

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.

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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.

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:

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 Dollar _____[17] or Percent (xxx.xx) _____[18]

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

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

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

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

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

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

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

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

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:

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	

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

[illegible]

2019 Information

[illegible]

Wages and Salaries #2

2019 Information

Form ID: W2

Interest Income

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

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

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

**Interest Codes

Blank = Regular Interest

4 = Accrued Interest

6 = ABP Adjustment

3 = Nominee Distribution

5 = OID Adjustment

7 = Series EE & I Bond

Control Totals +

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

**Dividend Codes

Blank = Other

3 = Nominee

Control Totals +

Form ID: B-2

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

2019 Information

Prior Year Information

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

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2019

+ [1]

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

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2019

+ [1]

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

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2019

+ [1]

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

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2019

+ [1]

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

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2019

+ [1]

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

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2019

+ [1]

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

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2019

+ [1]

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

Payer's name

Payer's street address

Payer's city, state, zip code

Payer's social security number

Interest income amount received in 2019

+ [1]

Control Totals +

Form ID: B-3

[illegible]

	Form ID: InfoD
--	----------------

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

NOTES/QUESTIONS:

Miscellaneous Income #1

18a

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:

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:

Pension, Annuity, and IRA Distributions #1

24

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:

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

Taxpayer/Spouse (T, S)

____ [1]

State postal code

____ [2]

Social Security Benefits

2019 Information

Prior Year Information

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2019 (Box 3 minus Box 4) (Box 5)

+ _____ [8]

Voluntary Federal Income Tax Withheld (Box 6)

+ _____ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ _____ [12]

Prescription drug (Part D) premiums

+ _____ [14]

Tier 1 Railroad Benefits

2019 Information

Prior Year Information

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2019 (Box 5)

+ _____ [22]

Federal Income Tax Withheld (Box 10)

+ _____ [25]

Medicare Premium Total (Box 11)

+ _____ [27]

Additional Information About Benefits Received

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

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

NOTES/QUESTIONS:

	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 +

Form ID: C-1

☐ Preparer use only

Principal business or profession _____

2019 Information

Prior Year Information

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

Control Totals +

Form ID: C-2

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

Rent and Royalty Income

Rents and royalties

2019 Information

Prior Year Information

_____ + _____ [34]

Rent and Royalty Expenses

2019 Information

Percent if not 100%

Prior Year Information

Advertising + _____ [36] _____ [37]
 Auto + _____ [39] _____ [40]
 Travel + _____ [42] _____ [43]
 Cleaning and maintenance + _____ [45] _____ [46]
 Commissions:
 _____ + _____ [48] _____ [50]
 _____ + _____
 Insurance:
 _____ + _____ [51] _____ [53]
 _____ + _____
 Legal and professional fees + _____ [55] _____ [56]
 Management fees:
 _____ + _____ [58] _____ [60]
 _____ + _____
 Mortgage interest paid to banks, etc (Form 1098)
 _____ + _____ [61] _____ [63]
 _____ + _____
 Other mortgage interest + _____ [64] _____ [66]
 Qualified mortgage insurance premiums + _____ [67] _____ [68]
 Other interest:
 _____ + _____ [70] _____ [72]
 _____ + _____
 Repairs + _____ [73] _____ [74]
 Supplies + _____ [76] _____ [77]
 Taxes:
 _____ + _____ [79] _____ [81]
 _____ + _____
 Utilities + _____ [82] _____ [83]
 Depreciation + _____ [85] _____ [86]
 Depletion + _____ [88] _____ [89]
 Other expenses:
 _____ + _____ [91]
 _____ + _____
 _____ + _____
 _____ + _____

Control Totals +

Form ID: Rent

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

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

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

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

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

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

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

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 _____ [11]
 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

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:

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

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

NOTES/QUESTIONS:

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]	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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:

T/S/J

2019 Information

Prior Year Information

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

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

Medical insurance premiums you paid:

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

[4]		+	[5]
		+	
		+	
		+	

Long-term care premiums you paid:

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

[7]		+	[8]
		+	

Prescription medicines and drugs:

[10]		+	[11]
		+	
		+	

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

Schedule A - Tax Expenses

T/S/J

2019 Information

Prior Year Information

State/local income taxes paid:

[18]		+	[19]
		+	
		+	
		+	
		+	

2018 state and local income taxes paid in 2019:

[21]		+	[22]
		+	
		+	

Real estate taxes paid:

[24]		+	[25]
		+	
		+	

Personal property taxes:

[27]		+	[28]
		+	

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

[30]		+	[31]
		+	
		+	

Sales tax paid on major purchases:

[36]		+	[37]
		+	

Sales tax paid on actual expenses:

[39]		+	[40]
		+	
		+	

Control Totals +

Form ID: A-1

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)	+ [12]
	Date of refinance	
	Term of new loan (in months)	
	Reported on Form 1098 in 2019	

T/S/J 2019 Information

Investment interest expense, other than on Schedule(s) K-1:

[15]	+	[16]
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

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

Noncash Contributions Exceeding \$500

61

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]
Did you provide goods or services in exchange for the vehicle? (Box 6a)	Yes _____ No _____	[21] [22]
Value of goods and services provided in exchange for the vehicle (Box 6b)	+ _____	[23]
Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c)	_____	[24]
Description of goods and services (Box 6c)	_____ _____ _____	[25]
Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is checked (Box 7)	_____	[26]

Other Information for Donated Property

Overall physical condition of property	_____	[31]
Date property was acquired by donor	_____	[32]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)	_____	[33]
Donor's cost or basis	+ _____	[34]
Fair market value on date of contribution	+ _____	[35]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)	_____	[36]
If other:	_____	[37]
Bargain sale amount received	_____	[38]
Donee's address, and ZIP code	_____	[42]
	_____ [43] _____ [44] _____	[45]
Donee's telephone number	_____	[46]

NOTES/QUESTIONS:

State postal code [5]

Area used partly for day-care business [24]

Depreciation	+	[75]
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Form ID: 8829

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

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

	2019 Information		Prior Year Information
	Taxpayer	Spouse	
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:

Please provide all Forms 1099-SA.

2019 Information

Prior Year Information

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

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2019 Information

Prior Year Information

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

NOTES/QUESTIONS:

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

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

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

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

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

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

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

Control Totals +

Form ID: 2441

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)

Were the costs incurred made to your main home located in the United States? (Y, N)

Were the costs incurred related to the construction of your main home located in the United States? (Y, N)

Enter the total amount of costs for insulation material or system to reduce heat loss or gain

Enter the total amount of costs for exterior windows

Enter the total amount of costs for exterior doors

Enter the total amount of costs for qualified metal roofs

Enter the total amount of costs for energy-efficient building property

Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers

Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace

Enter the total amount of costs for qualified solar electric property

Enter the total amount of costs for qualified solar water heating property

Enter the total amount of costs for qualified small wind energy property

Enter the total amount of costs for qualified geothermal heat pump property

Enter the total amount of costs for qualified fuel cell property

Enter the total amount of kilowatt capacity of the qualified fuel cell property

____[1]

____[2]

____[3]

+ _____[5]

+ _____[7]

+ _____[9]

+ _____[11]

+ _____[6]

+ _____[8]

+ _____[10]

+ _____[12]

+ _____[14]

+ _____[16]

+ _____[13]

+ _____[15]

+ _____[17]

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

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

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

Enter any other income not reported elsewhere _____ [35]

Homeowners: _____ [36]

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

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

Tenants: _____ [38]

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

Rent includes charges for (Specify) _____ [39]

4 = Heat, gas, electricity, furnishings and board

2 = Heat, gas and electricity

0 = Nothing included

3 = Heat, gas, electricity and furnishings

1 = Heat or heat and gas

_____ [40]

NOTES/QUESTIONS: