

|             |             |           |                      |
|-------------|-------------|-----------|----------------------|
| <b>2020</b> | <b>1040</b> | <b>US</b> | <b>Topical Index</b> |
|-------------|-------------|-----------|----------------------|

| <b>TOPIC</b>                                    | <b>FORM</b>      | <b>TOPIC</b>                               | <b>FORM</b>    |
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|      |      |    |               |
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**SANA TAX CORPORATION**  
**9381 E.STOCKTON BLVD., SUITE 219**  
**ELK GROVE CA 95624**  
 Telephone number: **(916)753-1871**  
 Fax number: **(916)864-1428**  
 E-mail address: **SANATAXES@GMAIL.COM**

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2020 tax return. Please enter all pertinent 2020 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

**CLIENT INFORMATION**

Taxpayer

Spouse

|                                  |  |  |
|----------------------------------|--|--|
| First name and initial . . . . . |  |  |
| Last name . . . . .              |  |  |
| Title/suffix . . . . .           |  |  |
| Social security number . . . . . |  |  |
| Occupation . . . . .             |  |  |
| Date of birth (m/d/y) . . . . .  |  |  |
| Date of death (m/d/y) . . . . .  |  |  |
| 1=blind . . . . .                |  |  |
| Home phone . . . . .             |  |  |
| Work phone . . . . .             |  |  |
| Work extension . . . . .         |  |  |
| Cell phone . . . . .             |  |  |
| E-mail address . . . . .         |  |  |

|         |                            |  |
|---------|----------------------------|--|
| Address | In care of . . . . .       |  |
|         | Street address . . . . .   |  |
|         | Apartment number . . . . . |  |
|         | City . . . . .             |  |
|         | State . . . . .            |  |
|         | ZIP code . . . . .         |  |

**DEPENDENTS**

Dependent No.

Dependent No.

|                                    |  |  |
|------------------------------------|--|--|
| First name . . . . .               |  |  |
| Last name . . . . .                |  |  |
| Title/suffix . . . . .             |  |  |
| Date of birth (m/d/y) . . . . .    |  |  |
| Date of death (m/d/y) . . . . .    |  |  |
| Date of adoption (m/d/y) . . . . . |  |  |
| Social security number . . . . .   |  |  |
| Relationship . . . . .             |  |  |
| Months lived at home . . . . .     |  |  |

Dependent No.

Dependent No.

|                                    |  |  |
|------------------------------------|--|--|
| First name . . . . .               |  |  |
| Last name . . . . .                |  |  |
| Title/suffix . . . . .             |  |  |
| Date of birth (m/d/y) . . . . .    |  |  |
| Date of death (m/d/y) . . . . .    |  |  |
| Date of adoption (m/d/y) . . . . . |  |  |
| Social security number . . . . .   |  |  |
| Relationship . . . . .             |  |  |
| Months lived at home . . . . .     |  |  |

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Please enter all pertinent 2020 information. If you have attached a government form for an item, check the box and do not enter a 2020 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

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

| 2020 Amount      | 2019 Amount |
|------------------|-------------|
| Attach Forms W-2 |             |
|                  |             |
|                  |             |
|                  |             |

**INTEREST INCOME**

Payer name:

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

|                       |  |
|-----------------------|--|
| Attach Forms 1099-INT |  |
|                       |  |
|                       |  |
|                       |  |

**DIVIDEND INCOME**

Payer name:

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

|                       |  |
|-----------------------|--|
| Attach Forms 1099-DIV |  |
|                       |  |
|                       |  |
|                       |  |

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

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

|                               |  |
|-------------------------------|--|
| Attach Forms<br>1099-R & W-2G |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |
|                               |  |

Winnings not reported on W-2G.....

Total gambling losses.....

**OTHER GOVERNMENT FORMS - INCOME**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Form 1099-B - Sales of stock (also include transaction history) .....  |
| <input type="checkbox"/> | Form 1099-MISC - Miscellaneous income .....                            |
| <input type="checkbox"/> | Form 1099-K - Merchant card and third party network payments .....     |
| <input type="checkbox"/> | Form 1099-S - Sales of real estate (also include closing statements) . |

|                   |  |
|-------------------|--|
| Attach Forms 1099 |  |
|-------------------|--|

|                          |                                      |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Form 1099-G - State tax refunds..... |
|--------------------------|--------------------------------------|

|                   |  |
|-------------------|--|
| Attach Forms 1099 |  |
|-------------------|--|

Taxpayer:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits ..... |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation .....  |
| <input type="checkbox"/> | Form 1099-Q (529 Plan) .....                   |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts) .....     |

|                   |  |
|-------------------|--|
| Attach Forms 1099 |  |
|-------------------|--|

Spouse:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Form SSA-1099 - Social security benefits ..... |
| <input type="checkbox"/> | Form 1099-G - Unemployment compensation .....  |
| <input type="checkbox"/> | Form 1099-Q (529 Plan) .....                   |
| <input type="checkbox"/> | Form 1099-QA/5498-QA (ABLE Accounts) .....     |

|                   |  |
|-------------------|--|
| Attach Forms 1099 |  |
|-------------------|--|

|      |      |    |               |
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MISCELLANEOUS INCOME

Taxpayer: Alimony received .....

Spouse: Alimony received .....

Other: \_\_\_\_\_

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

RETIREMENT PLAN CONTRIBUTIONS

Taxpayer: Traditional IRA contributions (1=maximum) .....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....

Spouse: Traditional IRA contributions (1=maximum) .....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum) .....

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

OTHER GOVERNMENT FORMS - DEDUCTIONS

Form 1098-E - Student loan interest .....

Form 1098-T - Tuition and related expenses .....

|                   |  |
|-------------------|--|
| Attach Forms 1098 |  |
|                   |  |

AFFORDABLE CARE ACT

Form 1095-A - Health Insurance Marketplace Statement .....

Form 1095- B - Health Coverage .....

Form 1095-C - Employer-Provided Health Insurance Offer and Coverage .....

|                   |  |
|-------------------|--|
| Attach Forms 1095 |  |
|                   |  |

ADJUSTMENTS TO INCOME

Taxpayer:

Self-employed health insurance premiums .....

Educator expenses .....

Other adjustments to income:

\_\_\_\_\_

\_\_\_\_\_

Alimony paid - Recipient name & SSN .....

\_\_\_\_\_

\_\_\_\_\_

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Spouse:

Self-employed health insurance premiums .....

Educator expenses .....

Other adjustments to income:

\_\_\_\_\_

\_\_\_\_\_

Alimony paid - Recipient name & SSN .....

\_\_\_\_\_

\_\_\_\_\_

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MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs .....

Doctors, dentists and nurses .....

Hospitals and nursing homes .....

Insurance premiums .....

Long-term care premiums - taxpayer .....

Long-term care premiums - spouse .....

Insurance reimbursement .....

Out-of-pocket lodging and transportation expenses .....

Number of medical miles .....

Other: \_\_\_\_\_

\_\_\_\_\_

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TAXES PAID

State income taxes - 1/20 payment on 2019 state estimate .....

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



|      |      |    |                    |   |
|------|------|----|--------------------|---|
| 2020 | 1040 | US | Client Information | 1 |
|------|------|----|--------------------|---|

**SANA TAX CORPORATION**  
**9381 E.STOCKTON BLVD., SUITE 219**  
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 Telephone number: **(916)753-1871**  
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**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2020 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

|                 |  |  |
|-----------------|--|--|
| Filing Status   | Filing status (table) .....                                    |  |
|                 | 1=married filing separate and lived with spouse .....          |  |
|                 | Year spouse died, if qualifying widow(er) (2018 or 2019) ..... |  |
| Taxpayer        | First name and initial .....                                   |  |
|                 | Last name .....  |  |
|                 | Title/suffix .....   |  |
|                 | Social security number .....                                   |  |
|                 | Occupation .....   |  |
|                 | Date of birth (m/d/y) .....                                    |  |
|                 | Date of death (m/d/y) .....                                    |  |
|                 | 1=blind .....  |  |
| Spouse          | First name and initial .....                                   |  |
|                 | Last name .....  |  |
|                 | Title/suffix .....   |  |
|                 | Social security number .....                                   |  |
|                 | Occupation .....   |  |
|                 | Date of birth (m/d/y) .....                                    |  |
|                 | Date of death (m/d/y) .....                                    |  |
|                 | 1=blind .....  |  |
| Address         | In care of .....   |  |
|                 | Street address .....   |  |
|                 | Apartment number .....   |  |
|                 | City .....   |  |
|                 | State .....  |  |
|                 | ZIP code .....   |  |
| Foreign Address | Region .....   |  |
|                 | Postal code .....  |  |
|                 | Country .....  |  |

**Filing Status**

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying widow(er)

2020

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US

Client Information (continued)

1 p2

Please add, change or delete information for 2020.

CLIENT INFORMATION

|                              |                              |  |  |
|------------------------------|------------------------------|--|--|
| Taxpayer Contact Information | Home phone.....              |  | <b>Daytime Phone</b><br>1 = Work<br>2 = Home<br>3 = Mobile |
|                              | Work phone.....              |  |  |
|                              | Work extension.....          |  |  |
|                              | Daytime phone (table).....   |  |  |
|                              | Mobile phone.....            |  |  |
|                              | Fax number.....              |  |  |
|                              | E-mail address.....          |  |  |
| Spouse Contact Information   | Home phone.....              |  |  |
|                              | Work phone.....              |  |  |
|                              | Work extension.....          |  |  |
|                              | Daytime phone (table).....   |  |  |
|                              | Mobile phone.....            |  |  |
|                              | Fax number.....              |  |  |
|                              | E-mail address.....          |  |  |
| Taxpayer Authentication      | Driver's license no.....     |  |  |
|                              | Driver's license state.....  |  |  |
|                              | Issue date (m/d/y).....      |  |  |
|                              | Expiration date (m/d/y)..... |  |  |
|                              | Theft protection PIN.....    |  |  |
| Spouse Authentication        | Driver's license no.....     |  |  |
|                              | Driver's license state.....  |  |  |
|                              | Issue date (m/d/y).....      |  |  |
|                              | Expiration date (m/d/y)..... |  |  |
|                              | Theft protection PIN.....    |  |  |

1 p2

|             |             |           |                   |          |
|-------------|-------------|-----------|-------------------|----------|
| <b>2020</b> | <b>1040</b> | <b>US</b> | <b>Dependents</b> | <b>2</b> |
|-------------|-------------|-----------|-------------------|----------|

Please add, change or delete information for 2020.

**DEPENDENTS**

|                                       | Dependent | Dependent |   |
|---------------------------------------|-----------|-----------|---|
| First name.....                       |           |           | <p><b>Type of Dependent</b></p> <p>1 = Child living w/taxpayer<br/>                     2 = Child not living w/taxpayer<br/>                     3 = Dependent other than child<br/>                     4 = Head of household or qualifying widow(er) only, not a dependent<br/>                     5 = Earned income credit only, not a dependent</p> <p><b>Earned Income Credit</b></p> <p>1 = When applicable (default)<br/>                     2 = Student age 19 to 23<br/>                     3 = Disabled<br/>                     4 = Force<br/>                     5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> <li>1. School records or statement</li> <li>2. Landlord or property management statement</li> <li>3. Health care provider statement</li> <li>4. Medical records</li> <li>5. Child care provider records</li> <li>6. Placement agency statement</li> <li>7. Social service records or statement</li> <li>8. Place of worship statement</li> <li>9. Indian tribe office statement</li> <li>10. Employer statement</li> </ol> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> <li>1. Doctor statement</li> <li>2. Other health care provider statement</li> <li>3. Social services agency or program statement</li> </ol> |
| Last name.....                        |           |           |   |
| Title/suffix.....                     |           |           |   |
| Date of birth (m/d/y).....            |           |           |   |
| Date of death.....                    |           |           |   |
| Date of adoption.....                 |           |           |   |
| Social security number.....           |           |           |   |
| Relationship.....                     |           |           |   |
| Months lived at home.....             |           |           |   |
| Type of dependent (see table).....    |           |           |   |
| Earned income credit (see table)..... |           |           |   |
| Claimed by: 1=taxpayer, 2=spouse..... |           |           |   |
| IRS theft protection PIN.....         |           |           |   |
| First name.....                       |           |           |   |
| Last name.....                        |           |           |   |
| Title/suffix.....                     |           |           |   |
| Date of birth (m/d/y).....            |           |           |   |
| Date of death.....                    |           |           |   |
| Date of adoption.....                 |           |           |   |
| Social security number.....           |           |           |   |
| Relationship.....                     |           |           |   |
| Months lived at home.....             |           |           |   |
| Type of dependent (see table).....    |           |           |   |
| Earned income credit (see table)..... |           |           |   |
| Claimed by: 1=taxpayer, 2=spouse..... |           |           |   |
| IRS theft protection PIN.....         |           |           |   |
| First name.....                       |           |           | This section shares the notes from the first section  |
| Last name.....                        |           |           |   |
| Title/suffix.....                     |           |           |   |
| Date of birth (m/d/y).....            |           |           |   |
| Date of death.....                    |           |           |   |
| Date of adoption.....                 |           |           |   |
| Social security number.....           |           |           |   |
| Relationship.....                     |           |           |   |
| Months lived at home.....             |           |           |   |
| Type of dependent (see table).....    |           |           |   |
| Earned income credit (see table)..... |           |           |   |
| Claimed by: 1=taxpayer, 2=spouse..... |           |           |   |
| IRS theft protection PIN.....         |           |           |   |



|      |      |    |                         |
|------|------|----|-------------------------|
| 2020 | 1040 | US | Miscellaneous Questions |
|------|------|----|-------------------------|

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

| YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>PERSONAL INFORMATION</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2020?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>DEPENDENTS</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2020?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200? |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>HEALTH CARE COVERAGE</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), if so, please attach.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>INCOME</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>PURCHASES, SALES AND DEBT</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2020?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money which has become uncollectible?  |

|      |      |    |                                     |
|------|------|----|-------------------------------------|
| 2020 | 1040 | US | Miscellaneous Questions (continued) |
|------|------|----|-------------------------------------|

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

| YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>RETIREMENT PLANS</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>EDUCATION</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>ITEMIZED DEDUCTIONS</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>ESTIMATED TAXES</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of 2019 taxes to your 2020 estimated tax (instead of being refunded)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2021 taxable income and withholdings to be different from 2020?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>MISCELLANEOUS</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?  |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |

2020

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US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

- | YES                      | NO                       | <b>MISCELLANEOUS (continued)</b>  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  |

**CORONA VIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (CARES ACT)**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an economic impact payment? If so, how much?               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your business have any PPP loan amounts forgiven?                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from your retirement plan because of COVID? |

|      |      |    |                         |
|------|------|----|-------------------------|
| 2020 | 1040 | US | Miscellaneous Questions |
|------|------|----|-------------------------|

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you and your dependents have health care coverage for the full-year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the IRS or the State taxing agency?   |

Please enter all pertinent 2020 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

|  |  |  |
|--|--|--|
| 1=direct deposit of federal tax refund into bank account ..... |  |  |
| 1=electronic payment of balance due .....                      |  |  |
| 1=electronic payment of estimated tax .....                    |  |  |

**BANK INFORMATION**

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|--------------|----------------------------|----------------|----------------|---------------------------|---------------------------|
|              |                            |                |                |                           |                           |
|              |                            |                |                |                           |                           |
|              |                            |                |                |                           |                           |

**2020 ESTIMATED TAX / 1040-ES (6)**

**Federal**

|  | Amount Paid | Date Paid | TS | 2020 Voucher Amount |
|--|-------------|-----------|----|---------------------|
| Overpayment applied from 2019 .....        |             |           |    |                     |
| 1st quarter payment .....                  |             |           |    |                     |
| 2nd quarter payment .....                  |             |           |    |                     |
| 3rd quarter payment .....                  |             |           |    |                     |
| 4th quarter payment .....                  |             |           |    |                     |
| Additional Estimated Tax Payments          |             |           |    |                     |
| Paid with extension .....                  |             |           |    |                     |
| Former spouse SSN if joint estimates ..... |             |           |    |                     |

**State**

|                                     | Amount Paid | Date Paid | TS | 2020 Voucher Amount |
|-------------------------------------|-------------|-----------|----|---------------------|
| Overpayment applied from 2019 ..... |             |           |    |                     |
| 1st quarter payment .....           |             |           |    |                     |
| 2nd quarter payment .....           |             |           |    |                     |
| 3rd quarter payment .....           |             |           |    |                     |
| 4th quarter payment .....           |             |           |    |                     |
| Additional Estimated Tax Payments   |             |           |    |                     |
| Paid with extension .....           |             |           |    |                     |

**1 Type of Account**

1 = Savings  
2 = Checking

**2 Type of Investment**

|                                       |  |
|---------------------------------------|--|
| 1 = Checking or savings (default)     | 6 = Coverdell savings account (ESA)      |
| 2 = Taxpayer's IRA (next year limits) | 7 = Other                                |
| 3 = Spouse's IRA (next year limits)   | 8 = Taxpayer's IRA (current year limits) |
| 4 = Health savings account (HSA)      | 9 = Spouse's IRA (current year limits)   |
| 5 = Archer MSA                        |  |

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US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2020 information.

**APPLICATION OF 2020 OVERPAYMENT (7.1)**

If you have an overpayment of 2020 taxes, do you want the excess refunded?  or applied to 2021 estimate?

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2021 ESTIMATED TAX INFORMATION**

Do you expect your 2021 taxable income to be different from 2020? ..... Yes  No

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2021 withholding to be different from 2020? ..... Yes  No

If "yes" explain any differences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

|             |             |           |   |                       |
|-------------|-------------|-----------|---|-----------------------|
| <b>2020</b> | <b>1040</b> | <b>US</b> | <b>Wages, Pensions, Gambling Winnings</b> | <b>10, 13.1, 13.2</b> |
|-------------|-------------|-----------|---|-----------------------|

Please enter all pertinent 2020 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) |  | Wages, Tips, Other Compensation (Box 1) | Tax Withheld    |                         |                  |                |                | 2019 Wages |
|-----|--------------------------|----------------------------|--|---|-----------------|-------------------------|------------------|----------------|----------------|------------|
|     |                          | 1=spouse                   |  |   | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |
|     |                          |                            |  |   |                 |                         |                  |                |                |            |

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

| No. | Name of Payer | Distribution code #2 |          | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld    |                | Value of all IRAs at 12/31/20 | 2019 Distribution |
|-----|---------------|----------------------|----------|----------------------------|-------------------------|-----------------|----------------|-------------------------------|-------------------|
|     |               | Distribution code #1 |          |                            |                         | Federal (Box 4) | State (Box 12) |                               |                   |
|     |               | 1=IRA/SEP/SIMPLE     | 1=spouse |                            |                         |                 |                |                               |                   |
|     |               |                      |          |                            |                         |                 |                |                               |                   |
|     |               |                      |          |                            |                         |                 |                |                               |                   |
|     |               |                      |          |                            |                         |                 |                |                               |                   |
|     |               |                      |          |                            |                         |                 |                |                               |                   |
|     |               |                      |          |                            |                         |                 |                |                               |                   |
|     |               |                      |          |                            |                         |                 |                |                               |                   |

**GAMBLING WINNINGS (W-2G) (13.2)**

| No. | Name of Payer | 1=spouse | Gross Winnings (Box 1) | Tax Withheld    |                |                | 2019 Winnings |
|-----|---------------|----------|------------------------|-----------------|----------------|----------------|---------------|
|     |               |          |                        | Federal (Box 4) | State (Box 15) | Local (Box 17) |               |
|     |               |          |                        |                 |                |                |               |
|     |               |          |                        |                 |                |                |               |
|     |               |          |                        |                 |                |                |               |

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

|  |             |    |             |  |
|--|-------------|----|-------------|--|
|  | 2020 Amount | TS | 2019 Amount |  |
| Total gambling losses .....              |             |    |             |  |
| Winnings not reported on Form W-2G ..... |             |    |             |  |

**10, 13.1, 13.2**

|      |      |    |                            |        |
|------|------|----|----------------------------|--------|
| 2020 | 1040 | US | Interest & Dividend Income | 11, 12 |
|------|------|----|----------------------------|--------|

Please enter all pertinent 2020 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**INTEREST INCOME (11)**

| No. | Name of Payer<br>(also enter SSN & address<br>for seller-financed mortgage) | 1=taxpayer<br>2=spouse | Interest Income                       |                                     |                                   | Tax-Exempt Interest         |                                | Early<br>Withdrawal<br>Penalty<br>(Box 2) | 2019<br>Interest |
|-----|---|------------------------|---------------------------------------|-------------------------------------|-----------------------------------|-----------------------------|--------------------------------|---|------------------|
|     |   |                        | Banks,<br>S&Ls, C/Us,<br>etc. (Box 1) | Seller-<br>Financed<br>Mtg. (Box 1) | U.S. Bonds,<br>T-Bills<br>(Box 3) | Total<br>Municipal<br>Bonds | In-state<br>Municipal<br>Bonds |   |                  |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |                  |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |                  |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |                  |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |                  |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |                  |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |                  |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |                  |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |                  |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |                  |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |                  |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |                  |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |                  |

**DIVIDEND INCOME (12)**

| No. | Name of Payer | 1=taxpayer<br>2=spouse | Dividend Income                         |                                    |  |                               |                           | Tax-Exempt Interest         |                                       | Foreign<br>Tax Paid<br>(Box 7) | 2019<br>Dividends |
|-----|---------------|------------------------|---|------------------------------------|--|-------------------------------|---------------------------|-----------------------------|---------------------------------------|--------------------------------|-------------------|
|     |               |                        | Total Ordinary<br>Dividends<br>(Box 1a) | Qualified<br>Dividends<br>(Box 1b) | Total Capital<br>Gain Distrib.<br>(Box 2a) | SubSection<br>199A<br>(Box 5) | U.S. Bonds<br>(% or amt.) | Total<br>Municipal<br>Bonds | In-state<br>Muni-bonds<br>(% or amt.) |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |



|             |             |           |                             |             |
|-------------|-------------|-----------|-----------------------------|-------------|
| <b>2020</b> | <b>1040</b> | <b>US</b> | <b>Miscellaneous Income</b> | <b>14.1</b> |
|-------------|-------------|-----------|-----------------------------|-------------|

Please enter all pertinent 2020 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

|   | 2020 Amount |        | 2019 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Social security benefits (SSA-1099, box 5) .....      |             |        |             |        |
| Medicare premiums paid (SSA-1099) .....               |             |        |             |        |
| 1=treat Medicare premiums paid as SE health ins. .... |             |        |             |        |
| Tier 1 RR retirement benefits (RRB-1099, box 5) ....  |             |        |             |        |
| 1=lump-sum election for SS benefits .....             |             |        |             |        |
| Alimony received .....                                |             |        |             |        |
| Taxable scholarships and fellowships .....            |             |        |             |        |
| Jury duty pay .....                                   |             |        |             |        |
| Household employee income not on W-2 .....            |             |        |             |        |
| Excess minister's allowance .....                     |             |        |             |        |
| Alaska permanent fund dividends .....                 |             |        |             |        |
| Income from rental of personal property .....         |             |        |             |        |
| Income subject to S/E tax:                            |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| Other income (1099-MISC, box 3, 8)                    |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |

**TAX WITHHELD** (not entered elsewhere)

|                                   |  |  |  |  |
|-----------------------------------|--|--|--|--|
| Federal income tax withheld ..... |  |  |  |  |
| State income tax withheld .....   |  |  |  |  |
| Local income tax withheld .....   |  |  |  |  |

2020

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US

State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2020 information as appropriate. Be sure to attach all 1099-G forms.

STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

2020 1099-G Amount

|   |   |  |  |
|---|---|--|--|
| No. <input type="text"/>  | Name of payer.....  |  |  |
|   | 1=spouse.....   |  |  |
|   | Unemployment compensation:  |  |  |
|   | Total received (Box 1).....                                       |  |  |
|   | 2020 Overpayment repaid.....                                      |  |  |
|   | State and local refunds:  |  |  |
|   | State and local income tax refund, credit or offsets (Box 2)..... |  |  |
|   | 1=city or local income tax refund.....                            |  |  |
|   | Tax year for box 2 if not 2019 (Box 3).....                       |  |  |
|   | Federal income tax withheld (Box 4).....                          |  |  |
|   | RTAA payments (Box 5).....  |  |  |
|   | Taxable grants:   |  |  |
|   | Federal taxable amount (Box 6).....                               |  |  |
|   | State taxable amount, if different.....                           |  |  |
|   | Farm amounts:   |  |  |
| Agriculture payments (Box 7).....                                 |   |  |  |
| 1=agriculture payments are from conservation reserve program..... |   |  |  |
| Market gain (Box 9).....  |   |  |  |
| Number of farm.....   |   |  |  |
| 1=box 2 is trade or business income (Box 8).....                  |   |  |  |
| State income tax withheld (Box 11).....                           |   |  |  |

|   |   |  |  |
|---|---|--|--|
| No. <input type="text"/>  | Name of payer.....  |  |  |
|   | 1=spouse.....   |  |  |
|   | Unemployment compensation:  |  |  |
|   | Total received (Box 1).....                                       |  |  |
|   | 2020 Overpayment repaid.....                                      |  |  |
|   | State and local refunds:  |  |  |
|   | State and local income tax refund, credit or offsets (Box 2)..... |  |  |
|   | 1=city or local income tax refund.....                            |  |  |
|   | Tax year for box 2 if not 2019 (Box 3).....                       |  |  |
|   | Federal income tax withheld (Box 4).....                          |  |  |
|   | RTAA payments (Box 5).....  |  |  |
|   | Taxable grants:   |  |  |
|   | Federal taxable amount (Box 6).....                               |  |  |
|   | State taxable amount, if different.....                           |  |  |
|   | Farm amounts:   |  |  |
| Agriculture payments (Box 7).....                                 |   |  |  |
| 1=agriculture payments are from conservation reserve program..... |   |  |  |
| Market gain (Box 9).....  |   |  |  |
| Number of farm.....   |   |  |  |
| 1=box 2 is trade or business income (Box 8).....                  |   |  |  |
| State income tax withheld (Box 11).....                           |   |  |  |

14.2

|             |             |           |  |             |
|-------------|-------------|-----------|--|-------------|
| <b>2020</b> | <b>1040</b> | <b>US</b> | <b>Education Distributions (ESA's and QTP's)</b> | <b>14.3</b> |
|-------------|-------------|-----------|--|-------------|

Please enter all pertinent 2020 amounts and attach all 1099-Q forms.  
Enter qualified education expenses below that are not entered elsewhere.  
Last year's amounts are provided for your reference.

**ESA'S AND QTP'S (Form 1099-Q)**

|  |  | 2020 Amount | 2019 Amount |
|--|--|-------------|-------------|
| No. <input style="width: 50px;" type="text"/>                        | Name of payer.....   |             |             |
|  | 1=spouse.....  |             |             |
|  | Qualified expenses:  |             |             |
|  | Higher education (net of nontaxable benefits) .....                          |             |             |
|  | Elementary & secondary education (net of nontaxable benefits) .....          |             |             |
|  | Form 1099-Q:   |             |             |
|  | Gross distributions (Box 1) .....  |             |             |
|  | Earnings (Box 2) .....   |             |             |
|  | Basis (Box 3) .....  |             |             |
|  | Rollover: 1=nontaxable, 2=taxable (Box 4) .....                              |             |             |
|  | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..... |             |             |
|  | ESA's only:  |             |             |
| 2020 contributions to this ESA .....                                 |  |             |             |
| Value of this account at 12/31/20 (plus outstanding rollovers) ..... |  |             |             |
| Basis in this ESA as of 12/31/19 .....                               |  |             |             |
| No. <input style="width: 50px;" type="text"/>                        | Name of payer.....   |             |             |
|  | 1=spouse.....  |             |             |
|  | Qualified expenses:  |             |             |
|  | Higher education (net of nontaxable benefits) .....                          |             |             |
|  | Elementary & secondary education (net of nontaxable benefits) .....          |             |             |
|  | Form 1099-Q:   |             |             |
|  | Gross distributions (Box 1) .....  |             |             |
|  | Earnings (Box 2) .....   |             |             |
|  | Basis (Box 3) .....  |             |             |
|  | Rollover: 1=nontaxable, 2=taxable (Box 4) .....                              |             |             |
|  | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..... |             |             |
|  | ESA's only:  |             |             |
| 2020 contributions to this ESA .....                                 |  |             |             |
| Value of this account at 12/31/20 (plus outstanding rollovers) ..... |  |             |             |
| Basis in this ESA as of 12/31/19 .....                               |  |             |             |
| No. <input style="width: 50px;" type="text"/>                        | Name of payer.....   |             |             |
|  | 1=spouse.....  |             |             |
|  | Qualified expenses:  |             |             |
|  | Higher education (net of nontaxable benefits) .....                          |             |             |
|  | Elementary & secondary education (net of nontaxable benefits) .....          |             |             |
|  | Form 1099-Q:   |             |             |
|  | Gross distributions (Box 1) .....  |             |             |
|  | Earnings (Box 2) .....   |             |             |
|  | Basis (Box 3) .....  |             |             |
|  | Rollover: 1=nontaxable, 2=taxable (Box 4) .....                              |             |             |
|  | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..... |             |             |
|  | ESA's only:  |             |             |
| 2020 contributions to this ESA .....                                 |  |             |             |
| Value of this account at 12/31/20 (plus outstanding rollovers) ..... |  |             |             |
| Basis in this ESA as of 12/31/19 .....                               |  |             |             |

|             |             |           |                           |             |
|-------------|-------------|-----------|---------------------------|-------------|
| <b>2020</b> | <b>1040</b> | <b>US</b> | <b>ABLE Distributions</b> | <b>14.4</b> |
|-------------|-------------|-----------|---------------------------|-------------|

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**ABLE DISTRIBUTIONS / CONTRIBUTIONS**

2020 Amount

2019 Amount

|  |  |  |  |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer or issuer .....                              |  |  |
|  | 1=spouse .....   |  |  |
|  | Distributions (1099-QA):                                   |  |  |
|  | Gross distributions (1) .....                              |  |  |
|  | Earnings (2) .....   |  |  |
|  | Basis (3) .....  |  |  |
|  | 1=program to program transfer (4) .....                    |  |  |
|  | 1=ABLE account terminated (5) .....                        |  |  |
|  | 1=recipient is not the designated beneficiary (6) .....    |  |  |
|  | Qualified disability expenses paid .....                   |  |  |
|  | Amount excluded from 10% tax .....                         |  |  |
|  | Excess contributions:                                      |  |  |
|  | Excess contributions withdrawn by due date of return ..... |  |  |
| Earnings on excess contributions .....       |  |  |  |

|  |  |  |  |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer or issuer .....                              |  |  |
|  | 1=spouse .....   |  |  |
|  | Distributions (1099-QA):                                   |  |  |
|  | Gross distributions (1) .....                              |  |  |
|  | Earnings (2) .....   |  |  |
|  | Basis (3) .....  |  |  |
|  | 1=program to program transfer (4) .....                    |  |  |
|  | 1=ABLE account terminated (5) .....                        |  |  |
|  | 1=recipient is not the designated beneficiary (6) .....    |  |  |
|  | Qualified disability expenses paid .....                   |  |  |
|  | Amount excluded from 10% tax .....                         |  |  |
|  | Excess contributions:                                      |  |  |
|  | Excess contributions withdrawn by due date of return ..... |  |  |
| Earnings on excess contributions .....       |  |  |  |

|  |  |  |  |
|--|--|--|--|
| No. <input style="width:40px;" type="text"/> | Name of payer or issuer .....                              |  |  |
|  | 1=spouse .....   |  |  |
|  | Distributions (1099-QA):                                   |  |  |
|  | Gross distributions (1) .....                              |  |  |
|  | Earnings (2) .....   |  |  |
|  | Basis (3) .....  |  |  |
|  | 1=program to program transfer (4) .....                    |  |  |
|  | 1=ABLE account terminated (5) .....                        |  |  |
|  | 1=recipient is not the designated beneficiary (6) .....    |  |  |
|  | Qualified disability expenses paid .....                   |  |  |
|  | Amount excluded from 10% tax .....                         |  |  |
|  | Excess contributions:                                      |  |  |
|  | Excess contributions withdrawn by due date of return ..... |  |  |
| Earnings on excess contributions .....       |  |  |  |

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

|   |  |
|---|--|
| Principal business/profession .....                 |  |
| Principal business code .....                       |  |
| Business name, if different from Form 1040 .....    |  |
| Business address, if different from Form 1040 ..... |  |
| City, if different from Form 1040 .....             |  |
| State, if different from Form 1040 .....            |  |
| ZIP code, if different from Form 1040 .....         |  |
| Foreign region .....                                |  |
| Foreign postal code .....                           |  |
| Foreign country .....                               |  |
| Employer identification number .....                |  |
| Other accounting method .....                       |  |

|   |  |  |
|---|--|--|
| Accounting method: 1=cash, 2=accrual .....  |  |  |
| Inventory method: 1=cost, 2=lower cost/market, 3=other .....  |  |  |
| 1=change of inventory method .....  |  |  |
| 1=spouse, 2=joint .....   |  |  |
| 1=first Schedule C filed for this business .....  |  |  |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..... |  |  |
| 1=not subject to self-employment tax .....  |  |  |
| 1=did not "materially participate" .....  |  |  |
| 1=personal services is not a material income producing factor .....                                     |  |  |
| 1=investment .....  |  |  |
| 1=minister's Schedule C .....   |  |  |
| 1=single member limited liability company .....   |  |  |
| 1=trader in financial instruments or commodities .....  |  |  |

**INCOME**

|   | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Gross receipts or sales (Form 1099-MISC, box 7) ..... |             |             |
| Returns and allowances .....                          |             |             |
| Other income:   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |

**COST OF GOODS SOLD**

|  |  |  |
|--|--|--|
| Inventory at beginning of the year ..... |  |  |
| Purchases .....                          |  |  |
| Cost of items for personal use .....     |  |  |
| Cost of labor .....                      |  |  |
| Materials and supplies .....             |  |  |
| Other costs:                             |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| Inventory at end of the year .....       |  |  |

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

|  | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Accounting.....  |             |             |
| Advertising.....   |             |             |
| Answering service.....   |             |             |
| Bad debts from sales or service.....                                 |             |             |
| Bank charges.....  |             |             |
| Car and truck expenses (not entered elsewhere).....                  |             |             |
| Commissions.....   |             |             |
| Contract labor.....  |             |             |
| Delivery and freight.....  |             |             |
| Dues and subscriptions.....  |             |             |
| Employee benefit programs.....                                       |             |             |
| Insurance (other than health).....                                   |             |             |
| Mortgage interest (paid to banks, etc.).....                         |             |             |
| Other interest (not entered elsewhere).....                          |             |             |
| Janitorial.....  |             |             |
| Laundry and cleaning.....  |             |             |
| Legal and professional.....  |             |             |
| Miscellaneous.....   |             |             |
| Office expense.....  |             |             |
| Outside services.....  |             |             |
| Parking and tolls.....   |             |             |
| Pension and profit sharing plans - contributions.....                |             |             |
| Pension and profit sharing plans - admin. and education costs.....   |             |             |
| Postage.....   |             |             |
| Printing.....  |             |             |
| Rent - vehicles, machinery, & equipment (not entered elsewhere)..... |             |             |
| Rent - other.....  |             |             |
| Repairs.....   |             |             |
| Security.....  |             |             |
| Supplies.....  |             |             |
| Taxes - real estate.....   |             |             |
| Taxes - payroll.....   |             |             |
| Taxes - sales tax included in gross receipts.....                    |             |             |
| Taxes - other (not entered elsewhere).....                           |             |             |
| Telephone.....   |             |             |
| Tools.....   |             |             |
| Travel.....  |             |             |
| Total meals in full (50%).....                                       |             |             |
| Department of Transportation meals in full (80%).....                |             |             |
| Uniforms.....  |             |             |
| Utilities.....   |             |             |
| Wages.....   |             |             |

Other expenses:

|       |  |  |
|-------|--|--|
| <hr/> |  |  |
| <hr/> |  |  |
| <hr/> |  |  |
| <hr/> |  |  |
| <hr/> |  |  |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.



2020

1040

US

Installment Sales (Form 6252)

17 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

|                          |  | 2020 Amount | 2019 Amount |
|--------------------------|--|-------------|-------------|
| No. <input type="text"/> | Description of property .....                      |             |             |
|                          | Date acquired (m/d/y) .....                        |             |             |
|                          | Date sold (m/d/y) .....                            |             |             |
|                          | Gross profit ratio (.xxxx) .....                   |             |             |
|                          | Current year principal payments (-1 if none) ..... |             |             |

|                          |  |  |  |
|--------------------------|--|--|--|
| No. <input type="text"/> | Description of property .....                      |  |  |
|                          | Date acquired (m/d/y) .....                        |  |  |
|                          | Date sold (m/d/y) .....                            |  |  |
|                          | Gross profit ratio (.xxxx) .....                   |  |  |
|                          | Current year principal payments (-1 if none) ..... |  |  |

|                          |  |  |  |
|--------------------------|--|--|--|
| No. <input type="text"/> | Description of property .....                      |  |  |
|                          | Date acquired (m/d/y) .....                        |  |  |
|                          | Date sold (m/d/y) .....                            |  |  |
|                          | Gross profit ratio (.xxxx) .....                   |  |  |
|                          | Current year principal payments (-1 if none) ..... |  |  |

|                          |  |  |  |
|--------------------------|--|--|--|
| No. <input type="text"/> | Description of property .....                      |  |  |
|                          | Date acquired (m/d/y) .....                        |  |  |
|                          | Date sold (m/d/y) .....                            |  |  |
|                          | Gross profit ratio (.xxxx) .....                   |  |  |
|                          | Current year principal payments (-1 if none) ..... |  |  |

|                          |  |  |  |
|--------------------------|--|--|--|
| No. <input type="text"/> | Description of property .....                      |  |  |
|                          | Date acquired (m/d/y) .....                        |  |  |
|                          | Date sold (m/d/y) .....                            |  |  |
|                          | Gross profit ratio (.xxxx) .....                   |  |  |
|                          | Current year principal payments (-1 if none) ..... |  |  |

|                          |  |  |  |
|--------------------------|--|--|--|
| No. <input type="text"/> | Description of property .....                      |  |  |
|                          | Date acquired (m/d/y) .....                        |  |  |
|                          | Date sold (m/d/y) .....                            |  |  |
|                          | Gross profit ratio (.xxxx) .....                   |  |  |
|                          | Current year principal payments (-1 if none) ..... |  |  |

|                          |  |  |  |
|--------------------------|--|--|--|
| No. <input type="text"/> | Description of property .....                      |  |  |
|                          | Date acquired (m/d/y) .....                        |  |  |
|                          | Date sold (m/d/y) .....                            |  |  |
|                          | Gross profit ratio (.xxxx) .....                   |  |  |
|                          | Current year principal payments (-1 if none) ..... |  |  |



|      |      |    |                                |        |
|------|------|----|--------------------------------|--------|
| 2020 | 1040 | US | Sale of Home & Moving Expenses | 17, 27 |
|------|------|----|--------------------------------|--------|

If you sold your home or moved in 2020, please complete the information below.  
 For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

**SALE OF HOME (17)**

|  |  |
|--|--|
| Description of property (Box 3) .....  |  |
| Date acquired (m/d/y) .....  |  |
| Date sold (m/d/y) (Box 1) .....  |  |
| Sales price (Box 2) .....  |  |
| 1=sale of home .....   |  |
| 1=owned and used property as main home for at least 2 of 5 years before sale .....         |  |
| 1=first-time homebuyer credit was previously taken on this home .....                      |  |
| 1=business use in year of sale .....   |  |
| Number of days after December 31, 2008 that home was not used as principal residence ..... |  |

**Adjusted Basis**

|                      |  |
|----------------------|--|
| Original cost .....  |  |
| Improvements:        |  |
| _____                |  |
| _____                |  |
| _____                |  |
| Adjusted basis ..... |  |

**Expenses of Sale** (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

|                              |  |
|------------------------------|--|
| _____                        |  |
| _____                        |  |
| _____                        |  |
| Total expenses of sale ..... |  |

**Reduced Exclusion**

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:  
**a) Did not meet the ownership and use tests \***, or **b) Excluded gain on the sale of another home after May 6, 1997.**

|   |  |
|---|--|
| If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) ..... |  |
| 1=sale due to change in health, employment or unforeseen circumstances .....  |  |
| Days used as main home - taxpayer .....   |  |
| Days used as main home - spouse .....   |  |
| Days property owned - taxpayer .....  |  |
| Days property owned - spouse .....  |  |

**MOVING EXPENSES (27)** (If you are a member of the Armed Forces and moved due to a permanent change in station)

|   |  |
|---|--|
| 1=spouse, 2=joint .....   |  |
| 1=armed forces move due to permanent change of station .....                          |  |
| Miles from old home to new work place .....   |  |
| Miles from old home to old work place .....   |  |
| Expenses for transportation and storage of household goods and personal effects ..... |  |
| Lodging and travel (excluding meals):   |  |
| Lodging and travel (excluding automobile) .....                                       |  |
| Parking fees and tolls .....  |  |
| Gas and oil .....   |  |
| Miles driven to new home .....  |  |

(\* owned and used property as main home for at least 2 of 5 years before sale)

2020

1040

US

Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

|                              | 2020 Amount | 2019 Amount  |
|------------------------------|-------------|--|
| Description of property      |             | <b>Type of Property</b><br>1 = Single Family Residence<br>2 = Multi-Family Residence<br>3 = Vacation/Short-Term Rental<br>4 = Commercial<br>5 = Land<br>6 = Royalties<br>7 = Self-Rental |
| Street address               |             |  |
| City                         |             |  |
| State                        |             |  |
| ZIP code                     |             |  |
| Type of property (see table) |             |  |
| Other type of property       |             |  |
| Number of days rented        | 34          |  |

|   |  |   |  |
|---|--|---|--|
| Percentage of ownership if not 100% (.xxxx)   |  | 1=did not actively participate            |  |
| Percentage of tenant occupancy if not 100% (.xxxx)  |  | 1=real estate professional                |  |
| 1=spouse, 2=joint   |  | 1=rental other than real estate           |  |
| 1=qualified joint venture   |  | 1=investment                              |  |
| 1=nonpassive activity, 2=passive royalty  |  | 1=single member limited liability company |  |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no |  |   |  |

INCOME

|                             | 2020 Amount | 2019 Amount |
|-----------------------------|-------------|-------------|
| Rents or royalties received |             |             |

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

|   |  |  |
|---|--|--|
| Advertising                             |  |  |
| Association dues                        |  |  |
| Auto and travel (not entered elsewhere) |  |  |
| Cleaning and maintenance                |  |  |
| Commissions                             |  |  |
| Gardening                               |  |  |
| Insurance                               |  |  |
| Legal and professional fees             |  |  |
| Licenses and permits                    |  |  |
| Management fees                         |  |  |
| Miscellaneous                           |  |  |
| Mortgage interest (paid to banks, etc.) |  |  |
| Qualified mortgage insurance premiums   |  |  |
| Excess mortgage interest                |  |  |
| Other interest (not entered elsewhere)  |  |  |
| Painting and decorating                 |  |  |
| Pest control                            |  |  |
| Plumbing and electrical                 |  |  |
| Repairs                                 |  |  |
| Supplies                                |  |  |
| Taxes - real estate                     |  |  |
| Taxes - other (not entered elsewhere)   |  |  |
| Telephone                               |  |  |
| Utilities                               |  |  |
| Wages and salaries                      |  |  |
| Other:                                  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

18

2020

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

|                           |  |
|---------------------------|--|
| Foreign region .....      |  |
| Foreign postal code ..... |  |
| Foreign country .....     |  |

OIL AND GAS

|   | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Production type (preparer use only) .....                         |             |             |
| Cost depletion .....  |             |             |
| Percentage depletion rate or amount .....                         |             |             |
| State cost depletion, if different (-1 if none) .....             |             |             |
| State % depletion rate or amount, if different (-1 if none) ..... |             |             |

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

|   |  |
|---|--|
| Number of days personal use .....                       |  |
| Number of days owned (if optional method elected) ..... |  |

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

|   |  |  |
|---|--|--|
| Advertising .....                             |  |  |
| Association dues .....                        |  |  |
| Auto and travel (not entered elsewhere) ..... |  |  |
| Cleaning and maintenance .....                |  |  |
| Commissions .....                             |  |  |
| Gardening .....                               |  |  |
| Insurance .....                               |  |  |
| Legal and professional fees .....             |  |  |
| Licenses and permits .....                    |  |  |
| Management fees .....                         |  |  |
| Miscellaneous .....                           |  |  |
| Mortgage interest (paid to banks, etc.) ..... |  |  |
| Qualified mortgage insurance premiums .....   |  |  |
| Excess mortgage interest .....                |  |  |
| Other interest (not entered elsewhere) .....  |  |  |
| Painting and decorating .....                 |  |  |
| Pest control .....                            |  |  |
| Plumbing and electrical .....                 |  |  |
| Repairs .....                                 |  |  |
| Supplies .....                                |  |  |
| Taxes - real estate .....                     |  |  |
| Taxes - other (not entered elsewhere) .....   |  |  |
| Telephone .....                               |  |  |
| Utilities .....                               |  |  |
| Wages and salaries .....                      |  |  |
| Other:  |  |  |
| _____   |  |  |
| _____   |  |  |
| _____   |  |  |
| _____   |  |  |
| _____   |  |  |

2020

1040

US

Farm Income (Schedule F/Form 4835)

No.

19

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

|                          |                      |
|--------------------------|----------------------|
| Principal product .....  | <input type="text"/> |
| Employer ID number ..... | <input type="text"/> |

|   |                      |  |
|---|----------------------|--|
| Agricultural activity code .....  | <input type="text"/> |  |
| Accounting method: 1=cash, 2=accrual .....  | <input type="text"/> |  |
| 1=spouse, 2=joint .....   | <input type="text"/> |  |
| 1=farm rental (Form 4835) .....   | <input type="text"/> |  |
| Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other .....                        | <input type="text"/> |  |
| 1=crop insurance proceeds election .....  | <input type="text"/> |  |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..... | <input type="text"/> |  |
| 1=did not "materially participate" (Schedule F only) .....  | <input type="text"/> |  |
| 1=did not actively participate (Farm rental only) .....   | <input type="text"/> |  |
| 1=real estate professional (farm rental only) .....   | <input type="text"/> |  |
| 1=single member limited liability company .....   | <input type="text"/> |  |
| % of ownership if not 100% (.xxxx) (Farm rental only) .....   | <input type="text"/> |  |

FARM INCOME

|  | 2020 Amount          | 2019 Amount          |
|--|----------------------|----------------------|
| Cash method:   |                      |                      |
| Sales of livestock and other resale items .....              | <input type="text"/> | <input type="text"/> |
| Cost or basis of livestock or other resale items .....       | <input type="text"/> | <input type="text"/> |
| Sales of products raised .....                               | <input type="text"/> | <input type="text"/> |
| Accrual method:  |                      |                      |
| Sales of livestock, produce, etc. ....                       | <input type="text"/> | <input type="text"/> |
| Beginning inventory of livestock, etc. ....                  | <input type="text"/> | <input type="text"/> |
| Cost of livestock, etc. purchased .....                      | <input type="text"/> | <input type="text"/> |
| Ending inventory of livestock, etc. ....                     | <input type="text"/> | <input type="text"/> |
| Other farm income:   |                      |                      |
| Total cooperative distributions .....                        | <input type="text"/> | <input type="text"/> |
| Taxable cooperative distributions .....                      | <input type="text"/> | <input type="text"/> |
| Total agricultural program payments (other than CRP) .....   | <input type="text"/> | <input type="text"/> |
| Taxable agricultural program payments (other than CRP) ..... | <input type="text"/> | <input type="text"/> |
| Total conservation reserve program payments .....            | <input type="text"/> | <input type="text"/> |
| Taxable conservation reserve program payments .....          | <input type="text"/> | <input type="text"/> |
| Commodity credit loans reported under election .....         | <input type="text"/> | <input type="text"/> |
| Total commodity credit loans forfeited or repaid .....       | <input type="text"/> | <input type="text"/> |
| Taxable commodity credit loans forfeited or repaid .....     | <input type="text"/> | <input type="text"/> |
| Total crop insurance proceeds received in 2020 .....         | <input type="text"/> | <input type="text"/> |
| Taxable crop insurance proceeds received in 2020 .....       | <input type="text"/> | <input type="text"/> |
| Taxable crop insurance proceeds deferred from 2019 .....     | <input type="text"/> | <input type="text"/> |
| Custom hire (machine work) income not included above .....   | <input type="text"/> | <input type="text"/> |



|      |      |    |   |           |
|------|------|----|---|-----------|
| 2020 | 1040 | US | Partnership and S corporation Information | 20.1,20.2 |
|------|------|----|---|-----------|

Please add, change or delete 2020 information as appropriate. Be sure to attach all Schedule K-1s.

**PARTNERSHIP INFORMATION (20.1)**

| No. | Name of Partnership | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in Partnership |
|-----|---------------------|--------------------------------|---------------------------------|--|
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |
|     |                     |                                |                                 |  |

**S CORPORATION INFORMATION (20.2)**

| No. | Name of S corporation | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in S corporation |
|-----|-----------------------|--------------------------------|---------------------------------|--|
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |
|     |                       |                                |                                 |  |

|      |      |    |                                       |           |
|------|------|----|---------------------------------------|-----------|
| 2020 | 1040 | US | Estate or Trust and REMIC Information | 20.3,20.4 |
|------|------|----|---------------------------------------|-----------|

Please add, change or delete 2020 information as appropriate.  
Be sure to attach all Schedule K-1s and Schedule Qs.

**ESTATE OR TRUST INFORMATION (20.3)**

| No. | Name of Estate or Trust | Employer Identification Number | Tax Shelter Registration Number |
|-----|-------------------------|--------------------------------|---------------------------------|
|     |                         |                                |                                 |
|     |                         |                                |                                 |
|     |                         |                                |                                 |
|     |                         |                                |                                 |
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|     |                         |                                |                                 |
|     |                         |                                |                                 |
|     |                         |                                |                                 |
|     |                         |                                |                                 |

**REMIC INFORMATION (20.4)**

| No. | Name of REMIC | Employer Identification Number |
|-----|---------------|--------------------------------|
|     |               |                                |
|     |               |                                |
|     |               |                                |
|     |               |                                |
|     |               |                                |
|     |               |                                |
|     |               |                                |
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|     |               |                                |
|     |               |                                |

|  |                  |
|--|------------------|
|  | <b>20.3,20.4</b> |
|--|------------------|







Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

|  | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Description of vehicle .....   |             |             |
| 1=no evidence to support your deduction .....                            |             |             |
| 1=no written evidence to support your deduction .....                    |             |             |
| 1=vehicle is available for off-duty personal use .....                   |             |             |
| 1=no other vehicle is available for personal use .....                   |             |             |
| 1=vehicle used primarily by more than 5% owner .....                     |             |             |
| Number of months of business use if changed from 100% personal use ..... |             |             |

**AUTOMOBILE MILEAGE**

|  |  |  |
|--|--|--|
| Total mileage (for the tax year) .....     |  |  |
| Business mileage .....                     |  |  |
| Commuting mileage (for the tax year) ..... |  |  |
| Average daily round-trip commute .....     |  |  |

**ACTUAL EXPENSES**

|   |  |  |
|---|--|--|
| Parking fees and tolls (business portion only) .....        |  |  |
| Gasoline, lube, oil .....                                   |  |  |
| Repairs .....   |  |  |
| Tires .....   |  |  |
| Insurance .....   |  |  |
| Miscellaneous .....   |  |  |
| Auto license (other than personal property taxes) .....     |  |  |
| Personal property taxes (based on car's value) .....        |  |  |
| Interest (car loan) (for Schedule C, E & F) .....           |  |  |
| Vehicle rent or lease payments .....                        |  |  |
| Inclusion amount (enter as positive) .....                  |  |  |
| Value of employer-provided vehicle on Form W-2 (2106) ..... |  |  |

Please enter all pertinent 2020 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

|   | 2020 Amount |        | 2019 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) ..... |             |        |             |        |
| Contributions made to date .....  |             |        |             |        |
| 1=covered by plan, 2=not covered .....  |             |        |             |        |
| 2020 payments from 1/1/20 to 4/15/20 .....  |             |        |             |        |

**ROTH IRA CONTRIBUTIONS**

|  |  |  |  |  |
|--|--|--|--|--|
| Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) ..... |  |  |  |  |
| Contributions made to date .....   |  |  |  |  |

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

|   |  |  |  |  |
|---|--|--|--|--|
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....    |  |  |  |  |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....    |  |  |  |  |
| Defined benefit contributions you expect to make .....                                  |  |  |  |  |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) ..... |  |  |  |  |
| Plan contribution rate if not .25 (.xxxx) .....   |  |  |  |  |
| Individual 401k: SE elective deferrals (except Roth) (1=max.) .....                     |  |  |  |  |
| Individual 401k: SE designated Roth contributions (1=max.) .....                        |  |  |  |  |
| <b>SIMPLE contributions:</b>  |  |  |  |  |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....         |  |  |  |  |
| Employer matching rate if not .03 (.xxxx) .....   |  |  |  |  |
| 1=nonelective contributions (2%) .....  |  |  |  |  |
| Contributions made to date .....  |  |  |  |  |

**ADJUSTMENTS TO INCOME**

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Self-employed health insurance:</b>               |  |  |  |  |
| Total premiums (excluding long-term care) .....      |  |  |  |  |
| Long-term care premiums .....                        |  |  |  |  |
| Student loan interest paid (1098-E, box 1) .....     |  |  |  |  |
| Educator expenses (kindergarten thru grade 12) ..... |  |  |  |  |
| Jury duty pay given to employer .....                |  |  |  |  |
| Expenses from rental of personal property .....      |  |  |  |  |
| Other adjustments to income:                         |  |  |  |  |
| _____  |  |  |  |  |
| _____  |  |  |  |  |
| _____  |  |  |  |  |

| Alimony paid:                           | Taxpayer  | Spouse    |
|---|-----------|-----------|
| Date of divorce or sep. agreement ..... |           |           |
| Recipient's first name .....            |           |           |
| Recipient's last name .....             |           |           |
| Recipient's SSN .....                   |           |           |
| Amount paid .....                       | 2019 amt: | 2019 amt: |

2020

1040

US

Itemized Deductions

25

Please enter all pertinent 2020 amounts and attach all 1098 forms. Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows include Prescription medicines and drugs, Doctors, dentists and nurses, Hospitals and nursing homes, Insurance premiums not entered elsewhere, Long-term care premiums, Insurance reimbursement, Lodging and transportation, Out-of-pocket expenses, Medical miles driven, and Other medical and dental expenses.

TAXES PAID (State and local withholding and 2020 estimates are automatic.)

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows include State income taxes (1/20 payment, 2019 state return extension, 2019 state return, prior years), and City/local income taxes (1/20 payment, 2019 city/local extension, 2019 city/local return).

SALES AND USE TAXES PAID

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows include State and local sales taxes (except autos and special items), Use taxes paid on 2020 purchases, Use taxes paid with 2019 state return, Sales tax on autos not included above, and Sales tax on boats, aircraft, other special items.

OTHER TAXES PAID

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows include Real estate taxes (principal residence, held for investment), Personal property taxes (including auto fees), Foreign income taxes, and Other taxes.

25

2020

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US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2020 Amount

TS

2019 Amount

Table with 3 columns: Description, 2020 Amount, TS, 2019 Amount. Includes rows for home mortgage interest and points.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: Description, 2020 Amount, TS, 2019 Amount. Includes row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2020 Amount, TS, 2019 Amount. Includes row for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . . .

Table with 3 columns: Description, 2020 Amount, TS, 2019 Amount. Includes row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2020 Amount, TS, 2019 Amount. Includes row for investment interest.

Passive interest . . . . .

Table with 3 columns: Description, 2020 Amount, TS, 2019 Amount. Includes row for passive interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2020 Amount, TS, 2019 Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table with 3 columns: Description, 2020 Amount, TS, 2019 Amount. Includes rows for volunteer expenses and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2020 Amount, TS, 2019 Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table with 3 columns: Description, 2020 Amount, TS, 2019 Amount. Includes rows for volunteer expenses and charitable miles.

25 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

|       |
|-------|
| _____ |
| _____ |
| _____ |

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

30% limitation (see above):

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|-------|
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30% capital gain property (gifts of capital gain property to 50% limit orgs.):

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20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

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**STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT** (subject to 2% AGI limit)

Union and professional dues .....

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

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

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Investment expense:

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Tax return preparation fee .....

Safe deposit box rental .....

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

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

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If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2020 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2020 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2020 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

|  | 2020 Amount | TS | 2019 Amount |
|--|-------------|----|-------------|
| Fair market value of the property on the date that the last debt was secured . . . . .     |             |    |             |
| Home acquisition and grandfather debt on the date that the last debt was secured . . . . . |             |    |             |

**LOAN INFORMATION**

Loan #1

- Lender's name . . . . .
- Form (see table) . . . . .
- Number of form . . . . .
- 1=taxpayer, 2=spouse, blank=joint . . . . .
- Interest paid . . . . .
- Points paid . . . . .
- Total principal paid . . . . .
- Lump sum principal payment (if paid off) . . . . .
- Months outstanding (if not 12) . . . . .
- 1=home acquisition debt incurred after 12/15/17 . . . . .
- Home acquisition debt balance - beginning of year . . . . .
- Home acquisition debt borrowed in 2020 . . . . .
- Home equity debt balance - beginning of year . . . . .
- Home equity debt borrowed in 2020 . . . . .
- Grandfather debt balance - beginning of year . . . . .



Loan #2

- Lender's name . . . . .
- Form (see table) . . . . .
- Number of form . . . . .
- 1=taxpayer, 2=spouse, blank=joint . . . . .
- Interest paid . . . . .
- Points paid . . . . .
- Total principal paid . . . . .
- Lump sum principal payment (if paid off) . . . . .
- Months outstanding (if not 12) . . . . .
- 1=home acquisition debt incurred after 12/15/17 . . . . .
- Home acquisition debt balance - beginning of year . . . . .
- Home acquisition debt borrowed in 2020 . . . . .
- Home equity debt balance - beginning of year . . . . .
- Home equity debt borrowed in 2020 . . . . .
- Grandfather debt balance - beginning of year . . . . .



|  |
|--|
| <b>Form</b>  |
| 1 = Schedule A (default)<br>2 = Business use of home<br>3 = Schedule E |







2020

1040

US

Business Use of Home (Form 8829)

No.

29

Please enter 2020 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

|  | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Form.....  |             |             |
| Number of form (e.g., enter 2 for Schedule C number 2).....                            |             |             |
| Business use area (square footage).....  |             |             |
| Total area of home (square footage).....   |             |             |
| Total hours facility used (for daycare facilities only).....                           |             |             |
| Total hours available (if not 8,760).....  |             |             |
| Area of home included above used exclusively for daycare business, if any (sq ft)..... |             |             |
| % (.xx) or amount of gross income from home if not 100% (-1 if none).....              |             |             |
| % (.xx) or amount of expenses from home if not 100% (-1 if none).....                  |             |             |

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

|                               |  |  |
|-------------------------------|--|--|
| Mortgage interest.....        |  |  |
| Real estate taxes.....        |  |  |
| Casualty losses.....          |  |  |
| Insurance.....                |  |  |
| Miscellaneous.....            |  |  |
| Rent.....                     |  |  |
| Repairs and maintenance.....  |  |  |
| Utilities.....                |  |  |
| Excess mortgage interest..... |  |  |
| Excess real estate taxes..... |  |  |
| Other indirect expenses:      |  |  |
| _____                         |  |  |
| _____                         |  |  |
| _____                         |  |  |

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

|                                |  |  |
|--------------------------------|--|--|
| Mortgage interest.....         |  |  |
| Real estate taxes.....         |  |  |
| Casualty losses.....           |  |  |
| Insurance.....                 |  |  |
| Miscellaneous.....             |  |  |
| Rent.....                      |  |  |
| Repairs and maintenance.....   |  |  |
| Utilities.....                 |  |  |
| Excess mortgage interest.....  |  |  |
| Excess real estate taxes.....  |  |  |
| Excess casualty losses.....    |  |  |
| Allowable casualty losses..... |  |  |
| Other direct expenses:         |  |  |
| _____                          |  |  |
| _____                          |  |  |
| _____                          |  |  |

29

2020

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Occupation, if different from Form 1040

|   |                      |  |
|---|----------------------|--|
| Form.....   | <input type="text"/> |  |
| Number of form (1=first Schedule C, 2=second, etc.).....                  | <input type="text"/> |  |
| 1=spouse.....   | <input type="text"/> |  |
| 1=performance artist, 2=handicapped, 3=fee-basis government official..... | <input type="text"/> |  |
| 1=minister's expenses.....  | <input type="text"/> |  |

**EMPLOYEE BUSINESS EXPENSES**

|   | 2020 Amount          | 2019 Amount          |
|---|----------------------|----------------------|
| Meal and entertainment expenses.....                              | <input type="text"/> | <input type="text"/> |
| Reimbursements for meals and entertainment not on W-2, box 1..... | <input type="text"/> | <input type="text"/> |
| 1=Department of Transportation (80% meal allowance).....          | <input type="text"/> | <input type="text"/> |
| Local transportation (bus, taxi, train, etc.).....                | <input type="text"/> | <input type="text"/> |
| Travel expenses while away from home overnight.....               | <input type="text"/> | <input type="text"/> |
| Reimbursements not included on Form W-2, box 1.....               | <input type="text"/> | <input type="text"/> |

Other business expenses:

|                      | 2020 Amount          | 2019 Amount          |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

30

2020

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

- 1=vehicle used primarily by more than 5% owner .....
- 1=vehicle is available for off-duty personal use .....
- 1=no other vehicle is available for personal use .....
- 1=no evidence to support your deduction .....
- 1=no written evidence to support your deduction .....

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

VEHICLE 1

- Description of vehicle .....
- Date placed in service (m/d/y) .....
- Total mileage (for the tax year) .....
- Business mileage .....
- Commuting mileage (for the tax year) .....
- Average daily round-trip commute .....
- Number of months of business use if changed from 100% personal use .....
- Parking fees and tolls (business portion only) .....

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Actual expenses:

- Gasoline, lube, oil .....
- Repairs .....
- Tires .....
- Insurance .....
- Miscellaneous .....
- Auto license (other than personal property taxes) .....
- Personal property taxes (based on car's value) .....
- Interest (car loan) (for Schedule C, E & F) .....
- Vehicle rent or lease payments .....
- Inclusion amount (enter as positive) .....
- Value of employer-provided vehicle on Form W-2 (2106) .....

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VEHICLE 2

- Description of vehicle .....
- Date placed in service (m/d/y) .....
- Total mileage (for the tax year) .....
- Business mileage .....
- Commuting mileage (for the tax year) .....
- Average daily round-trip commute .....
- Number of months of business use if changed from 100% personal use .....
- Parking fees and tolls (business portion only) .....

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Actual expenses:

- Gasoline, lube, oil .....
- Repairs .....
- Tires .....
- Insurance .....
- Miscellaneous .....
- Auto license (other than personal property taxes) .....
- Personal property taxes (based on car's value) .....
- Interest (car loan) (for Schedule C, E and F) .....
- Vehicle rent or lease payments .....
- Inclusion amount (enter as positive) .....
- Value of employer-provided vehicle on Form W-2 (2106) .....

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2020

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2020 information.

GENERAL INFORMATION

|   |                      |                      |
|---|----------------------|----------------------|
| 1=spouse.....   | <input type="text"/> | <input type="text"/> |
| Foreign address of taxpayer, if different from Form 1040:   |                      |                      |
| Street address.....   | <input type="text"/> |                      |
| City.....   | <input type="text"/> |                      |
| Region.....   | <input type="text"/> |                      |
| Postal code.....  | <input type="text"/> |                      |
| Country.....  | <input type="text"/> |                      |
| Employer:   |                      |                      |
| Name.....   | <input type="text"/> |                      |
| U.S. street address.....  | <input type="text"/> |                      |
| U.S. city.....  | <input type="text"/> |                      |
| U.S. state.....   | <input type="text"/> |                      |
| U.S. ZIP code.....  | <input type="text"/> |                      |
| Foreign street address.....   | <input type="text"/> |                      |
| Foreign city.....   | <input type="text"/> |                      |
| Foreign region.....   | <input type="text"/> |                      |
| Foreign postal code.....  | <input type="text"/> |                      |
| Foreign country.....  | <input type="text"/> |                      |
| Employer type: 1=foreign entity, 2=U.S. company,<br>3=self, 4=foreign affiliate of U.S. company, 5=other..... | <input type="text"/> | <input type="text"/> |
| Employer type, if other.....  | <input type="text"/> |                      |

|   |                                   |                      |
|---|-----------------------------------|----------------------|
| Type of exclusion revoked if revoked in earlier year (if applicable): | Tax year revocation was effective |                      |
| <input type="text"/>  | <input type="text"/>              | <input type="text"/> |
| <input type="text"/>  | <input type="text"/>              | <input type="text"/> |
| <input type="text"/>  | <input type="text"/>              | <input type="text"/> |

|                             |                      |
|-----------------------------|----------------------|
| Country of citizenship..... | <input type="text"/> |
|-----------------------------|----------------------|

|   |   |                      |
|---|---|----------------------|
| City and country of separate foreign residence if maintained due to<br>adverse living conditions (if applicable): | Number of days during tax year at separate<br>foreign address (if applicable) |                      |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/> |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/> |
| <input type="text"/>  | <input type="text"/>  | <input type="text"/> |

|                               |   |                      |
|-------------------------------|---|----------------------|
| Tax homes(s) during tax year: | Dates tax home(s) were<br>established (m/d/y) |                      |
| <input type="text"/>          | <input type="text"/>                          | <input type="text"/> |
| <input type="text"/>          | <input type="text"/>                          | <input type="text"/> |
| <input type="text"/>          | <input type="text"/>                          | <input type="text"/> |

31.1

Please enter all pertinent 2020 information.

**TRAVEL INFORMATION**

NOTE: Please enter all travel for 2020 as well as travel for 2021 known to date.

| Travel Type (table) | Name of country (if not United States) | Date arrived | Date left | Days in U.S. on business |
|---------------------|--|--------------|-----------|--------------------------|
|                     |  |              |           |                          |
|                     |  |              |           |                          |
|                     |  |              |           |                          |
|                     |  |              |           |                          |
|                     |  |              |           |                          |

**BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST**

|  |   |   |
|--|---|---|
| Beginning date for bona fide residence (m/d/y) .....   | <input style="width:90%;" type="text"/> |   |
| Ending date for bona fide residence (m/d/y) .....  | <input style="width:90%;" type="text"/> |   |
| Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer ..... | <input style="width:90%;" type="text"/> |   |
| Names of family living abroad with taxpayer (if applicable):   | Relationship                            | Period family lived abroad              |
| <input style="width:90%;" type="text"/>  | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| <input style="width:90%;" type="text"/>  | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |

|  |   |  |
|--|---|--|
| 1=submitted statement to country of bona fide residence .....                    | <input style="width:90%;" type="text"/> |  |
| 1=required to pay income tax to country of bona fide residence .....             | <input style="width:90%;" type="text"/> |  |
| Contractual terms relating to length of employment abroad .....                  | <input style="width:90%;" type="text"/> |  |
| Type of visa you entered foreign country under .....                             | <input style="width:90%;" type="text"/> |  |
| Explanation why visa limited stay or employment in country (if applicable) ..... | <input style="width:90%;" type="text"/> |  |

|   |   |   |
|---|---|---|
| Address of home in U.S. maintained while living abroad (if applicable): | ZIP Code                                | 1=U.S. home rented (if applicable)      |
| <input style="width:90%;" type="text"/>                                 | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| <input style="width:90%;" type="text"/>                                 | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |

|   |  |
|---|--|
| Names of occupants in U.S. home (if applicable) | Relationship of occupants in U.S. home (if applicable) |
| <input style="width:90%;" type="text"/>         | <input style="width:90%;" type="text"/>                |
| <input style="width:90%;" type="text"/>         | <input style="width:90%;" type="text"/>                |

Principal country of employment .....

**FOREIGN HOUSING EXPENSES**

|   | 2020 Amount   | 2019 Amount                             |
|---|---|---|
| Qualified housing expenses .....        | <input style="width:90%;" type="text"/>               | <input style="width:90%;" type="text"/> |
| Location of housing expenses:           | Qualifying days in location (multiple locations only) |   |
| <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/>               | <input style="width:90%;" type="text"/> |
| <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/>               | <input style="width:90%;" type="text"/> |

**Travel Type**

1 = Travel to U.S. (default)  
 2 = Travel to foreign country  
 3 = Travel to restricted country

Please enter all pertinent 2020 amounts and attach all W-2 forms, or other wage statements.  
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

**FOREIGN WAGES, SALARIES, TIPS**

|   | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Name or number .....                          |             |             |
| 1=spouse .....                                |             |             |
| 1=retirement plan (Box 13) .....              |             |             |
| Name of employer (Box c) .....                |             |             |
| Wages, tips, other compensation (Box 1) ..... |             |             |
| Federal income tax withheld (Box 2) .....     |             |             |
| Social security tax withheld (Box 4) .....    |             |             |
| Medicare tax withheld (Box 6) .....           |             |             |
| State income tax withheld (Box 17) .....      |             |             |
| Local income tax withheld (Box 19) .....      |             |             |

**FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME**

**Noncash Income**

|                                 |  |  |
|---------------------------------|--|--|
| Home (lodging) .....            |  |  |
| Meals .....                     |  |  |
| Car .....                       |  |  |
| Other properties or facilities: |  |  |
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |

**Allowances and Reimbursements**

|  |  |  |
|--|--|--|
| Cost of living and overseas differential ..... |  |  |
| Family .....                                   |  |  |
| Education .....                                |  |  |
| Home leave .....                               |  |  |
| Quarters .....                                 |  |  |
| Other purposes:                                |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|   |  |  |
|---|--|--|
| Meals and lodging provided for the convenience of the Employer (excludable under section 119) ..... |  |  |
|---|--|--|

**Other Foreign Earned Income**

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

**2020 Days Worked Allocation Information**

|   |  |  |
|---|--|--|
| Total number of days worked (if not 240) .....                |  |  |
| Total days worked before and after foreign assignment .....   |  |  |
| Foreign days worked before and after foreign assignment ..... |  |  |



|             |             |           |                                       |             |
|-------------|-------------|-----------|---------------------------------------|-------------|
| <b>2020</b> | <b>1040</b> | <b>US</b> | <b>Health Savings Accounts (8889)</b> | <b>32.1</b> |
|-------------|-------------|-----------|---------------------------------------|-------------|

Please enter all pertinent 2020 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.

**HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2020, a high deductible health plan is one with an annual deductible that is not less than \$1,400 for self-only coverage or \$2,800 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$ 6,900 for self-only coverage or \$13,800 for family coverage.

|  | 2020 Amount |        | 2019 Amount |        |
|--|-------------|--------|-------------|--------|
|  | Taxpayer    | Spouse | Taxpayer    | Spouse |
| 1=self-only coverage, 2=family coverage .....  |             |        |             |        |
| HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum) ..... |             |        |             |        |
| Contributions included above that were made after you became eligible for Medicare .....   |             |        |             |        |
| Contributions made to date .....   |             |        |             |        |

**HSA DISTRIBUTIONS**

|   |  |  |  |  |
|---|--|--|--|--|
| Total HSA distribution received (1099-SA, box 1) ...                    |  |  |  |  |
| Distributions included above that were rolled over to another HSA ..... |  |  |  |  |
| Total unreimbursed qualified medical expenses ...                       |  |  |  |  |

|  |             |
|--|-------------|
|  | <b>32.1</b> |
|--|-------------|

|             |             |           |  |                  |
|-------------|-------------|-----------|--|------------------|
| <b>2020</b> | <b>1040</b> | <b>US</b> | <b>Child and Dependent Care Expenses (Form 2441)</b> | <b>33.1,33.2</b> |
|-------------|-------------|-----------|--|------------------|

Please enter all pertinent 2020 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

|   | 2020 Amount |        | 2019 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Dependent care expenses incurred but not paid in 2020 |             |        |             |        |
| Employer-provided benefits forfeited in 2020          |             |        |             |        |

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

|  |   |  |                  |
|--|---|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name .....  |  |                  |
|  | Last name .....   |  |                  |
|  | Title or suffix .....   |  |                  |
|  | Date of birth (m/d/y) .....                                       |  |                  |
|  | Social security number .....                                      |  |                  |
|  | Qualified dependent care expenses incurred and paid in 2020 ..... |  | <b>2019 amt:</b> |
|  | 1=disabled .....  |  |                  |
|  | 1=spouse, 2=joint .....   |  |                  |

|  |   |  |                  |
|--|---|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name .....  |  |                  |
|  | Last name .....   |  |                  |
|  | Title or suffix .....   |  |                  |
|  | Date of birth (m/d/y) .....                                       |  |                  |
|  | Social security number .....                                      |  |                  |
|  | Qualified dependent care expenses incurred and paid in 2020 ..... |  | <b>2019 amt:</b> |
|  | 1=disabled .....  |  |                  |
|  | 1=spouse, 2=joint .....   |  |                  |

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

|  |  |  |                  |
|--|--|--|------------------|
| No. <input style="width:40px;" type="text"/> | Name of provider .....                     |  |                  |
|  | Street address .....                       |  |                  |
|  | City .....                                 |  |                  |
|  | State .....                                |  |                  |
|  | ZIP code .....                             |  |                  |
|  | Foreign region .....                       |  |                  |
|  | Foreign postal code .....                  |  |                  |
|  | Foreign country .....                      |  |                  |
|  | Identification number (SSN or EIN) .....   |  |                  |
|  | Amount paid to care provider in 2020 ..... |  | <b>2019 amt:</b> |
|  | 1=spouse, 2=joint .....                    |  |                  |

2020

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US

Qualified Adoption Expenses (Form 8839)

37

Please enter all pertinent 2020 information. Last year's amounts are provided for your reference.

**ELIGIBLE CHILDREN**

2020 Amount

2019 Amount

|                          |   |   |  |  |
|--------------------------|---|---|--|--|
| No. <input type="text"/> | First name .....                          |   |  |  |
|                          | Last name .....                           |   |  |  |
|                          | Identification number .....               |   |  |  |
|                          | Date of birth (m/d/y) .....               |   |  |  |
|                          | 1=born before 2003 and was disabled ..... |   |  |  |
|                          | 1=special needs child .....               |   |  |  |
|                          | 1=foreign child .....                     |   |  |  |
|                          | 1=adoption was not final in 2020 .....    |   |  |  |
|                          | Qualified Adoption Expenses Paid in       | 2019 for adoption not finalized by end of 2020 .....              |  |  |
|                          |   | Prior years for adoption of foreign child finalized in 2020 ..... |  |  |
|                          |   | 2019 and 2020 for adoption finalized in 2020 .....                |  |  |
|                          |   | 2020 for adoption finalized before 2020 .....                     |  |  |
| 1=spouse, 2=joint .....  |   |   |  |  |

|                          |   |   |  |  |
|--------------------------|---|---|--|--|
| No. <input type="text"/> | First name .....                          |   |  |  |
|                          | Last name .....                           |   |  |  |
|                          | Identification number .....               |   |  |  |
|                          | Date of birth (m/d/y) .....               |   |  |  |
|                          | 1=born before 2003 and was disabled ..... |   |  |  |
|                          | 1=special needs child .....               |   |  |  |
|                          | 1=foreign child .....                     |   |  |  |
|                          | 1=adoption was not final in 2020 .....    |   |  |  |
|                          | Qualified Adoption Expenses Paid in       | 2019 for adoption not finalized by end of 2020 .....              |  |  |
|                          |   | Prior years for adoption of foreign child finalized in 2020 ..... |  |  |
|                          |   | 2019 and 2020 for adoption finalized in 2020 .....                |  |  |
|                          |   | 2020 for adoption finalized before 2020 .....                     |  |  |
| 1=spouse, 2=joint .....  |   |   |  |  |

|                          |   |   |  |  |
|--------------------------|---|---|--|--|
| No. <input type="text"/> | First name .....                          |   |  |  |
|                          | Last name .....                           |   |  |  |
|                          | Identification number .....               |   |  |  |
|                          | Date of birth (m/d/y) .....               |   |  |  |
|                          | 1=born before 2003 and was disabled ..... |   |  |  |
|                          | 1=special needs child .....               |   |  |  |
|                          | 1=foreign child .....                     |   |  |  |
|                          | 1=adoption was not final in 2020 .....    |   |  |  |
|                          | Qualified Adoption Expenses Paid in       | 2019 for adoption not finalized by end of 2020 .....              |  |  |
|                          |   | Prior years for adoption of foreign child finalized in 2020 ..... |  |  |
|                          |   | 2019 and 2020 for adoption finalized in 2020 .....                |  |  |
|                          |   | 2020 for adoption finalized before 2020 .....                     |  |  |
| 1=spouse, 2=joint .....  |   |   |  |  |

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2020

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US

Education Credits / Tuition Deduction

No.

38

Please complete the information below if you paid qualified education expenses in 2020 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse
First name
Last name
Social security number
Number of years hope credit claimed
Number of prior years AOC claimed
1=student was NOT enrolled at least half-time for at least one academic period that began in 2020 (or the first 3 months of 2021 if the qualified expenses were made in 2020) at an eligible institution in a qualified program
1=student completed first four years of post-secondary education before 2020
1=student was convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance

Form grid for Student Information with shaded areas for 2020 and 2019 amounts.

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name
Street address
City
State
ZIP code
1=2020 Form 1098-T was NOT received
1=2020 Form 1098-T received with Box 2 & 7 completed
1=2019 Form 1098-T received with Box 2 & 7 completed
Federal ID number from Form 1098-T

Form grid for Educational Institution Attended (#1) with shaded areas for 2020 and 2019 amounts.

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name
Street address
City
State
ZIP code
1=2020 Form 1098-T was NOT received
1=2020 Form 1098-T received with Box 2 & 7 completed
1=2019 Form 1098-T received with Box 2 & 7 completed
Federal ID number from Form 1098-T

Form grid for Educational Institution Attended (#2) with shaded areas for 2020 and 2019 amounts.

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2020 (net of refund or assistance, & not entered elsewhere)
Books & supplies required to be purchased from institution
Books & supplies not entered above
Amount of prior year refund or assistance \*

Table with 2 columns: 2020 Amount, 2019 Amount. Rows for qualified tuition & fees, books & supplies, and refund/assistance.

\* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please enter all pertinent 2020 information. Last year's amounts are provided for your reference.

**HOUSEHOLD EMPLOYMENT TAXES**

NOTE: If you paid any one household employee cash wages of \$ 2,200 or more in 2020; withheld federal income tax during 2020 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to household employees, please complete the following:

|                                      |  |
|--------------------------------------|--|
| Employer identification number ..... |  |
| 1=spouse, 2=joint .....              |  |

|   | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Social security, Medicare and income taxes:                 |             |             |
| 1=paid any one employee cash wages of \$2,200 or more ..... |             |             |
| 1=withheld federal income tax for household employee .....  |             |             |
| Total cash wages subject to social security taxes .....     |             |             |
| Total cash wages subject to Medicare taxes .....            |             |             |
| Federal income tax withheld .....                           |             |             |
| Taxes withheld from state disability payments .....         |             |             |

| Federal unemployment tax:  |  |  |
|--|--|--|
| 1=paid total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 ..... |  |  |
| Total cash wages subject to FUTA tax .....   |  |  |
| 1=paid unemployment contributions to only one state .....                                |  |  |
| 1=paid all state unemployment contributions by 4/15/21 .....                             |  |  |
| 1=all wages taxable for FUTA were also taxable for state unemployment .....              |  |  |
| Name of state .....  |  |  |
| Contributions paid to state unemployment fund .....                                      |  |  |

|             |             |           |   |  |           |
|-------------|-------------|-----------|---|--|-----------|
| <b>2020</b> | <b>1040</b> | <b>US</b> | <b>Parent's Election to Report Child's Inc.</b> | No. <input style="width:40px;" type="text"/> | <b>44</b> |
|-------------|-------------|-----------|---|--|-----------|

Please enter all pertinent 2020 amounts & attach all 1099-INT and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**CHILD'S INFORMATION**

|                               |   |
|-------------------------------|---|
| First name .....              | <input style="width:95%;" type="text"/> |
| Last name .....               | <input style="width:95%;" type="text"/> |
| Social security number .....  | <input style="width:95%;" type="text"/> |
| Date of birth (m/d/y) .....   | <input style="width:95%;" type="text"/> |
| 1=nontaxable to federal ..... | <input style="width:95%;" type="text"/> |
| 1=nontaxable to state .....   | <input style="width:95%;" type="text"/> |

**INTEREST INCOME (Form 1099-INT)**

|  | 2020 Amount                             | 2019 Amount                             |
|--|---|---|
| Banks, credit unions, etc. (Box 1):<br><br>_____                         | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):<br><br>_____    | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Tax-exempt interest:   |   |   |
| Total municipal bonds .....  | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| In-state municipal bonds .....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Adjustments:   |   |   |
| Nominee distribution .....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Accrued interest .....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Tax-exempt interest (1099-INT in error) .....                            | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| OID adjustment .....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| ABP adjustment .....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Foreign:   |   |   |
| 1=interest in or authority over foreign account .....                    | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Name of foreign country .....  | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| 1=grantor/transferor or received distribution from foreign trust .....   | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Post 8/7/86 private activity bond interest (included above) (6251) ..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

**DIVIDEND INCOME (Form 1099-DIV)**

|   |   |   |
|---|---|---|
| Total ordinary dividends (Box 1a):<br><br>_____         | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Qualified dividends (Box 1b) .....                      | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Total capital gain distributions (Box 2a):<br><br>_____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Unrecaptured section 1250 gain (Box 2b) .....           | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Section 1202 gain (Box 2c) .....                        | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Collectibles (28%) gain (Box 2d) .....                  | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Nontaxable distributions (Box 3) .....                  | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Tax-exempt interest:                                    |   |   |
| Total municipal bonds .....                             | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| In-state municipal bonds .....                          | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Nominee distributions:                                  |   |   |
| Ordinary dividends .....                                | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Qualified dividends .....                               | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Capital gain distributions .....                        | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Alaska permanent fund dividends included above .....    | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

2020

1040

US

Report of Foreign Bank and Financial Accounts

82.1

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

|  | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Canadian province or Mexican state ..... |             |             |
| Other type of filer .....                |             |             |
| Foreign identification:                  |             |             |
| Taxpayer:                                |             |             |
| 1=passport, 2=foreign TIN .....          |             |             |
| Other type of identification .....       |             |             |
| Number .....                             |             |             |
| Country of issue .....                   |             |             |
| Spouse:                                  |             |             |
| 1=passport, 2=foreign TIN .....          |             |             |
| Other type of identification .....       |             |             |
| Number .....                             |             |             |
| Country of issue .....                   |             |             |
| Taxpayer:                                |             |             |
| Title .....                              |             |             |
| Spouse:                                  |             |             |
| Title .....                              |             |             |

82.1

2020

1040

US

Report of Foreign Bank & Fin. Accts.

No.

82.1 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**INFORMATION ON FINANCIAL ACCOUNTS**

1=spouse.....

Type of account: 1=bank account, 2=securities account, or specify.....

Maximum value of account (-1 if unknown).....

Financial institution:

Name of institution (Line 1) (mandatory).....

Name of institution (Line 2).....

Mailing address.....

Account number.....

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Accounts owned jointly:

Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer).....

Principal joint owner:

Taxpayer identification number, if not joint filer.....

TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.....

Last name.....

First name.....

Middle initial.....

Address.....

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Accounts where filer has no financial interest:

Last name or org. name (mandatory).....

First name.....

Middle initial.....

Taxpayer identification number.....

TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.....

Address.....

City.....

State.....

ZIP/postal code.....

Country (if not US).....

Filer's title.....

|  | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| 1=spouse.....  |             |             |
| Type of account: 1=bank account, 2=securities account, or specify.....                           |             |             |
| Maximum value of account (-1 if unknown).....  |             |             |
| Financial institution:   |             |             |
| Name of institution (Line 1) (mandatory).....  |             |             |
| Name of institution (Line 2).....  |             |             |
| Mailing address.....   |             |             |
| Account number.....  |             |             |
| City.....  |             |             |
| State.....   |             |             |
| ZIP/postal code.....   |             |             |
| Country (if not US).....   |             |             |
| Accounts owned jointly:  |             |             |
| Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)..... |             |             |
| Principal joint owner:   |             |             |
| Taxpayer identification number, if not joint filer.....  |             |             |
| TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.....   |             |             |
| Last name.....   |             |             |
| First name.....  |             |             |
| Middle initial.....  |             |             |
| Address.....   |             |             |
| City.....  |             |             |
| State.....   |             |             |
| ZIP/postal code.....   |             |             |
| Country (if not US).....   |             |             |
| Accounts where filer has no financial interest:  |             |             |
| Last name or org. name (mandatory).....  |             |             |
| First name.....  |             |             |
| Middle initial.....  |             |             |
| Taxpayer identification number.....  |             |             |
| TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.....   |             |             |
| Address.....   |             |             |
| City.....  |             |             |
| State.....   |             |             |
| ZIP/postal code.....   |             |             |
| Country (if not US).....   |             |             |
| Filer's title.....   |             |             |

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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)**

|  | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Description of asset .....   |             |             |
| Type of account: 1=deposit, 2=custodial .....                              |             |             |
| Use financial institution information from Form 114 .....                  |             |             |
| Financial institution information (if not filing Form 114):                |             |             |
| Maximum value of account during year .....                                 |             |             |
| Name of institution .....  |             |             |
| Account number (mandatory for part I) .....                                |             |             |
| Mailing address of institution .....                                       |             |             |
| City of institution .....  |             |             |
| State/province of institution .....  |             |             |
| Postal code of institution .....   |             |             |
| Country of institution .....   |             |             |
| 1=account opened during year .....   |             |             |
| 1=account closed during year .....   |             |             |
| 1=account jointly owned with spouse .....                                  |             |             |
| 1=no tax item in Part III with respect to this account .....               |             |             |
| 1=used foreign currency exchange rate to convert value to US dollars ..... |             |             |
| Foreign currency in which account is maintained .....                      |             |             |
| Foreign currency exchange rate (xxxx.xxxx) .....                           |             |             |
| Source of exchange rate .....  |             |             |

**OTHER FOREIGN ASSETS (Part II)**

|  |  |  |
|--|--|--|
| Identifying number or other designation (mandatory for part II) .....      |  |  |
| Date asset acquired during year (m/d/y) .....                              |  |  |
| Date asset disposed of during year (m/d/y) .....                           |  |  |
| 1=jointly owned with spouse .....  |  |  |
| 1=no tax item in Part III with respect to this asset .....                 |  |  |
| Maximum value of asset during year .....                                   |  |  |
| 1=used foreign currency exchange rate to convert value to US dollars ..... |  |  |
| Foreign currency in which asset is denominated .....                       |  |  |
| Foreign currency exchange rate (xxxx.xxxx) .....                           |  |  |
| Source of exchange rate .....  |  |  |
| Foreign entity information (complete if stock or interest):                |  |  |
| Name of entity .....   |  |  |
| Type of entity .....   |  |  |
| Mailing address of entity .....  |  |  |
| City of entity .....   |  |  |
| State/province of entity .....   |  |  |
| Postal code of entity .....  |  |  |
| Country of entity .....  |  |  |

**1**

**Type of Entity**

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

2020

1040

US

Foreign Reporting (8938) (continued)

No.

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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name .....
1=issuer, 2=counterparty .....
Type of issuer or counterparty (see table 2) .....
Issuer or counterparty: 1=US person, 2=foreign person .....
Mailing address .....
City .....
State/province .....
Postal code .....
Country .....

Table with 2 columns and 8 rows for issuer/counterparty #1.

Issuer or counterparty (#2):

Name .....
1=issuer, 2=counterparty .....
Type of issuer or counterparty (see table 2) .....
Issuer or counterparty: 1=US person, 2=foreign person .....
Mailing address .....
City .....
State/province .....
Postal code .....
Country .....

Table with 2 columns and 8 rows for issuer/counterparty #2.

Issuer or counterparty (#3):

Name .....
1=issuer, 2=counterparty .....
Type of issuer or counterparty (see table 2) .....
Issuer or counterparty: 1=US person, 2=foreign person .....
Mailing address .....
City .....
State/province .....
Postal code .....
Country .....

Table with 2 columns and 8 rows for issuer/counterparty #3.

Issuer or counterparty (#4):

Name .....
1=issuer, 2=counterparty .....
Type of issuer or counterparty (see table 2) .....
Issuer or counterparty: 1=US person, 2=foreign person .....
Mailing address .....
City .....
State/province .....
Postal code .....
Country .....

Table with 2 columns and 8 rows for issuer/counterparty #4.

2
Type of Issuer or Counterparty
1 = Individual
2 = Partnership
3 = Corporation
4 = Trust
5 = Estate

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