

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Purchases, Sales and Debt Information		
Did you start a new business or purchase rental property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase or sell a principal residence during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you foreclose or abandon a principal residence or real property during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire or dispose of any stock during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell an existing business, rental, or other property this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you lend money with the understanding of repayment and this year it became totally uncollectable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?	<input type="checkbox"/>	<input type="checkbox"/>
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any unemployment benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>

- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Do you expect a large fluctuation in income, deductions, or withholding next year?

Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent?
- Did anyone in your family receive a scholarship of any kind during the year?
- Did you make any withdrawals from an education savings or 529 Plan account?
- Did you pay any student loan interest this year?
- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Did you make any contributions to an education savings or 529 Plan account?

Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.
- If you had qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family, was everyone covered for every month of 2015? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent.
- Did anyone in your family qualify for an exemption from the health care coverage mandate? Examples of exemptions include (but are not limited to) certain non-citizens, members of a health care sharing ministry, members of Federally-recognized Indian tribes, and exemptions requested from the Marketplace. If yes, attach the Exemption Certificate Number (ECN) or type of exemption.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.
- Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?
- Did you make any contributions to a Health savings account (HSA) or Archer MSA?
- Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?
- Did you pay long-term care premiums for yourself or your family?
- Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.
- If you are a business owner, did you pay health insurance premiums for your employees this year?

Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.
- Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgement from the donee organization.
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any expenses related to seeking a new job during the year?
- Did you make any major purchases during the year (cars, boats, etc.)?
- Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?

Miscellaneous Information

- Did you make gifts of more than \$14,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a job change?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?
- If yes, explain: _____
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

General: 1040

Personal Information

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

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

Taxpayer **Spouse**

Social security number _____

First name _____

Last name _____

Occupation _____

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

Mark if legally blind _____

Mark if dependent of another taxpayer _____

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

Date of birth _____

Date of death _____

Work/daytime telephone number/ext number _____

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

General: 1040, Contact

Present Mailing Address

Address _____

Apartment number _____

City/State postal code/Zip code _____

Foreign country name _____

Foreign phone number _____

Home/evening telephone number _____

Taxpayer email address _____

Spouse email address _____

General: 1040

Dependent Information

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

Credits: 2441

Child and Dependent Care Expenses

Provider information:

Business name _____

First and Last name _____

Street address _____

City, state, and zip code _____

Social security number OR Employer identification number _____

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

Amount paid to care provider in 2020 _____

Taxpayer **Spouse**

Employer-provided dependent care benefits that were forfeited _____

Income: B1 **Interest Income**

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

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

Income: B3 **Seller Financed Mortgage Interest**

T, S, J _____ Payer's name _____ Payer's social security number _____
 Payer's address, city, state, zip code _____
 Amount received in 2020 _____ Amount received in 2019 _____

Income: B2 **Dividend Income**

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

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

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

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

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

Income: Income **Other Income**

Please provide copies of all supporting documentation.

State and local income tax refunds _____ **2020 Information** _____ **Prior Year Information** _____

Alimony received _____ **T/S** _____ **Agreement Date** _____ **2020 Information** _____ **Prior Year Information** _____

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

T/S/J _____ **2020 Information** _____ **Prior Year Information** _____
 Other Income: _____

1040 Adj: IRA

Adjustments to Income - IRA Contributions

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

Taxpayer

Spouse

Traditional IRA Contributions for 2020 -

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

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

Enter the total traditional IRA contributions made for use in 2020

Roth IRA Contributions for 2020 -

Mark if you want to contribute the maximum Roth IRA contribution

Enter the total Roth IRA contributions made for use in 2020

Educate: Educate2

Higher Education Deductions and/or Credits

Complete this section if you paid interest on a qualified student loan in 2020 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

T/S	Qualified student loan interest paid	2020 Information	Prior Year Information
_____	_____	_____	_____
_____	_____	_____	_____

Complete this section if you paid qualified education expenses for higher education costs in 2020. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

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

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

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

1040 Adj: 3903

Job Related Moving Expenses

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

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

1040 Adj: OtherAdj

Other Adjustments to Income

Alimony Paid:

T/S	Date*	Recipient name	Recipient SSN	2020 Information	Prior Year Information
_____	_____	_____	_____	_____	_____
Street address		_____			
City, State and Zip code		_____			

*Enter the divorce/separation agreement date

	Taxpayer	Spouse	Prior Year Information
Educator expenses:	_____	_____	_____
_____	_____	_____	_____

Other adjustments:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized: A1 **Medical and Dental Expenses**

T/S/J		2020 Information	Prior Year Information
—	Medical and dental expenses	_____	_____
—	Medical insurance premiums you paid***	_____	_____
—	Long-term care premiums you paid***	_____	_____
—	Prescription medicines and drugs	_____	_____
—	Miles driven for medical items	_____	_____

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

Itemized: A1 **Tax Expenses**

T/S/J		2020 Information	Prior Year Information
—	State/local income taxes paid	_____	_____
—	2019 state and local income taxes paid in 2020	_____	_____
—	Sales tax paid on actual expenses	_____	_____
—	Real estate taxes paid	_____	_____
—	Personal property taxes	_____	_____
—	Other taxes	_____	_____

Itemized: A2 **Interest Expenses**

T/S/J		2020 Information	Prior Year Information
—	Home mortgage interest From Form 1098	_____	_____
T/S/J	Other home mortgage interest paid to individuals:		
	Payee's Name	2020 Information	Prior Year Information
—	_____	_____	_____
	SSN or EIN		
—	_____	_____	_____
	Address	City	State Zip Code
—	_____	_____	_____
T/S/J		2020 Information	Prior Year Information
—	Investment interest expense, other than on Sch K-1s:	_____	_____
	Refinancing Information: Refinance #1		Refinance #2
T/S/J			
—	Recipient/Lender name _____	_____	_____
—	Total points paid at time of refinance _____	_____	_____
—	Date of refinance _____	_____	_____
—	Term of new loan (in months) _____	_____	_____
—	Reported on Form 1098 in 2020 _____	_____	_____

Itemized: A3 **Charitable Contributions**

T/S/J		2020 Information	Prior Year Information
—	Contributions made by cash or check	_____	_____
—	Volunteer miles driven	_____	_____
—	Noncash items, such as: Goodwill, Salvation Army	_____	_____

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

T/S/J		2020 Information	Prior Year Information
—	Other expenses	_____	_____
—	_____	_____	_____
—	Gambling losses (enter only if you have gambling income)	_____	_____
	***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA		
T/S/J		2020 Information	Prior Year Information
—	Unreimbursed expenses***	_____	_____
—	Union dues, other than amounts reported on Form W-2***	_____	_____
—	Tax preparation fees***	_____	_____
—	Other expenses, subject to 2% AGI limitation***:	_____	_____
—	_____	_____	_____
—	_____	_____	_____
—	Safe deposit box rental***	_____	_____
—	Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***	_____	_____

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

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

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

Primary account:

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

Secondary account #1:

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

Secondary account #2:

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

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

Electronic Filing: ID Auth

Identity Authentication

Taxpayer -

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

Spouse -

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

NOTES/QUESTIONS:

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

Refunded _____

Applied to 2021 estimated tax liability _____

Do you expect a considerable change in your 2021 income? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2021? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2021 withholding? (Y, N) _____

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2021? (Y, N) _____

If yes, please explain any differences:

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

2020 Federal Estimated Tax Payments

2019 overpayment applied to 2020 estimates _____

+ _____

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

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

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	7/15/20	_____	+ _____	_____	_____
2nd quarter payment	7/15/20	_____	+ _____	_____	_____
3rd quarter payment	9/15/20	_____	+ _____	_____	_____
4th quarter payment	1/15/21	_____	+ _____	_____	_____
Additional payment		_____	+ _____	_____	_____

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

NOTES/QUESTIONS:

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

State postal code _____

Amount paid with 2019 return + _____
 2019 overpayment applied to '20 estimates + _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid	Calculated Amount					
1st quarter payment	_____	+ _____	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> </table>	_____	_____	_____	_____	_____

2nd quarter payment	_____	+ _____						
3rd quarter payment	_____	+ _____						
4th quarter payment	_____	+ _____						
Additional payment	_____	+ _____						

2020 City Estimated Tax Payments

City #1
 City name _____
 Amount paid with 2019 return + _____
 2019 overpayment applied to '20 estimates + _____
 Treat calculated amounts as paid _____

City #2
 City name _____
 Amount paid with 2019 return + _____
 2019 overpayment applied to '20 estimates + _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount

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

Calculated Amount

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

City #3
 City name _____
 Amount paid with 2019 return + _____
 2019 overpayment applied to '20 estimates + _____
 Treat calculated amounts as paid _____

City #4
 City name _____
 Amount paid with 2019 return + _____
 2019 overpayment applied to '20 estimates + _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount

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

Calculated Amount

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

1 Preparer use only

2020 Information

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

Employer identification number _____

Business name _____

Principal business/profession _____

Business code _____

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

Address _____

City/State/Zip _____

Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____

If other: _____

Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____

If other enter explanation: _____

Enter an explanation if there was a change in determining your inventory:

Did you "materially participate" in this business? (Y, N) **Y**

If not, number of hours you did significantly participate _____

Mark if you began or acquired this business in 2020 _____

Did you make any payments in 2020 that require you to file Form(s) 1099? (Y, N) _____

If "Yes", did you or will you file all required Forms 1099? (Y, N) _____

Mark if this business is considered related to qualified services as a minister or religious worker _____

Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____

Medical insurance premiums paid by this activity + _____

Long-term care premiums paid by this activity + _____

Amount of wages received as a statutory employee + _____

Business Income

2020 Information

Gross receipts and sales

Gross receipts and sales + _____

_____ + _____

_____ + _____

_____ + _____

Returns and allowances + _____

Other income:

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Cost of Goods Sold

2020 Information

Beginning inventory + _____

Purchases + _____

Labor:

_____ + _____

_____ + _____

Materials + _____

Other costs:

_____ + _____

_____ + _____

_____ + _____

Ending inventory + _____

Control Totals +

Business

1 Preparer use only

Principal business or profession _____

2020 Information

Advertising + _____

Car and truck expenses + _____

Commissions and fees + _____

Contract labor + _____

Depletion + _____

Depreciation + _____

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

_____ + _____

_____ + _____

Insurance (Other than health):

Insurance _____ + _____

_____ + _____

Interest:

Mortgage (Paid to banks, etc.) _____ + _____

_____ + _____

_____ + _____

Other:

_____ + _____

_____ + _____

Legal and professional services + _____

Office expense + _____

Pension and profit sharing:

_____ + _____

_____ + _____

Rent or lease:

Vehicles, machinery, and equipment + _____

Other business property + _____

Repairs and maintenance + _____

Supplies + _____

Taxes and licenses:

Taxes and licenses _____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Travel and meals:

Travel + _____

Meals (Enter 100% subject to 50% limitation) + _____

Meals (Enter 100% subject to DOT 80% limit) + _____

Utilities + _____

Wages (Less employment credit):

_____ + _____

_____ + _____

Other expenses:

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

_____ + _____

Control Totals +

Business

1 Preparer use only

2020 Information

Description _____
 Taxpayer/Spouse/Joint (T, S, J) _____ State postal code _____
 Physical address: Street _____
 City, state, zip code _____
 Foreign country _____
 Foreign province/county _____
 Foreign postal code _____
 Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) _____
 Description of other type (Type code #8) _____
 Did you make any payments in 2020 that require you to file Form(s) 1099? (Y,N) _____
 If "Yes", did you or will you file all required Forms 1099? (Y, N) _____
 Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____
 Percentage of ownership if not 100% _____
 Business use percentage, if not 100% (Not vacation home percentage) _____

Rent and Royalty Income

Rents and royalties	2020 Information
Rent and royalties	_____ + _____
_____	_____

Rent and Royalty Expenses

	2020 Information	Percent if not 100%
Advertising	+ _____	_____
Auto	+ _____	_____
Travel	+ _____	_____
Cleaning and maintenance	+ _____	_____
Commissions:		
_____	+ _____	_____
_____	+ _____	_____
Insurance:		
_____	+ _____	_____
_____	+ _____	_____
Legal and professional fees	+ _____	_____
Management fees:		
_____	+ _____	_____
_____	+ _____	_____
Mortgage interest paid to banks, etc (Form 1098)		
Mortgage interest	+ _____	_____
_____	+ _____	_____
Other mortgage interest	+ _____	_____
Qualified mortgage insurance premiums	+ _____	_____
Other interest:		
_____	+ _____	_____
_____	+ _____	_____
Repairs	+ _____	_____
Supplies	+ _____	_____
Taxes:		
_____	+ _____	_____
_____	+ _____	_____
Utilities	+ _____	_____
Depreciation	+ _____	_____
Depletion	+ _____	_____
Other expenses:		
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
	+ _____	_____

Control Totals +

Rent & Royalty

Form ID: Rent