

## 2020 Tax Organizer Personal and Dependent Information

### Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

#### Marital Status at end of 2020

- Married  
 Married filing separately  
 Single  
 Widow(er) If spouse died in 2020  
enter the date of death \_\_\_\_\_

#### Other information

- Are you blind?  Yes  No  
 Are you disabled?  Yes  No  
 Are you a full-time student?  Yes  No  
 Do you want \$3 to go to the  
Presidential Election Campaign Fund?  Yes  No

#### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency?  Yes  No

### Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

### COVID-19 Implications

**Yes No**

- Did you receive an Economic Impact Payment (EIP)?  
If "Yes," provide Notice 1444 from the IRS.  
  Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?  
  Were you unemployed for any portion of the year due to COVID-19?  
  Did you continue to receive wages from your employer even if you were unable to work?  
  Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?

If you own a farm or business:

- Did you continue to pay any employee while they were not working?  
  Did you delay withholding FICA taxes from any employee's pay?  
  Did you receive a Paycheck Protection Program (PPP) loan?  
If "Yes," was the loan forgiven or have you applied for forgiveness? \_\_\_\_\_  
  Were you unable to work due to COVID-19 and, if employed by someone other than yourself,  
would have qualified for sick or family leave?

### Appointment Information

Your 2020 appointment is scheduled for \_\_\_\_\_

### Additional Taxpayer Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

#### Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

#### Identification Information

##### Taxpayer

Type of photo ID  Driver's license  State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

##### Spouse

Type of photo ID  Driver's license  State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

### Healthcare Coverage Questionnaire

Name:

SSN:

**Healthcare Information**

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

**YES    NO**

- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

- Was your previous insurance policy canceled in 2020?
- Was coverage offered by your employer or your spouse's employer?
- Are you a member of a federally recognized Indian tribe?
- Are you eligible for services through an Indian healthcare provider?
- Are you a member of a healthcare sharing ministry?
- Did you live in the United States the entire year?
- Are you enrolled in TRICARE?
- Did you apply for CHIP coverage?
- Do any of the following apply to you? Do NOT indicate which one.
  - Became homeless
  - Evicted in the past six months, or facing eviction or foreclosure
  - Received a shut-off notice from a utility company
  - Recently experienced domestic violence
  - Recently experienced the death of a close family member
  - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - Filed for bankruptcy in the last six months
  - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

## Healthcare Coverage Questionnaire for taxpayer and spouse ( for preparer use)

**PRIMARY TAXPAYER**

	_All Year_	_January_	_February_	_March_	_April_	_May_	_June_	_July_	_August_	_September_	_October_	_November_	_December_
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

**SPOUSE**

	_All Year_	_January_	_February_	_March_	_April_	_May_	_June_	_July_	_August_	_September_	_October_	_November_	_December_
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

### Healthcare Coverage Questionnaire for Dependents ( for preparer use)

-All Year-    January    February    March    April    May    June    July    August    September    October    November    December

Insured through Marketplace (Exchange). MUST provide 1095-A																				
Had health care coverage from another source																				
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.																				
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?																	

-All Year-    January    February    March    April    May    June    July    August    September    October    November    December

Insured through Marketplace (Exchange). MUST provide 1095-A																				
Had health care coverage from another source																				
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.																				
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?																	

-All Year-    January    February    March    April    May    June    July    August    September    October    November    December

Insured through Marketplace (Exchange). MUST provide 1095-A																				
Had health care coverage from another source																				
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.																				
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?																	

## Income

Name:

SSN:

### Wages & Salaries

Provide all copies of Form W-2

Employer name	2020 federal wages	2019 federal wages

### Retirement

Provide all copies of Form 1099-R

Payer name	2020 distribution	2019 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?  Yes  No

### Form 1099-Misc and Form 1099-NEC Income

Provide all copies of Forms 1099-MISC and 1099-NEC (\* Also reported on Schedule C or E)

Payer name	2020 amount	2019 amount

### Income

Name:

SSN:

#### **Dividend Income**

Provide all copies of Form 1099-DIV and other statements that report dividend income

<b>Account number Payer name</b>	<b>2020 ordinary dividends</b>	<b>2019 ordinary dividends</b>	<b>2020 qualified dividends</b>	<b>2019 qualified dividends</b>
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
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_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	
_____	_____		_____	

#### **Interest Income**

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

<b>Account number Payer name</b>	<b>2020 interest</b>	<b>2019 interest</b>
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
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_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name:

SSN:

Sale of Capital Assets (not reported on Form 1099-B)

Provide all brokerage statements

Table with 5 columns: Description of property, Date purchased, Date sold, Sales price, Cost. Multiple rows for data entry.

Installment Sale Income

Description of property:

Date acquired Date sold 2020 Prior years

Table for Installment Sale Income with rows for Selling price, Mortgages assumed, Cost of property sold, Depreciation allowed, Commissions and expense of sale, Gross profit percentage, Interest received, Principal payments received.

Property was sold to a related party [ ]



### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

	2020 Taxpayer	2019 Taxpayer	2020 Spouse	2019 Spouse
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Unemployment compensation repaid in 2020 . . . . .	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____	_____	_____
Alaska Permanent Fund . . . . .	_____	_____	_____	_____
ABLE distributions . . . . .	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Adjustments

	2020 Taxpayer	2019 Taxpayer	2020 Spouse	2019 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____	_____	_____
Alimony paid Name _____ SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____ SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____	_____	_____
Interest paid on a student loan . . . . .	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

#### Job-related Moving Expenses

<input type="checkbox"/> Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.	<b>2020</b>	<b>2019</b>
Number of miles from old home to old workplace . . . . .	_____	_____
Number of miles from old home to new workplace . . . . .	_____	_____
Expense to move household goods & personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)	_____	_____

### Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### General Business Information

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

This business started or was acquired during 2020       Yes  No      Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

This business was disposed of during 2020       Yes  No      You filed Forms 1099 for the individuals

#### Income

	2020	2019		2020	2019
Gross receipts or sales . . . . .			Other income . . . . .		
Returns & allowances . . . . .					

#### Expenses

	2020	2019		2020	2019
Advertising . . . . .			Travel . . . . .		
Car & truck expenses . . . . .			Total meals . . . . .		
Commissions & fees . . . . .			Utilities . . . . .		
Contract labor . . . . .			Wages . . . . .		
Depletion . . . . .			Other expenses (list) . . . . .		
Employee benefit programs . . . . .			_____		
Insurance (other than health) . . . . .			_____		
Interest - mortgage . . . . .			_____		
Interest - other . . . . .			_____		
Legal & professional services . . . . .			_____		
Office expenses . . . . .			_____		
Pension & profit sharing plans . . . . .			_____		
Rent or lease (vehicles, machinery, & equipment) . . . . .			_____		
Rent (other business property) . . . . .			_____		
Repairs & maintenance . . . . .			_____		
Supplies . . . . .			_____		
Taxes & licenses . . . . .			_____		

#### Cost of Goods Sold

	2020	2019		2020	2019
Inventory at beginning of year . . . . .			Materials & supplies . . . . .		
Purchases . . . . .			Other costs . . . . .		
Cost of personal use items . . . . .			Inventory at end of year . . . . .		
Cost of labor . . . . .			<input type="checkbox"/> There was a change in inventory method		

## Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Property Information

Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> This property is your main home or second home       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2020            | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals   |
| <input type="checkbox"/> This property was owned as a qualified joint venture |  |  |

### Income

	2020	2019		2020	2019
Rent Income . . . . .			Royalties from oil, gas, mineral, copyright or patent . . . . .		

### Expenses

	Rental unit expenses		Rental <u>and</u> homeowner expenses	
Advertising . . . . .				If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.  If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Auto & travel . . . . .				
Cleaning & maintenance . . . . .				
Commissions . . . . .				
Insurance . . . . .				
Legal & professional fees . . . . .				
Management fees . . . . .				
Mortgage interest . . . . .				
Other interest . . . . .				
Repairs . . . . .				
Supplies . . . . .				
Taxes . . . . .				
Utilities . . . . .				
Depletion . . . . .				
Other expenses (list)				
_____				
_____				
_____				
_____				
_____				
_____				
_____				



### Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2020

Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes  No You filed Forms 1099 for the individuals

**Income**

	2020	2019		2020	2019
Sale of livestock / other items . . . . .	_____	_____	Custom hire income . . . . .	_____	_____
Cost of items bought for resale . . . . .	_____	_____	Beginning inventory for accrual . . . . .	_____	_____
Sale of products you raised . . . . .	_____	_____	Ending inventory for accrual . . . . .	_____	_____
Total cooperative distributions . . . . .	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method		
Total agricultural payments . . . . .	_____	_____	Other income . . . . .	_____	_____
Commodity Credit Corporation (CCC) loans:					
CCC loans reported . . . . .	_____	_____	_____	_____	_____
CCC loans forfeited . . . . .	_____	_____	_____	_____	_____
Crop insurance proceeds:					
Amount received in 2020 . . . . .	_____	_____	_____	_____	_____
<input type="checkbox"/> You elect to defer to 2021					
Amount deferred from 2019 . . . . .	_____	_____	_____	_____	_____

**Expenses**

	2020	2019		2020	2019
Car & truck expenses . . . . .	_____	_____	Repairs & maintenance . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Taxes . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Utilities . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Freight & trucking . . . . .	_____	_____	Other expenses . . . . .	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____	_____	_____	_____
Insurance (other than health) . . . . .	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other . . . . .	_____	_____	_____	_____	_____
Non-W-2 labor hired . . . . .	_____	_____	_____	_____	_____
W-2 wages paid . . . . .	_____	_____	_____	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____	_____	_____	_____
Rent - vehicles, machinery, & equip . . . . .	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____	_____	_____	_____

**Form 4835 - Farm Rental Income and Expenses**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Description \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2020

**Income**

	2020	2019		2020	2019
Income from production of livestock, grains, and other crops . . . . .	_____	_____	Crop insurance proceeds:		
Total cooperative distributions . . . . .	_____	_____	Amount received in 2020 . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____	<input type="checkbox"/> You elect to defer to 2021		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2019 . . . . .	_____	_____
CCC loans reported . . . . .	_____	_____	Other income . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____			

**Expenses**

	2020	2019		2020	2019
Car & truck expenses . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Taxes . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Utilities . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Other expenses (list)		
Freight & trucking . . . . .	_____	_____	_____	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____	_____	_____	_____
Insurance (other than health) . . . . .	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other . . . . .	_____	_____	_____	_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____	_____	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____	_____	_____	_____
Rent - vehicles, machinery & equip . . . . .	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____	_____	_____	_____
Repairs & maintenance . . . . .	_____	_____	_____	_____	_____

### Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes No  
  This vehicle is available for use during off-duty hours  
  Another vehicle is available for personal use

Yes No  
  There is evidence to support your deduction  
  The evidence is written

Number of miles the vehicle was driven during 2020

Number of miles driven in prior years

	2020	2019
Business . . . . .		
Commuting . . . . .		
Other . . . . .		

	2020	2019
Business . . . . .		
Total . . . . .		

	2020	2019
Garage rent . . . . .		
Gas . . . . .		
Insurance . . . . .		
Licenses . . . . .		
Oil . . . . .		
Parking fees . . . . .		
Rental fees . . . . .		
Interest . . . . .		
Property tax . . . . .		

	2020	2019
Repairs . . . . .		
Tires . . . . .		
Tolls . . . . .		
Lease addback . . . . .		
Other expenses		

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business \_\_\_\_\_

What is the total square footage of your home \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used \_\_\_\_\_

How many hours per day was the area used \_\_\_\_\_

The daycare facility was in operation for the entire year

Expenses	Office expenses		Home expenses	
	2020	2019	2020	2019
Mortgage interest . . . . .				
Real estate taxes . . . . .				
Excess mortgage interest . . . . .				
Excess real estate taxes . . . . .				
Insurance . . . . .				
Rent . . . . .				
Repairs & maintenance . . . . .				
Utilities . . . . .				
Other expenses . . . . .				

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.





### Household Employment

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes**   **No**

- Did you pay any one household employee cash wages of \$2,200 or more in 2020?
- Did you withhold federal income tax during 2020 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2020 by April 15, 2021?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2020	2019
Total cash wages subject to Social Security tax . . . . .		
Total cash wages subject to Medicare tax. . . . .		
Total cash wages subject to Additional Medicare tax withholding . . . . .		
Federal income tax withheld . . . . .		

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

**Yes**   **No**

- Did you pay any one household employee cash wages of \$2,200 or more in 2020?
- Did you withhold federal income tax during 2020 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2020 by April 15, 2021?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

	2020	2019
Total cash wages subject to Social Security tax . . . . .		
Total cash wages subject to Medicare tax. . . . .		
Total cash wages subject to Additional Medicare tax withholding . . . . .		
Federal income tax withheld . . . . .		

## Schedule A - Itemized Deductions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Medical and Dental Expenses

	2020	2019
Health insurance premiums (paid by you, not through work) . . . . .	_____	_____
Long-term care premiums (you) . . . . .	_____	_____
Long-term care premiums (your spouse) _____	_____	_____
Long-term care premiums (dependents) _____	_____	_____
Mileage driven for medical purposes . . . . .	_____	_____
Out of pocket medical and dental expenses (list) . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Taxes Paid

State and local income taxes . . . . .	_____	_____
Sales tax . . . . .	_____	_____
Real estate taxes . . . . .	_____	_____
Personal property taxes . . . . .	_____	_____
Other taxes (list)	_____	_____
_____	_____	_____
_____	_____	_____

### Interest Paid

Mortgage interest paid (attach Form 1098)	_____	_____
<input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home		
Mortgage interest paid to an individual	_____	_____
Paid to:		
Name _____		
Address _____		
City, State, ZIP _____		
SSN or EIN _____		
Mortgage insurance premiums . . . . .	_____	_____
Investment interest . . . . .	_____	_____

### Charitable Contributions

	2020	2019
Donations to charity (cash) . . . . .	_____	_____
Disaster relief contributions . . . . .	_____	_____
Miles driven for charitable purposes _____	_____	_____
Donations to charity (noncash) . . . . .	_____	_____
If noncash donations are greater than \$500, list below		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Other Miscellaneous Deductions

Amortizable bond premiums . . . . .	_____	_____
Federal estate tax . . . . .	_____	_____
Gambling losses . . . . .	_____	_____
Impairment-related work expenses _____	_____	_____
Claim repayments . . . . .	_____	_____
Unrecovered pension investments _____	_____	_____
Schedule K-1 . . . . .	_____	_____
Ordinary loss debt instrument . . . . .	_____	_____
Excess deduction on termination _____	_____	_____

### For state purposes ONLY

#### Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer (list)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Union dues . . . . .	_____	_____
Tax preparation fees . . . . .	_____	_____
Other nonpersonal expenses related to taxable income (list)	_____	_____
_____	_____	_____
_____	_____	_____
Investment expenses not entered elsewhere . . . . .	_____	_____
Home equity interest . . . . .	_____	_____

**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Mortgage Interest**

Provide all copies of Form 1098

Lender's name	2020 Mortgage interest received	2019 Mortgage interest received	2020 Mortgage insurance premiums	2019 Mortgage insurance premiums	2020 Real estate taxes paid	2019 Real estate taxes paid
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Employee Business Expenses**

- You are a qualified performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy
- You used your personal vehicle for your job during 2020

	NOT reimbursed by your employer		Reimbursed by your employer not included on your W-2	
	2020	2019	2020	2019
Parking fees, tolls, local transportation . . . . .	_____	_____	_____	_____
Meals . . . . .	_____	_____	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____	_____	_____
Other business expenses . . . . .	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Casualties and Thefts**

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

**Other Information**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Child and Other Dependent Care Expenses**

Name of care provider	Address	SSN or EIN	Amount paid

**Education Expenses**

Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

