpayer Spouse

Mark the applicable boxes if the following conditions apply to you and/or your spouse:

Disabled

[1]

[2]

Deaf

[3]

[4]

NOTES/QUESTIONS:

Minnesota General Information

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

Contributions

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

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

Political Parties

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

Charitable Contribution

Nongame Wildlife Fund _____ [5]

Credits and Subtractions**Long Term Care Insurance Credit**

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

K-12 Education Expenses

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

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

M1PR Property Tax Credit

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

Part-year Resident and Nonresident Information

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

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

NOTES/QUESTIONS:

Mississippi General Information

County of residence _____ [1]

Contributions

Amount of contributions you wish to make to:

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

NOTES/QUESTIONS:

Missouri General Information

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

Contributions

Amount of contributions you wish to make to:

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

Trust Fund Codes

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

Part-year Resident and Nonresident Information

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

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

If your reason for residence in Missouri was to serve in the military, enter Missouri place of station:

Taxpayer _____ [26]
 Spouse _____ [27]

Property Tax Information

Residents only

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

NOTES/QUESTIONS:

Montana Contributions

Amount of contributions you wish to make to:

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

Part-year Resident Information

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

Part-year residency dates:

From _____ [11]
 To _____ [12]

State moved to _____ [13]
 State moved from _____ [14]

Elderly Homeowner or Renter Credit

Please provide copies of property tax bills

Mark if owned or rented a Montana residence for 6 months or more during the current tax year _____ [15]
 Taxpayer, Spouse, Joint _____ [16]
 Rent paid _____ [17]

NOTES/QUESTIONS:

Nebraska General Information

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

Contributions

Amount of charitable contributions you wish to make to:

Wildlife Conservation Fund _____ [3]

Part-year Resident Information

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

Part-year residency dates:

From _____ [4]

To _____ [5]

NOTES/QUESTIONS:

New Hampshire General Information

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

Part-year Resident Information

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

From	_____	[4]
To	_____	[5]

Business Tax Summary

Mark to indicate final return _____[6]

NOTES/QUESTIONS:

New Jersey General Information

County or Municipality code _____ [1]

In care of address _____ [2]

Mark if:

Tax forms, instructions and booklet are not needed _____ [3]

You are not eligible for the property tax deduction or credit _____ [4]

You maintain the same residence as your spouse (Married filing separate returns ONLY) _____ [5]

Taxpayer Spouse

Mark if:

Contributed to the Social Security Fund (Eligible to receive benefits) _____ [6] _____ [7]

You want to designate \$1 to the gubernatorial election campaign fund _____ [8] _____ [9]

Contributions

Amount of contribution you wish to make to:

Endangered Wildlife Fund _____ [10]

Children's Trust Fund to prevent child abuse _____ [11]

New Jersey Vietnam Veterans' Memorial Fund _____ [12]

Breast Cancer Research Fund _____ [13]

USS New Jersey Educational Museum Fund _____ [14]

Other (see codes below) _____ [15] _____ [16]

Other (see codes below) _____ [17] _____ [18]

Other (see codes below) _____ [19] _____ [20]

Other Funds

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

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From _____ [21]

To _____ [22]

State of residency (Nonresidents only) _____ [23]

NOTES/QUESTIONS:

New Jersey Property Information

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

General Information

Principal residence for 2019 _____ [1]
 Property tax credit not claimed with homestead benefit, claim on NJ-1040 _____ [2]

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

Homeowner Information

Total property taxes paid _____ [10]
 Street _____ [11]
 City _____ [12]
 Number of days as an owned property _____ [13]
 Your share of property owned _____ [14]
 Share used as principal residence _____ [15]
 Your share of property taxes _____ [16]

Renter and Mobile Home Owner Information

Total rent paid or mobile home fees _____ [17]
 Street _____ [18]
 Apartment number _____ [19]
 City _____ [20]
 Days you were a tenant during 2019 _____ [21]
 Total number of tenants _____ [22]
 Your share of rent paid _____ [23]

Other Tenant Information

First name _____ [24]
 Middle initial _____
 Last name _____
 Social security number _____

Property Tax Reimbursements

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

NOTES/QUESTIONS:

New Mexico General Information

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

First year resident _____[1]

From To

Part-year residency dates:

Taxpayer _____[2] _____[3]

Spouse _____[4] _____[5]

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

Contributions**Amount of political and charitable contributions you wish to make to:
Political Contributions**

Political party (1 = Democratic, 2 = Republican, 3 = Libertarian, 4 = Green, 5 = Better for America, 6 = Constitution)

Taxpayer
_____[7]Spouse
_____[8]**Charitable Contributions**

New Mexico Housing Trust Fund _____[9]

Share with Wildlife _____[10]

Veterans' State Cemetery Fund _____[11]

Substance Abuse Education Fund _____[12]

Forest Re-Leaf Program _____[13]

National Guard Member and Family Assistance _____[14]

Kids 'N Parks Transportation Grant Program _____[15]

Amyotrophic Lateral Sclerosis Research Fund _____[16]

Vietnam Veterans Memorial _____[17]

Veterans Enterprise Fund _____[18]

Lottery Tuition Fund _____[19]

Horse Shelter Rescue Fund _____[20]

Animal Care and Facility Fund _____[21]

Supplemental Senior Services _____[22]

Sexual Assault Examination Kit Processing Fund _____[23]

Additions and Deductions

Income of an Indian _____[24]

Name of the taxpayer's Indian nation, tribe, or pueblo _____[25]

Name of the spouse's Indian nation, tribe, or pueblo _____[26]

Contributions refunded from the New Mexico approved Section 529 College Savings Plan _____[27]

Rebate and Credit Schedule

Public assistance, AFDC, welfare benefits _____[28]

Supplemental security income (SSI) _____[29]

Amount of rent paid during the tax year on principal place of residence _____[30]

Mark if rent includes amount paid on your behalf by a government entity _____[31]

Resident county (1 = Los Alamos, 2 = Santa Fe) _____[32]

NOTES/QUESTIONS:

New York General Information

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

Use Tax

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

Contributions

Amount of contributions you wish to make to:

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

Property Tax Credit Information

Resident who lived six or more months in same taxable residence with market value \$85,000 or less _____ [33]

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

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

Enter any other income not reported elsewhere _____ [35]

Homeowners: _____ [36]

Enter the amount of special assessments you and all qualified household members paid during the current tax year _____ [37]

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

Tenants: _____ [38]

Enter the total rent you and all members of your household paid during current tax year _____ [38]

Rent includes charges for (Specify) _____ [39]

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

NOTES/QUESTIONS:

New York - Part-year Resident and Nonresident Information

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

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

Address #1

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

Number of days in NYC _____

Street address _____

City, State and Zip code _____

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

Address #2

Mark if this address is still maintained by or for you _____

Number of days in NYC _____

Street address _____

City, State and Zip code _____

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

NOTES/QUESTIONS:

North Carolina General Information

County of residence _____ [1]

Contributions

Amount of charitable contributions you wish to make to:

Endangered Wildlife Fund _____ [2]

Education Endowment Fund _____ [3]

Breast and Cervical Cancer Control Program _____ [4]

Part-year Resident Information

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

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

NOTES/QUESTIONS:

North Dakota General Information

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

Income source code

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

Contributions

Amount of contributions you wish to make to:

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

Part-year Resident and Nonresident Information

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

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

NOTES/QUESTIONS:

Ohio General Information

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

Use Tax

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

Contributions**Amount of charitable contributions you wish to make to:**

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

Credits

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

Part-year Resident and Nonresident Information

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

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

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

NOTES/QUESTIONS:

Oklahoma Use Tax

Mark if not subject to Use Tax _____[1]

Contributions

Amount of charitable contributions you wish to make to:

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

Part-year Resident and Nonresident Information

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

Part-year residency dates:

From _____ [12]

To _____ [13]

Nonresident state of residence _____ [14] Nonresident country of residence _____ [15]

Resident and part-year or nonresident spouse:

Taxpayer's residence

Spouse's residence

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

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

Property Tax and Sales Tax Credits

Mark if you were not an Oklahoma resident for the entire tax year _____ [20]

Mark if you (or spouse) were disabled for the entire tax year _____ [21]

Home real estate tax _____ [22]

Workmen's compensation/loss of time insurance _____ [23]

Support money _____ [24]

Cash public assistance _____ [25]

NOTES/QUESTIONS:

Oregon General Information

Indicate if severely disabled (T = Taxpayer, S = Spouse, B = Both)

	_____ [1]
Taxpayer	Spouse
_____ [2]	_____ [3]
_____ [4]	_____ [5]

Number of months of federal service before 10/01/1991 (Federal employees)

Total number of months of federal service (Federal employees)

Contributions

Amount of charitable contributions you wish to make to:

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

Political party you wish to make contributions to:

	_____ [35]
Political Party	Spouse
	_____ [36]

Political Party Contributions

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

Part-year Resident and Nonresident Information

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

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

NOTES/QUESTIONS:

Pennsylvania General Information

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

Final return _____ [3] **Taxpayer** _____ [4] **Spouse**

Contributions

Amount of contributions you wish to make to:

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

Part-year Resident Information

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

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

NOTES/QUESTIONS:

Rhode Island General Information

Enter city or town of legal residence _____ [1]

Use Tax

Purchases subject to use tax _____ [2]

Total sales tax paid to other states _____ [3]

Purchases subject to use tax is unknown except purchases over \$1000 (Use tax table based on federal AGI) _____ [4]

Purchases subject to use tax over \$1000:

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

Contributions

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

Mark to make an electoral system contribution (NOTE: This will NOT increase your tax or decrease your refund) _____ [6]

If you wish for a portion of your electoral contribution to be paid to a political party, enter name of party _____ [7]

Charitable Contributions

Drug Program Account _____ [8]

Mark if you wish to make an Olympic Contribution _____ [9]

Organ Transplant Fund _____ [10]

Council on the Arts _____ [11]

Nongame Wildlife Fund _____ [12]

Childhood Disease Victims' Fund _____ [13]

Military Family Relief Fund _____ [14]

Part-year Resident Information

Part-year residency dates:

From _____ [15]

To _____ [16]

Property Tax Relief Claim

Mark if disabled and received social security disability payments during the tax year _____ [17]

Live in household or rent dwelling subject to property tax? (Y, N) _____ [18]

Current for property taxes and rent due for 2019 and all prior years (Y, N) _____ [19]

Rent paid (Enter 100%) _____ [20]

If renting, Landlord name: _____ [21]

Landlord Address: _____ [22]

Landlord city, state and zip code _____ [23] _____ [24] _____ [25]

Landlord phone number: _____ [26]

NOTES/QUESTIONS:

South Carolina General Information

County code number, if known _____ [1]
 Authorize discussion with Department of Revenue (Y, N) _____ [2]
 Purchases subject to use tax _____ [3]
 If not using direct deposit for refund, select alternative method of receiving refund _____ [4]
 1 = SCDOR Income Tax Refund Prepaid Debit Card issued by Bank of America
 2 = Paper Check

Additions and Subtractions

Expenses related to reserve income _____ [5]
 National guard reserve pay _____ [6]
 Law enforcement subsistence (Number of days) _____ [7]
 Volunteer deduction code _____ [8]
 Taxpayer _____ [8]
 Spouse _____ [9]

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

Part-year Resident and Nonresident Information

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

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

Contributions

Amount of contributions you wish to make to:

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

NOTES/QUESTIONS:

Tennessee General Information

County _____ [1]

City _____ [2]

Account number _____ [3]

Mark if quadriplegic

Taxpayer _____ **Spouse** _____

_____ [4] _____ [5]

NOTES/QUESTIONS:

Utah General Information

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

Part-year residency dates:

From _____ [1]

To _____ [2]

State of residency (Nonresidents) _____ [3]

Use Tax

	County/City	Purchases
Use tax	_____	_____ [4]

Contributions

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

Political Contributions

Election campaign fund

	Taxpayer	Spouse
	_____ [5]	_____ [6]

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

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

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

Charitable Contributions

Pamela Atkinson Homeless Trust Account _____ [7]

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

School district code _____ [9]

School District and Nonprofit School District Foundation _____ [10]

School district code

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

Clean Air Fund _____ [11]

Governor's Suicide Prevention Fund _____ [12]

NOTES/QUESTIONS:

Vermont General Information

School district name _____ [1]
 School district code _____ [2]

Contributions and Use Tax

Use Tax

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

Contributions

Amount of charitable contributions you wish to make to:

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

Part-year Resident and Nonresident Information

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

Part-year residency dates:
 From _____ [11]
 To _____ [12]
 Other state of residency _____ [13]

Property Tax Information

Homeowners

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

Renters

Rent paid _____ [21]

NOTES/QUESTIONS:

Virginia General Information

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

Use Tax

Consumer's Use Tax _____ [6]

Contributions

Amount of charitable contributions you wish to make to:

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

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

Part-year Resident Information

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

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

Nonresident Information

State of residence (Nonresidents only) _____ [25]

NOTES/QUESTIONS:

West Virginia General Information

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

Use Tax

Purchases _____ [3]

	Municipality	Purchases
Municipality purchases	_____	_____ [4]
Municipality purchases	_____	_____

Contributions

Amount of contributions you wish to make to:

West Virginia Children's Trust Fund _____ [5]

Part-year Resident and Nonresident Information

Part-year residency status _____ [6]

1 = Moved into West Virginia

2 = Moved out of West Virginia with West Virginia source income during period of nonresidency

3 = Moved out of West Virginia with no West Virginia source income during period of nonresidency

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

Part-year residency dates:

From _____ [7]

To _____ [8]

State of residence _____ [9]

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

NOTES/QUESTIONS:

Wisconsin General Information

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

Use Tax

Mark if not subject to Use Tax _____ [9]

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

Contributions

Amount of charitable contributions you wish to make to:

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

Part-year Resident and Nonresident Information

Residency code _____ [19]

Residency code

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

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

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [20]	_____ [22]
To	_____ [21]	_____ [23]
State of residency (Nonresidents only)	_____ [24]	_____ [25]
Country of residency (Nonresidents only)	_____ [26]	_____ [27]
Nonresident aliens:		
Taxpayer or Spouse is a U.S. citizen or a resident alien		_____ [28]
Resident of:	IL _____ [29]	IN _____ [30]
	KY _____ [31]	MI _____ [32]

NOTES/QUESTIONS: