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2020 TAX ORGANIZER

**T
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This tax organizer has been prepared for your use in gathering the information needed for your 2020 tax return.

To save you time, selected information from your 2019 tax return has been entered in this organizer. Please line through any information that does not apply to your 2020 tax return.

In some cases, 2019 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2020 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

| | |
|---------------------------|-------------|
| Taxpayer Signature | Date |
| Spouse Signature | Date |

Mail Sheet: Send to Taxpayer

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2020 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

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Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Are you a U.S. citizen or Green Card holder? Yes No

Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

| TS | State | City | Code | PIN |
|----|-------|------|------|-----|
| | | | | |
| | | | | |

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2



Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification Choose not to provide

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification Choose not to provide

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Are you a U.S. citizen or Green Card holder? Yes No

Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

| TS | State | City | Code | PIN |
|----|-------|------|------|-----|
| | | | | |
| | | | | |

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2



Dependents and Wages

Dependent Information:

| | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |
| H | | | | | | |

Did dependent have income over \$4,300?



| | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld | | | | |
|----|-----------------|---------------|--------------|-------------|----------|-------|-------|
| | | | Federal | FICA/TIER 1 | Medicare | State | Local |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



2020

Dependents

3A

Dependent Information:

| | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
| F | | | | | | |
| G | | | | | | |
| H | | | | | | |

Did dependent have income over \$4,300?



| | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.



Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return

Do not electronically file the state return(s)

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

| | | | |
|---|--|--------------------------|--------------------------|
| Would you like to use a randomly generated PIN? | | Yes | No |
| Taxpayer | | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse | | <input type="checkbox"/> | <input type="checkbox"/> |

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. Electronic filing is the only filing method that provides you with acknowledgment that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 3 weeks.

Note that not all returns qualify for electronic filing under IRS rules.

If you qualify for electronic filing, would you like to file the return electronically with the IRS? Yes No

If you qualify, would you like to file your state returns electronically?

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?
Taxpayer Yes No

Spouse

If No, provide a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

Opt-Out Statement:

_____ has informed me (us) that my (our) 2020 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgment that the IRS received the return, a reduced chance of errors in processing, and faster refunds. I (we) do not want to file my (our) return electronically and will personally file the paper return. My (our) preparer will not file or otherwise mail or submit my (our) paper return to the IRS.

Taxpayer signature: _____ Date: _____

Spouse signature: _____ Date: _____

The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

| | | | |
|---|--|--------------------------|--------------------------|
| Would you like to use a randomly generated PIN? | | Yes | No |
| Taxpayer | | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse | | <input type="checkbox"/> | <input type="checkbox"/> |

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2019, your account information may already be included below.

| | | | | |
|---|--------------------------|--------------------------|------------|-----------|
| Would you like any refunds owed to you directly deposited? | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | | | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | | | | |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | | | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | | | | |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. | | | | |
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? | <input type="checkbox"/> | <input type="checkbox"/> | | |

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

| | | | | |
|---|--------------------------|--------------------------|------------|-----------|
| Would you like any refunds owed to you directly deposited? | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | | | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | | | | |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | | | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | | | | |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. | | | | |
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? | <input type="checkbox"/> | <input type="checkbox"/> | | |

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



U.S. Series I Savings Bonds Purchase

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds? Yes No

If Yes, provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint:

Co-owner name _____
Beneficiary name _____

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

Taxpayer:

Co-owner name _____
Beneficiary name _____

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Spouse:

Co-owner name _____
Beneficiary name _____

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name _____
Co-owner name _____
Beneficiary name _____

Amount of purchase

Taxpayer name _____
Co-owner name _____
Beneficiary name _____

Amount of purchase



Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| TSJ | Name of Payer | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|--|--|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |
| Total | | | | | |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| Code | Tax-Exempt Interest | 2019 Gross Dividends Amount |
|--------------|------------------------|-----------------------------------|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |
| F | | |
| G | | |
| H | | |
| I | | |
| J | | |
| K | | |
| L | | |
| M | | |
| N | | |
| Total | | |

Enter Any Additional Information:

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

Note: List all items sold during the year on Form 7.



Interest Income and Foreign Information

Include all Forms 1099-INT or other documents for interest received

Interest Income:

(List all items sold during the year on Form 7.)

Special Interest Code: 1 - Qualified Educational Series EE Bonds 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

Table with 6 columns: TSJ, Source, Interest Income, U.S. Bonds and Obligations, Code, Special Interest. Rows A-E.

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

Table with 4 columns: Social Security No. of Home Buyer, Address of Individual from Whom Mortgage Interest Was Received, Code, Tax-Exempt Interest. Rows A-E.

Table with 5 columns: Federal Withholding, State Withholding, Investment Expenses, Tax Exempt Paid CUSIP No., 2019 Interest Amount. Rows A-E.

Foreign Taxes Paid or Accrued:

Table with 6 columns: Source, Name of Foreign Country Imposing Tax, X if Tax Accrued, Date Paid or Accrued (Mo/Da/Yr), Tax Amount (in Foreign Currency), Tax Amount (in U.S. Dollars). Rows A-E.

Additional State Information:

Table with 2 columns: Payer ID, New Hampshire or Illinois Reason Interest is Nontaxable. Rows A-E.

Foreign Bank Accounts and Trusts:

At any time during 2020, did you have an interest in or a signature authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it? Yes No



Dividend Income and Foreign Information

Dividend Income: Include all Forms 1099-DIV or other documents for dividends received
(List all items sold during the year on Form 7.)

| TSJ | Source | Form 1099-DIV | | | | |
|-----|--------|---------------------------------------|----------------------------------|--|------|------------------------|
| | | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | U.S. Bond Interest Amount or Percent in Box 1a | Code | Tax-Exempt Interest |
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |

| Form 1099-DIV | | | | | |
|---|--|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| Box 2a Total Capital Gain Distribution | Box 2b Unrecaptured Section 1250 Gain | Box 2c Section 1202 Gain | Box 2d Collectibles (28%) Gain | Box 3 Nondividend Distributions | 2019 Gross Dividends Amount |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

Tax-Exempt Interest Code:
 1 - 1099-DIV
 2 - Private Activity Bonds
 3 - Both

| Form 1099-DIV | | | |
|---------------------------------|------------------------------------|---------------------------------|----------------------|
| Box 4 Federal Withholding | Box 5 Section 199A Dividends | Box 6 Investment Expenses | State Withholding |
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| E | | | |

Foreign Taxes Paid or Accrued:

| Source | Name of Foreign Country Imposing Tax | X if Tax Accrued | Date Paid or Accrued (Mo/Da/Yr) | Tax Amount (in Foreign Currency) | Tax Amount (in U.S. Dollars) |
|--------|---|---------------------|---------------------------------------|--|------------------------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

Additional State Information:

| Payer ID | New Hampshire Reason Dividend is Nontaxable |
|----------|---|
| A | |
| B | |
| C | |
| D | |
| E | |

Foreign Bank Accounts and Trusts:

At any time during 2020, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it? Yes No



Foreign Assets

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
 Title of filer _____
 Enter all countries where you have foreign bank accounts _____

Foreign Identification:

| | | |
|---|-------|----|
| Passport | Yes | No |
| Foreign TIN | | |
| If not passport or TIN, enter description | | |
| Number | _____ | |
| Country of issue | _____ | |

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

| Account Type | If Other Account Type, Describe | Maximum Account Value | Account Number | Financial Institution Name |
|--------------|---------------------------------|-----------------------|----------------|----------------------------|
| A | | | | |
| B | | | | |

| Street Address | City |
|----------------|------|
| A | |
| B | |

| State | ZIP/Postal Code | Country | GIIN |
|-------|-----------------|---------|------|
| A | | | |
| B | | | |

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN) B - SSN or ITIN C - Foreign

| Last Name or Organization Name | First Name | Middle Initial | Suffix | Taxpayer ID Number |
|--------------------------------|------------|----------------|--------|--------------------|
| A | | | | |
| B | | | | |

| # of Joint Owners | Street Address | City |
|-------------------|----------------|------|
| A | | |
| B | | |

1 - No financial interest 2A - Joint - spouse is joint owner 2B - Joint - other joint owner 3 - Consolidated

| State | ZIP/Postal Code | Country | Ownership Code | Filer's Title |
|-------|-----------------|---------|----------------|---------------|
| A | | | | |
| B | | | | |

1 - Deposit 2 - Custodial

| Type | Foreign Currency | Exchange Rate | Source of Exchange | Acct Open | Acct Closed | Joint | No Tax Items Reported |
|------|------------------|---------------|--------------------|-----------|-------------|-------|-----------------------|
| A | | | | | | | |
| B | | | | | | | |



Foreign Assets

5D

Asset Information:

| Description | Identifying Number | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) | Jointly Owned | No Tax Items Reported |
|-------------|--------------------|--------------------------|----------------------|---------------|-----------------------|
| | | | | | |

| Value | Foreign Currency | Exchange Rate | Source of Exchange Rate |
|-------|------------------|---------------|-------------------------|
| | | | |

If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

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

| Name of Foreign Entity | Type of Foreign Entity | Mailing Address of Foreign Entity |
|------------------------|------------------------|-----------------------------------|
| | | |

| City or Town of Foreign Entity | Province, County or State of Foreign Entity | Country of Foreign Entity | Postal Code of Foreign Entity | GIIN |
|--------------------------------|---|---------------------------|-------------------------------|------|
| | | | | |

If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - U.S. person
2 - Foreign person

1 - Issuer 2 - Counterparty

| Name of Issuer | Issuer Code | Type of Issuer | Residence of Issuer |
|----------------|-------------|----------------|---------------------|
| | | | |
| | | | |
| | | | |

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

| Mailing Address of Issuer | City or Town of Issuer |
|---------------------------|------------------------|
| | |
| | |
| | |

| Province, County or State of Issuer | Country of Issuer | Postal Code of Issuer |
|-------------------------------------|-------------------|-----------------------|
| | | |
| | | |
| | | |

Foreign assets were acquired or sold during the tax year Yes No

Foreign Bank Accounts and Trusts:

At any time during 2020, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it? Yes No



2020

Brokerage Statement Details

5EA

| | TSJ | Payer Name | Account No. | Information Included (X or ✓) |
|---|-----|------------|-------------|-------------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |
| I | | | | |
| J | | | | |
| K | | | | |
| L | | | | |
| M | | | | |
| N | | | | |
| O | | | | |
| P | | | | |
| Q | | | | |
| R | | | | |
| S | | | | |
| T | | | | |

| | Interest Income | U.S. Bonds and Obligations | Code | Tax-Exempt Interest | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|---|-----------------|----------------------------|------|---------------------|---------------------------------|----------------------------|--|--|
| A | | | | | | | | |
| B | | | | | | | | |
| C | | | | | | | | |
| D | | | | | | | | |
| E | | | | | | | | |
| F | | | | | | | | |
| G | | | | | | | | |
| H | | | | | | | | |
| I | | | | | | | | |
| J | | | | | | | | |
| K | | | | | | | | |
| L | | | | | | | | |
| M | | | | | | | | |
| N | | | | | | | | |
| O | | | | | | | | |
| P | | | | | | | | |
| Q | | | | | | | | |
| R | | | | | | | | |
| S | | | | | | | | |
| T | | | | | | | | |

▲

Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



Consolidated Brokerage Statement

5E

| | | |
|----------------|-----|----------------|
| Brokerage Name | TSJ | Account Number |
|----------------|-----|----------------|

| |
|-------------------|
| Brokerage Address |
|-------------------|

Interest Income and Foreign Information

Interest Income: (List all items sold during the year on Form 5G.)

Special Interest Code: 2 - Early Withdrawal Penalty 4 - Accrued Interest 6 - Amortizable Bond
 1 - Qualified Educational Series EE Bonds 3 - Nominee Interest 5 - Original Issue Discount Adjustment Premium Adjustment

| | Source | Interest Income | U.S. Bonds and Obligations | Code | Special Interest |
|---|--------|-----------------|----------------------------|------|------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

| Code | Tax-Exempt Interest | Investment Expenses | Federal Withholding | State Withholding | Tax Exempt Bond CUSIP No. | 2019 Interest Amount |
|------|---------------------|---------------------|---------------------|-------------------|---------------------------|----------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |

Foreign Taxes Paid or Accrued:

| | Source | Name of Foreign Country Imposing Tax | X if Tax Accrued | Date Paid or Accrued (Mo/Da/Yr) | Tax Amount (in Foreign Currency) | Tax Amount (in U.S. Dollars) |
|---|--------|--------------------------------------|------------------|---------------------------------|----------------------------------|------------------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |

Additional State Information:

| | Payer ID | New Hampshire or Illinois Reason Interest is Nontaxable |
|---|----------|---|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |



Consolidated Brokerage Statement Dividend Income and Foreign Information

List all items sold during the year on Form 5G.

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Dividend Income:



| | Source | Form 1099-DIV | | | | |
|---|--------|---------------------------------------|----------------------------------|--|------|------------------------|
| | | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | U.S. Bond Interest Amount or Percent in Box 1a | Code | Tax-Exempt Interest |
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |

| Form 1099-DIV | | | | | |
|---|--|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| Box 2a Total Capital Gain Distribution | Box 2b Unrecaptured Section 1250 Gain | Box 2c Section 1202 Gain | Box 2d Collectibles (28%) Gain | Box 3 Nondividend Distributions | 2019 Gross Dividends Amount |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

| Form 1099-DIV | | | |
|---------------------------------|------------------------------------|---------------------------------|----------------------|
| Box 4 Federal Withholding | Box 5 Section 199A Dividends | Box 6 Investment Expenses | State Withholding |
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| E | | | |

Foreign Taxes Paid or Accrued:

| Source | Name of Foreign Country Imposing Tax | X if Tax Accrued | Date Paid or Accrued (Mo/Da/Yr) | Tax Amount (in Foreign Currency) | Tax Amount (in U.S. Dollars) |
|--------|---|---------------------|---------------------------------------|--|------------------------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |

Additional State Information:

| Payer ID | New Hampshire Reason Dividend is Nontaxable |
|----------|---|
| A | |
| B | |
| C | |
| D | |
| E | |



Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

| | Yes | No |
|--|-----|----|
| Mutual fund transactions | | |
| Exchange of any securities or investments for something other than cash | | |
| Sales of inherited property | | |
| Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale | | |
| Commodity sales, short sales or straddles | | |
| Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest | | |
| Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock | | |
| Securities which became worthless | | |

| | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|---|----------------------------------|----------|--------------------------|----------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |

| | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |

Other Income:

| Nature and Source | 2020 Amount | 2019 Amount |
|-------------------|-------------|-------------|
| | | |
| | | |

Other Adjustments to Income:

| Nature and Source | 2020 Amount | 2019 Amount |
|-------------------|-------------|-------------|
| | | |
| | | |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| Paid To | 2020 Amount | 2019 Amount |
|---------|-------------|-------------|
| | | |
| | | |

Foreign Bank Accounts and Trusts:

At any time during 2020, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it? Yes No



2020

Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state, ZIP or postal code, and country _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2020:

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you dispose of this business? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what was the disposition date? _____ (Mo/Da/Yr) | | |
| Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you involved in the operations of this business on a regular, continuous and substantial basis? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you prepared or will you prepare all required Forms 1099? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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

Health insurance premiums paid for yourself and your dependents _____

Income:

Include all Forms 1099-K

Payment card and third party transactions:

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

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

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

Other Income:

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

Other gross receipts or sales _____
 Less returns and allowances _____

Cost of Goods Sold:

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

Beginning inventory _____
 Purchases less cost of items withdrawn for personal use _____
 Cost of labor (do not include amounts paid to yourself) _____
 Materials and supplies _____
 Other costs of goods sold: _____

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

Ending inventory _____



Business Expenses - Vehicle and Other Listed Property

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2020:

| | | |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | | |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? Yes No

Was your vehicle available for use during off-duty hours?

| Vehicle 1 | |
|--|-------------|
| Description of vehicle | |
| Date placed in service (Mo/Da/Yr) | |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was your vehicle available for use during off-duty hours? | |
| 2020 Miles | 2019 Miles |
| | |
| | |
| | |
| 2020 Amount | 2019 Amount |
| | |
| | |
| | |
| | |
| | |

| Vehicle 2 | |
|--|-------------|
| Description of vehicle | |
| Date placed in service (Mo/Da/Yr) | |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was your vehicle available for use during off-duty hours? | |
| 2020 Miles | 2019 Miles |
| | |
| | |
| | |
| 2020 Amount | 2019 Amount |
| | |
| | |
| | |
| | |
| | |

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc . .

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



Business Expenses

Name of Business: _____
Principal Business or Profession: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, please enter the percentage to apply to this business _____ %

| | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals | | |
| Entertainment (deductible only on some state returns) | | |

Other Business Expenses:

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

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

Amount received for other expenses

Amount received for meals

Amount received for entertainment

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?

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

Yes No

Vehicle:

If not 100%, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?

Was your vehicle available for personal use during off-duty hours?

Yes No
 Yes No

| | 2020 | 2019 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |

Other Vehicle Expenses:

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



Business Use of Home

6D

Name of Business:

Principal Business or Profession:

Partial Use of Your Home for Business:

| | 2020 | 2019 |
|--|------|------|
| Square footage of home used exclusively for business | | |
| Total square footage of home | | |
| Total hours home was used for day care during the year | | |

Was your home used for day care purposes for the entire year?

| |
|-----|
| Yes |
| |

| |
|----|
| No |
| |

Were improvements made to the home and/or home office since the time you began using the home for business?

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

| | Yes | No |
|--|--------------------------|--------------------------|
| Mutual fund transactions | <input type="checkbox"/> | <input type="checkbox"/> |
| Exchange of any securities or investments for something other than cash | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of inherited property | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale | <input type="checkbox"/> | <input type="checkbox"/> |
| Commodity sales, short sales or straddles | <input type="checkbox"/> | <input type="checkbox"/> |
| Reinvestment of the proceeds of gains in a qualified opportunity fund | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any investments in qualified opportunity funds | <input type="checkbox"/> | <input type="checkbox"/> |
| Debts that became uncollectible | <input type="checkbox"/> | <input type="checkbox"/> |
| Securities that became worthless | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any property where you will receive payments in future years | <input type="checkbox"/> | <input type="checkbox"/> |

| TSJ | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|-----|----------------------------------|----------|--------------------------|----------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

| | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

Installment Sales: Do not include interest received in principal amount

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2020 Principal Received | 2019 Principal Received |
|-----|----------------------|----------------------|-------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



Sale of Your Home and Moving Expenses

Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ _____
 Date acquired (Mo/Da/Yr) _____
 Date sold (Mo/Da/Yr) _____
 Selling price

Original Cost and Cost of Improvements:

| Description | Amount |
|-------------|--------|
| | |
| | |
| | |

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

| Description | Amount |
|-------------|--------|
| | |
| | |
| | |

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No
 If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? Yes No
 If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ _____

Were the moving expenses reimbursed by your employer? Yes No
 Enter reimbursements not included in wages on your Form W-2

Was the move due to a permanent change of station pursuant to a military order? Yes No

Mileage:

Number of miles from old home to new workplace (applicable only on some state returns)
 Number of miles from old home to old workplace (applicable only on some state returns)
 Number of automobile miles in move

Transportation Expenses:

Costs of transportation of household goods and personal effects
 Costs of travel and lodging (do not include meals or automobile expenses)
 Automobile expenses (gasoline, oil, etc.)
 Meals (Pennsylvania only)



Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

TS

IRA Questions for 2020:

- Are you covered by an employer's retirement plan?
- If no, is your spouse covered by an employer's retirement plan?
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
- Did you use any IRA as security for a loan this year?
- Did you have any transactions with any IRA during the year?
- If Yes, explain. _____

| Yes | No |
|-----|----|
| | |
| | |
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| | |
| | |

IRA Values, Rollovers, and Distributions:

- Total value of all traditional IRAs on December 31, 2020
- Note: This information on Form 5498 is required if you received a distribution during the year.
- Outstanding rollovers on December 31, 2020
- Total distributions converted to Roth IRAs
- Total retirement plans converted to Roth IRAs

Contributions:

- IRA:
 - Contributions in 2020 for the 2020 tax return
 - Contributions in 2021 for the 2020 tax return
 - Amount for 2020 you choose to be treated as nondeductible
- Roth IRA:
 - Contributions made for the 2020 tax year

Distributions: Include all Forms 1099-R and any nontaxable distribution details

| Name of Payer | 2020 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2019 Gross Distributions |
|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
| | | | | | | |
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Pension, Annuity and Retirement Plan Information

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

| TSJ | Name of Payer | 2020 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2019 Gross Distributions |
|-----|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

| | | | | |
|---|--------------------|----|--------------------|----|
| | Taxpayer | | Spouse | |
| Have you established a self-employed retirement or SIMPLE plan with deductible contributions? | Yes | No | Yes | No |
| Do you want to contribute the maximum amount allowed? | | | | |
| Contributions to: | 2020 Amount | | 2020 Amount | |
| Simplified employee pension | | | | |
| Defined benefit plan | | | | |
| Defined contribution plan | | | | |
| SIMPLE plan | | | | |



Rental and Royalty Income

Location of Property: _____

TSJ

Type of property

Have you prepared or will you prepare all required Forms 1099?

| | |
|-----|----|
| Yes | No |
|-----|----|

Ownership percentage if not 100%
How many days was this property rented at fair market value?
How many days was this property used personally (including use by family members)?

| 2020 | 2019 |
|------|------|
| % | |
| | |

Income:

Rents received
Royalties received

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

Payment card and third party transactions: Include all Forms 1099-K

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

Miscellaneous income: Include all Forms 1099-MISC

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

Other income:

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



Rental and Royalty Property and Equipment & Depletion

Location of Property: _____

Property and Equipment: Include a list if more space is needed

Acquisitions:

| X if not new | Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|-------------|--------------------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Dispositions:

| Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|-------------|--------------------------|------|----------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Percentage Depletion Information:

| Production Type | Royalty Income | |
|-----------------|----------------|-------------|
| | 2020 Amount | 2019 Amount |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



Rental and Royalty Vehicle and Other Listed Property

Location of Property: _____

Listed Property Questions for 2020:

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

| Vehicle 1 | |
|--|-------------|
| | |
| | |
| | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2020 Miles | 2019 Miles |
| | |
| | |
| | |
| 2020 Amount | 2019 Amount |
| | |
| | |
| | |
| | |

| Vehicle 2 | |
|--|-------------|
| | |
| | |
| | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2020 Miles | 2019 Miles |
| | |
| | |
| | |
| 2020 Amount | 2019 Amount |
| | |
| | |
| | |
| | |

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



Rental and Royalty Business Expenses

Location of Property: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business _____ %

| | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals | | |
| Entertainment (deductible only on some state returns) | | |
| Other Business Expenses: | | |

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

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals | | |
| Amount received for entertainment | | |

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Was your vehicle available for personal use during off-duty hours?

| | 2020 | 2019 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |
| Other Vehicle Expenses: | | |

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



Rental - Business Use of Home

Location of Property: _____

Partial Use of Your Home for Business:

| |
|------|
| 2020 |
| |
| |

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? .. Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



Partnership and S Corporation Business Expenses

Activity Name: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business _____ %

| | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals | | |
| Entertainment (deductible only on some state returns) | | |
| Other Business Expenses: | | |

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

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals | | |
| Amount received for entertainment | | |

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Was your vehicle available for personal use during off-duty hours?

| | 2020 | 2019 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |
| Other Vehicle Expenses: | | |

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



Passthrough Business Use of Home

Activity Name:

Partial Use of Your Home for Business:

| |
|------|
| 2020 |
| |
| |

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? ... Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



Farm Income (Page 1 of 2)

Proprietor's Name: _____

Principal Crop or Activity: _____

TSJ _____
 Employer identification number _____
 Method of accounting _____

Farm Questions for 2020:

Did you dispose of this farm? Yes No
 If Yes, what was the disposition date? _____ (Mo/Da/Yr)
 Have you prepared or will you prepare all required Forms 1099? Yes No

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

Health insurance premiums paid for yourself and your dependents _____

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

| Description | 2020 | | 2019 | |
|-------------|-----------------|---------------------|-----------------|---------------------|
| | Amount Received | Cost or Other Basis | Amount Received | Cost or Other Basis |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Income (Accrual Method):

| Description | Beginning Inventory | Cost of Items Purchased | Sales | Ending Inventory |
|-------------|---------------------|-------------------------|-------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Income:

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Sales of livestock, produce, grains, etc. you raised | | |
| Total cooperative distributions (Forms 1099-PATR) | | |
| Taxable cooperative distributions | | |
| Total agricultural program payments | | |
| Taxable agriculture program payments | | |
| Total Commodity Credit Corporation (CCC) loans | | |
| Total crop insurance proceeds and certain disaster payments received in 2020 | | |
| Taxable crop insurance proceeds received | | |
| Crop insurance proceeds deferred from prior year | | |
| Custom hire (machine work) income | | |
| Federal gasoline tax or fuel tax credit or refund | | |
| State gasoline tax or fuel tax credit or refund | | |



Farm Income (Page 2 of 2)

12A

Proprietor's Name: _____

Principal Crop or Activity: .. _____

Income:

Payment card and third party transactions: Include all Forms 1099-K

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

Government payments: Include all Forms 1099-G

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

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

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

Other income:

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



Farm Vehicle and Other Listed Property

Proprietor's Name: _____

Principal Crop or Activity: _____

Listed Property Questions for 2020:

| | | |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | | |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service . . . (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

| Vehicle 1 | |
|---|-------------|
| Description of vehicle | |
| Date placed in service . . . (Mo/Da/Yr) _____ | |
| Do you (or your spouse) have another vehicle available for your personal use? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was your vehicle available for use during off-duty hours? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2020 Miles | 2019 Miles |
| | |
| | |
| | |
| 2020 Amount | 2019 Amount |
| | |
| | |
| | |
| | |
| | |

| Vehicle 2 | |
|---|-------------|
| Description of vehicle | |
| Date placed in service . . . (Mo/Da/Yr) _____ | |
| Do you (or your spouse) have another vehicle available for your personal use? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was your vehicle available for use during off-duty hours? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2020 Miles | 2019 Miles |
| | |
| | |
| | |
| 2020 Amount | 2019 Amount |
| | |
| | |
| | |
| | |



Farm Business Expenses

Proprietor's Name: _____

Principal Crop or Activity: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business _____ %

| | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals | | |
| Entertainment (deductible only on some state returns) | | |

Other Business Expenses:

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

Reimbursements:

List only reimbursements NOT reported in Box 1 of your Form W-2

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals | | |
| Amount received for entertainment | | |

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Was your vehicle available for personal use during off-duty hours?

| | 2020 | 2019 |
|---|------|------|
| Total miles | | |
| Total business miles | | |
| Average daily commuting miles | | |
| Total commuting miles for the year | | |
| Gasoline and oil | | |
| Repairs | | |
| Insurance | | |
| Interest | | |
| Taxes | | |
| Value of employer provided vehicle | | |
| Temporary vehicle rentals | | |
| Fair market value of leased vehicle | | |
| Vehicle leases | | |

Other Vehicle Expenses:

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



Farm Business Use of Home

Proprietor's Name: _____

Principal Crop or Activity: _____

Partial Use of Your Home for Business:

| |
|------|
| 2020 |
| |
| |

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? ... Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, and 1099-G

Miscellaneous Income and Adjustments:

| | TSJ _____ | | TSJ _____ | |
|--|-------------|-------------|-------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Unemployment compensation received | | | | |
| Unemployment compensation repaid in 2020 | | | | |
| Social security benefits received | | | | |
| Social security benefits repaid in 2020 | | | | |
| Medicare premiums withheld | | | | |
| Tier 1 railroad retirement benefits received | | | | |
| Tier 1 railroad retirement benefits repaid in 2020 | | | | |
| Total lump sum social security received | | | | |
| Lump sum taxable social security | | | | |
| Other federal withholding | | | | |
| Other state withholding | | | | |

State and Local Income Tax Refunds:

| TSJ | State | City | Tax Year | Income Tax Refund | |
|-----|-------|------|----------|-------------------|-------|
| | | | | State | Local |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Income:

| TSJ | Nature and Source | 2020 Amount | 2019 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Alimony Paid or Received:

| TSJ | Recipient's Name | Recipient's Social Security Number | Date of Original Divorce or Separation (Mo/Da/Yr) | Date Divorce or Separation Agreement Modified (Mo/Da/Yr) | Alimony Received? | 2020 Amount | 2019 Amount |
|-----|------------------|------------------------------------|---|--|-------------------|-------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



Miscellaneous Adjustments

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

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

Health Savings Accounts (HSAs)

| TS | Description | 2020 Amount | 2019 Amount |
|----|--|-------------|-------------|
| | Contributions made for 2020 | | |
| | Distributions received from all HSAs in 2020 | | |

What type of coverage applies to your high deductible health plan? Self only Family

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

| Yes | No |
|-----|----|
| | |
| | |
| | |

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

| TSJ | Nature and Source | 2020 Amount | 2019 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



Ministerial Income

TS

Do you have any expenses associated with a business as a minister? Yes No

If Yes, enter the name of the business: _____

Do you have any expenses associated with your wages received as a minister?

If Yes, enter the occupation: _____

Parsonage:

Fair rental value of parsonage provided by church
Utility allowance of parsonage
Actual expenses for utilities of parsonage

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

Rental or Parsonage Allowance:

Parsonage or rental allowance
Utility allowance
Actual expenses for parsonage
Actual expenses for utilities
Fair rental value of home, plus the cost of utilities

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



Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

Prescription medicines and drugs
 Total medical insurance premiums paid *
 Long-term care expenses
 Total insurance reimbursement
 Number of miles traveled for medical care
 Lodging
 Doctors, dentists, etc.
 Hospitals
 Lab fees
 Eyeglasses and contacts

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

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

Taxpayer long-term care insurance premiums paid
 Spouse long-term care insurance premiums paid

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

| TSJ | Description | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes)
 General sales taxes paid on specified items

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

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2020 Amount | 2019 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Other Taxes Paid:

| TSJ | Description | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

If you purchased or sold your home in 2020, did you include any taxes from your closing statement in the amounts above? Yes No



Mortgage Questions for 2020:

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? _____ | | |
| Did you purchase a new home or sell your former home during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes. | | |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? | <input type="checkbox"/> | <input type="checkbox"/> |

Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? | | 2020 Amount | 2019 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Home Mortgage Interest Paid:

| TSJ | Paid To | | ID Number | 2020 Amount | 2019 Amount |
|-----|---------|---------|-----------|-------------|-------------|
| | Name | Address | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? | | 2020 Amount | 2019 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

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

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2020 Amount | 2019 Amount |
|-----|---------|-------------|-------------|
| | | | |
| | | | |
| | | | |



Itemized Deductions - Contributions

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2020 Amount | 2019 Amount |
|-----|---|-------------|-------------|
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| TSJ | Conservation Real Property | 2020 Amount | 2019 Amount |
|-----|----------------------------|-------------|-------------|
| | 100% limit | | |
| | 50% limit | | |

| TSJ | Description | 2020 Miles | 2019 Miles |
|-----|---|------------|------------|
| | Number of miles traveled performing volunteer work for qualified charitable organizations | | |

Noncash Contributions Totaling \$500 or Less: Include all documentation.

| TSJ | Description of Donated Property | 2020 Amount | 2019 Amount |
|-----|---------------------------------|-------------|-------------|
| | | | |
| | | | |

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

| TSJ | Property Description | Date Acquired | Date of Donation | Cost or Basis |
|-----|----------------------|---------------|------------------|---------------|
| A | | | | |
| B | | | | |
| C | | | | |

| Fair Market Value (FMV) | Method Used to Determine FMV | Other Method Description | Method of Acquisition |
|-------------------------|------------------------------|--------------------------|-----------------------|
| | | | |
| | | | |
| | | | |

- 1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value
 2 - Catalog 4 - Other (Describe)

- 1 - Gift 3 - Exchange
 2 - Inheritance 4 - Purchase

| | Donee Organization Name | Donee Organization Address |
|---|-------------------------|----------------------------|
| A | | |
| B | | |
| C | | |



Itemized Deductions - Miscellaneous

* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscellaneous Itemized Deductions:

- Union and professional dues *
- Tax preparation fee *
- Professional subscriptions *
- Hobby expense (To extent of income) *
- Safe deposit box *
- Uniforms and protective clothing *
- Work tools *
- Gambling losses
- Estate taxes

| TSJ | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|
| | | |
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Other Itemized Deductions:

Examples:

- Certain legal and accounting fees *
- Employment agency fees *
- Impairment-related work expense of a disabled person
- Investment expenses *
- Certain educational expenses *
- Repayment of amounts under a claim of right
- Custodial fees *
- Amortizable bond premium

| TSJ | Description | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|-------------|
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Casualty or Theft Loss:

TSJ _____
 Property description _____

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use
 Business use
 Income producing
 Employee Use
 Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? Yes No

Date acquired (Mo/Da/Yr) _____

Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement



2020

Itemized Deductions - Business Use of Home

16A

These expenses are not deductible on the Federal return but may be deductible on some state returns.

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

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

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

| Yes | No |
|-----|----|
| | |
| | |

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| | | | | |
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Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



Employee Business Expenses (Page 1 of 2)

TS: _____ Occupation: _____

Business Expenses: Enter all expenses at 100 percent Include all documentation

Occupation code _____

- | | | |
|--------------------------|--|-------------------------|
| 1 - Performing artist | 3 - Fee-basis state or local government official | 5 - Outside salesperson |
| 2 - Handicapped employee | 4 - National Guard or Reserve | (Big Rapids, MI only) |

If not 100%, enter the percentage to apply to Schedule A _____ %

| | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals | | |
| Entertainment (deductible only on some state returns) | | |

Other Business Expenses:

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

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Amount received for other expenses | | |
| Amount received for meals | | |
| Amount received for entertainment | | |

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No



Employee Business Expenses (Page 2 of 2)

Vehicle: Include all documentation

If not 100%, please enter the percentage to apply to Schedule A _____ %
 Description of vehicle _____
 Date vehicle was placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No
 Was your vehicle available for personal use during off-duty hours? Yes No

Total miles _____
 Total business miles _____
 Average daily commuting miles _____
 Total commuting miles for the year _____
 Gasoline and oil _____
 Repairs _____
 Insurance _____
 Taxes _____
 Value of employer provided vehicle _____
 Temporary vehicle rentals _____
 Fair market value of leased vehicle _____
 Vehicle leases _____

| 2020 | 2019 |
|------|------|
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Other Vehicle Expenses:

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
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Employee Business Expenses- Business Use of Home

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

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

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

| Yes | No |
|-----|----|
| | |
| | |

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| | | | | |
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Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No

Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2019 but paid in 2020

Employer-provided dependent care benefits that were forfeited in 2020

2019 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
Street address
City, state, ZIP or postal code, and country
Social security number OR
Employer identification number
Telephone number (California only)

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2020 | | |
| Expenses incurred and not paid in 2020 | | |

Provider 2:

Name
Street address
City, state, ZIP or postal code, and country
Social security number OR
Employer identification number
Telephone number (California only)

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Expenses incurred and paid in 2020 | | |
| Expenses incurred and not paid in 2020 | | |

Qualifying Persons for Child/Dependent Care Expenses:

| First Name and Initial | Last Name | Social Security Number | 2020 Expenses Incurred | 2019 Expenses Incurred |
|------------------------|-----------|------------------------|------------------------|------------------------|
| | | | | |
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Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

| First Name and Initial | Last Name | Social Security Number | 2020 Qualified Expenses |
|------------------------|-----------|------------------------|-------------------------|
| | | | |
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Household Employment Taxes

General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$2,200 or more in 2020? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Cash wages subject to additional Medicare tax withholding

Federal income tax withheld

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
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Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

| State | Total Cash Wages Subject to FUTA | 2019 Amount |
|-------|----------------------------------|-------------|
| | | |
| | | |
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| | | |

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2021



| Name of State | Total Taxable Wages | Contribution Paid to Unemployment Fund | X | 2019 Amount |
|---------------|---------------------|--|---|-------------|
| | | | | |
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Federal Tax Payments

Refund Application:

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

Refunded Yes No
 Applied to your 2021 estimated tax liability Yes No

Federal Estimated Tax Payments:

2020 1st Quarter Estimate (Due 07-15-2020)
 2020 2nd Quarter Estimate (Due 07-15-2020)
 2020 3rd Quarter Estimate (Due 09-15-2020)
 2020 4th Quarter Estimate (Due 01-15-2021)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--------------------------------------|-------------|
| | | |
| | | |
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2019 overpayment applied to 2020 estimate

Tax Planning Information for Tax Year 2021:

Do you expect any of the following to occur in 2021?

| | Yes | No |
|---|--------------------------|--------------------------|
| A change in your marital status | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

| |
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2020

State and City Tax Payments

20A

State and City Estimated Tax Payments:

| TSJ _____ State/City _____ | | |
|-------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2020 1st Quarter Estimate

2020 2nd Quarter Estimate

2020 3rd Quarter Estimate

2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you
want the excess applied to your 2021 estimated tax liability? Yes No

2019 overpayment applied to 2020 estimate

Balance of prior year(s)' tax paid in 2020 plus
amount paid with 2019 extensions

Estimated tax payments for 2019 paid in 2020

State and City Estimated Tax Payments:

| TSJ _____ State/City _____ | | |
|-------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2020 1st Quarter Estimate

2020 2nd Quarter Estimate

2020 3rd Quarter Estimate

2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you
want the excess applied to your 2021 estimated tax liability? Yes No

2019 overpayment applied to 2020 estimate

Balance of prior year(s)' tax paid in 2020 plus
amount paid with 2019 extensions

Estimated tax payments for 2019 paid in 2020

State and City Estimated Tax Payments:

| TSJ _____ State/City _____ | | |
|-------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2020 1st Quarter Estimate

2020 2nd Quarter Estimate

2020 3rd Quarter Estimate

2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you
want the excess applied to your 2021 estimated tax liability? Yes No

2019 overpayment applied to 2020 estimate

Balance of prior year(s)' tax paid in 2020 plus
amount paid with 2019 extensions

Estimated tax payments for 2019 paid in 2020



Gambling Winnings

Include all of your current year Forms W-2G

| TS | Name of Payer | Gross Winnings | Tax Withheld | |
|----|---------------|----------------|--------------|-------|
| | | | Federal | State |
| | | | | |
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Foreign Employment Information (Page 1 of 3)

General Information:

TS _____
 Foreign address _____

Name of employer _____
 Employer's U.S. address _____

Employer's foreign address _____

Employer type: Foreign entity, U.S. company,
 Foreign affiliate of a U.S. company, Self _____

Enter the last year that Form 2555 was filed to
 claim either of the exclusions _____

Type of exclusions revoked in prior years _____

Year exclusion revoked _____

If a separate foreign residence was maintained for your
 family due to adverse living conditions, please provide
 the city, country, and number of days maintained _____

List tax home(s) during tax year and dates established _____

Country of citizenry or nationality _____

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
 housing expense

Tax Home History:

| | Principal City and Country of Employment | Start Date (Mo/Da/Yr) | End Date (Mo/Da/Yr) |
|--------------------------------|--|-----------------------|---------------------|
| Most recent tax home | | | |
| First previous tax home | | | |
| Second previous tax home | | | |
| Third previous tax home | | | |



Foreign Employment Information (Page 2 of 3)

30A

Bona Fide Residence Test Information:

Beginning date for foreign residence (Mo/Da/Yr) _____
Ending date for foreign residence (Mo/Da/Yr) _____

Kind of foreign living quarters:
Purchased house, Rented house or apartment, Rented room,
Quarters furnished by employer _____

If any family members lived abroad with you during any part
of the tax year, enter their names. Include the dates when
the family members lived with you

| Relationship | First Name | MI | Last Name | Date Arrived | Date Left | X if Entire Period |
|--------------|------------|----|-----------|--------------|-----------|--------------------|
| | | | | | | |
| | | | | | | |
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| | | | | | | |

Was a statement made to foreign country authorities declaring you were not a resident of their country?

| | |
|-----|----|
| Yes | No |
| | |
| | |
| | |

Were you required to pay income tax in that country?

| | |
|--|--|
| | |
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Does the foreign country have an income tax?

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

State any contractual terms or other conditions relating to the length of employment abroad _____

What type of visa was used to enter the foreign country? _____

Explain any limitations of the visa as to length of stay or employment in a foreign country _____

If a home was maintained in U.S. while residing abroad, show address, whether rented, names and relationships of occupants

Address

Street address _____

City _____

State _____

ZIP Code _____

X if rented _____

| Occupants | | | |
|------------|----|-----------|--------------|
| First Name | MI | Last Name | Relationship |
| | | | |
| | | | |
| | | | |
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Foreign Employment Information

(Page 3 of 3)

30B

Travel Abroad for 12 Month Period:

| Name of Country (Including U.S.) | Date Arrived (Mo/Da/Yr) | Date Left (Mo/Da/Yr) | Full Days in Country | Number of Days Present in U.S. on Business |
|----------------------------------|-------------------------|----------------------|----------------------|--|
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Foreign Housing Expenses Worksheet

Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, indicate dates of payment to the left of the amount boxes and enter type of currency.

| | Amount Reimbursed to You or Paid on Your Behalf by Employer | Amount Paid by You Which is NOT Reimbursable by Your Employer | Total Expenses |
|---|---|---|----------------|
| Type of currency _____ | | | |
| Rent _____ | | | |
| Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge) _____ | | | |
| Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet) _____ | | | |
| Utilities (but not telephone charges) _____ | | | |
| Real and personal property insurance _____ | | | |
| "Key money" or other similar nonrefundable deposits paid to secure a lease _____ | | | |
| Repairs and maintenance _____ | | | |
| Furniture rental _____ | | | |
| Lodging portion of temporary living expenses (Do not include on Moving Expenses page) _____ | | | |

Other Expenses:

| Description | Amount Reimbursed to You or Paid on Your Behalf by Employer | Amount Paid by You Which is NOT Reimbursable by Your Employer | Total Expenses |
|-------------|---|---|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Total expenses

Indicate if meals and/or lodging were provided by or on behalf of your employer on his business premises:
(If you resided in a camp, you are considered to be on the business premises of your employer.)

| | | | | |
|--|--------------------------|--------------------------|------------|-----------|
| To you _____ | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No |
| To your family members _____ | <input type="checkbox"/> | <input type="checkbox"/> | | |



Foreign Travel and Workdays Information Worksheet

30D

Complete for every month even if this may have been your first or last year in the U.S.

| Travel To/From the U.S. | | | | Days in Month | Days Worked In and Outside U.S. | | | | |
|-------------------------|--------------|------------------|-------------------------|---------------|---------------------------------|---------|---------------|---------|--|
| Dates (Mo/Da/Yr) | | Dates (Mo/Da/Yr) | | | Days Not Worked* | | Days Worked** | | |
| Left Foreign Country | Arrived U.S. | Left U.S. | Arrived Foreign Country | | U.S. | Foreign | U.S. | Foreign | |
| | | | | January | 31 | | | | |
| | | | | February | 29 | | | | |
| | | | | March | 31 | | | | |
| | | | | April | 30 | | | | |
| | | | | May | 31 | | | | |
| | | | | June | 30 | | | | |
| | | | | July | 31 | | | | |
| | | | | August | 31 | | | | |
| | | | | September | 30 | | | | |
| | | | | October | 31 | | | | |
| | | | | November | 30 | | | | |
| | | | | December | 31 | | | | |
| | | | | Total | 366 | | | | |

* Weekends, holidays, vacation, sick, etc.
 ** Include weekends and holidays if you worked on these days.

During 2020, in which state(s)/city(ies) did you work? List the dates

| State/City | From (Mo/Da/Yr) | To (Mo/Da/Yr) | Days Worked |
|------------|--------------------|------------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Total (must agree with U.S. days worked shown above)

Days in U.S. for any reason in 2019 ____ 2018 ____



Foreign Wages and Other Income (Page 1 of 2)

Foreign Questions for 2020:

If you will be outside the U.S., do you want an automatic extension if you qualify?

Will any tax due be paid with the extension?

If you were working outside the U.S., did you terminate your foreign employment in 2020?

Did you have foreign income derived from sources within designated "Boycott Activities"?

If Yes, provide all information pertaining to the boycott activities.

| Yes | No |
|-----|----|
| | |
| | |
| | |
| | |

Foreign Source Wages and Salaries:

Include all copies of your current year Forms W-2 or other wage statements

TS _____ Employer name

Employer address

Employer city

Employer state

Employer ZIP

Employer foreign country

| | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Base wages | | |
| Federal tax withheld | | |
| FICA withheld | | |
| Medicare tax withheld | | |
| Days in foreign country before foreign assignment | | |
| Days in foreign country after foreign assignment | | |
| Days in U.S. while on foreign assignment | | |

Allowances and Reimbursements:

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Cost of living and overseas differential | | |
| Moving expense reimbursement | | |
| Family | | |
| Education | | |
| Home leave | | |
| Quarters | | |
| Bonus | | |
| Stock option - current year | | |
| Foreign tax reimbursement | | |
| Survivor's insurance | | |
| Automobile | | |
| Hardship premium | | |
| Home gross salary | | |
| Tax adjustment - current year | | |
| Gross up | | |
| Mobility premium | | |
| Relocation allocation | | |
| Wire transfer allowance | | |
| Home housing allowance | | |
| Home gross entitlement | | |
| Home net entitlement | | |
| Variable pay awards | | |
| Miscellaneous | | |
| Imputed tax preparation fees | | |
| Home country pension cost | | |
| 401(k) reductions | | |



2019

| JANUARY | | | | | | | FEBRUARY | | | | | | | MARCH | | | | | | | APRIL | | | | | | | |
|-----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|---|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | 1 | 2 | 3 | 4 | 5 | | | | | | 1 | 2 | | | | | | 1 | 2 | | 1 | 2 | 3 | 4 | 5 | 6 | |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | |
| 27 | 28 | 29 | 30 | 31 | | | 24 | 25 | 26 | 27 | 28 | | | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 28 | 29 | 30 | | | | | |
| | | | | | | | | | | | | | | 31 | | | | | | | | | | | | | | |
| MAY | | | | | | | JUNE | | | | | | | JULY | | | | | | | AUGUST | | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | 1 | 2 | 3 | 4 | | | | | | 1 | | 1 | 2 | 3 | 4 | 5 | 6 | | | | | 1 | 2 | 3 | | |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | |
| 26 | 27 | 28 | 29 | 30 | 31 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 28 | 29 | 30 | 31 | | | | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | | 30 | | | | | | | | | | | | | | | | | | | | | |
| SEPTEMBER | | | | | | | OCTOBER | | | | | | | NOVEMBER | | | | | | | DECEMBER | | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | | | | | | | 1 | 2 | 3 | 4 | 5 | | | | | | 1 | 2 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | |
| 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 29 | 30 | 31 | | | | | |

2020

| JANUARY | | | | | | | FEBRUARY | | | | | | | MARCH | | | | | | | APRIL | | | | | | | |
|-----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|---|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | 1 | 2 | 3 | 4 | | | | | | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | 1 | 2 | 3 | 4 | | |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | |
| 26 | 27 | 28 | 29 | 30 | 31 | | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 29 | 30 | 31 | | | | 26 | 27 | 28 | 29 | 30 | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAY | | | | | | | JUNE | | | | | | | JULY | | | | | | | AUGUST | | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | | | 1 | 2 | | 1 | 2 | 3 | 4 | 5 | 6 | | | | 1 | 2 | 3 | 4 | | | | | | | 1 | |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 28 | 29 | 30 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | | |
| 31 | | | | | | | | | | | | | | | | | | | | | 30 | 31 | | | | | | |
| SEPTEMBER | | | | | | | OCTOBER | | | | | | | NOVEMBER | | | | | | | DECEMBER | | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | 1 | 2 | 3 | 4 | 5 | | | | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | |
| 27 | 28 | 29 | 30 | | | | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | | | | | | 27 | 28 | 29 | 30 | 31 | | | |

2021

| JANUARY | | | | | | | FEBRUARY | | | | | | | MARCH | | | | | | | APRIL | | | | | | | |
|-----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|----------|----|----|----|----|----|----|---|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | | | 1 | 2 | | 1 | 2 | 3 | 4 | 5 | 6 | | 1 | 2 | 3 | 4 | 5 | 6 | | | | | 1 | 2 | 3 | |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 | 28 | | | | | | | 28 | 29 | 30 | 31 | | | | 25 | 26 | 27 | 28 | 29 | 30 | | |
| 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAY | | | | | | | JUNE | | | | | | | JULY | | | | | | | AUGUST | | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | | | | 1 | | | 1 | 2 | 3 | 4 | 5 | | | | | 1 | 2 | 3 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | 27 | 28 | 29 | 30 | | | | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | 31 | | | | | |
| 30 | 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEPTEMBER | | | | | | | OCTOBER | | | | | | | NOVEMBER | | | | | | | DECEMBER | | | | | | | |
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | |
| | | | 1 | 2 | 3 | 4 | | | | | 1 | 2 | | 1 | 2 | 3 | 4 | 5 | 6 | | | | | 1 | 2 | 3 | 4 | |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | |
| 26 | 27 | 28 | 29 | 30 | | | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 28 | 29 | 30 | | | | | 26 | 27 | 28 | 29 | 30 | 31 | | |



Gifts Made Outright to an Individual

NOTE: Only complete Forms 34 and/or 35 if in 2020:

- You made gifts of cash or marketable securities to an individual that exceeded \$15,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

| | | | |
|--|--|---------------------------------|--------------------------------|
| Person giving the gift | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint |
| Name of person receiving the gift | _____ | | |
| Address of person | _____ | | |
| Your relationship to the person (e.g., son, granddaughter or friend) | _____ | | |
| Age of the person | _____ | | |
| Date(s) of gift(s) | (Mo/Da/Yr) _____ | | |
| Description and amount of assets gifted (e.g., \$15,000 in cash or 500 shares of ABC stock) | _____ | | |
| Cost basis of assets gifted if other than cash | <input style="width:100%;" type="text"/> | | |
| Value of assets gifted if other than cash | <input style="width:100%;" type="text"/> | | |

Gift 2:

| | | | |
|--|--|---------------------------------|--------------------------------|
| Person giving the gift | <input type="checkbox"/> Taxpayer | <input type="checkbox"/> Spouse | <input type="checkbox"/> Joint |
| Name of person receiving the gift | _____ | | |
| Address of person | _____ | | |
| Your relationship to the person (e.g., son, granddaughter or friend) | _____ | | |
| Age of the person | _____ | | |
| Date(s) of gift(s) | (Mo/Da/Yr) _____ | | |
| Description and amount of assets gifted (e.g., \$15,000 in cash or 500 shares of ABC stock) | _____ | | |
| Cost basis of assets gifted if other than cash | <input style="width:100%;" type="text"/> | | |
| Value of assets gifted if other than cash | <input style="width:100%;" type="text"/> | | |



Gifts Made in Trust

NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, provide the following information:

Name of trust receiving the gift _____

Name of the trustee _____

Address of the trustee _____

Trust identification number _____

Name of the beneficiary of the trust _____

Your relationship to the beneficiary
(e.g., son, granddaughter or friend) _____

Age of the beneficiary _____

Date(s) of gift(s) _____ (Mo/Da/Yr)

Description and amount of assets gifted
(e.g., \$15,000 in cash or 500 shares of ABC stock) _____

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

Include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.



2020 Tax Return Checklist

Client Name: _____

| | Prior Year | Current Year |
|---|------------|--------------|
| Income: | | |
| Wages (IRS W-2) | _____ | _____ |
| Interest Income (IRS 1099-INT) | _____ | _____ |
| Dividend Income (IRS 1099-DIV) | _____ | _____ |
| Brokerage Statements (Form 1099-A,B,S) | _____ | _____ |
| IRA/Pension/Annuity Income (IRS 1099R) | _____ | _____ |
| Schedule K-1s (IRS K-1) | _____ | _____ |
| Miscellaneous Income and Adjustments (IRS-1099-MISC, G) | _____ | _____ |
| Rent and Royalty Income | _____ | _____ |
| Itemized Deductions: | | |
| Medical/Dental Expenses | _____ | _____ |
| Real Estate Taxes | _____ | _____ |
| Property Taxes | _____ | _____ |
| Mortgage Interest (Form 1098) | _____ | _____ |
| Charitable Contributions | _____ | _____ |
| Other: | | |
| Estimated Tax Payments | _____ | _____ |

* Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.



2020

IRA/Pension/Annuity Income

| TSJ | Payer Name | Account No. | Prior Year Amount | Information Included (X or ✓) |
|-----|------------|-------------|-------------------|-------------------------------|
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2020

Itemized Deductions

| TSJ | Description | Prior Year Amount | Information Included (X or ✓) |
|-----|-------------|-------------------|-------------------------------|
|-----|-------------|-------------------|-------------------------------|

Medical/Dental Expenses:

| | | | |
|--|--|--|--|
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Real Estate Taxes:

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|--|--|--|--|
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Property Taxes:

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Mortgage Interest:

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Charitable Contributions:

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2020

Federal, State, and City Tax Payments

Refund Application:

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

Refunded Yes No
 Applied to next year's estimated tax liability Yes No

Federal Estimated Tax Payments:

2020 1st Quarter Estimate (Due 07-15-2020)
 2020 2nd Quarter Estimate (Due 07-15-2020)
 2020 3rd Quarter Estimate (Due 09-15-2020)
 2020 4th Quarter Estimate (Due 01-15-2021)

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
| | | |
| | | |
| | | |
| | | |

State and City Estimated Tax Payments:

2020 1st Quarter Estimate
 2020 2nd Quarter Estimate
 2020 3rd Quarter Estimate
 2020 4th Quarter Estimate

TSJ _____
 State/City Name _____

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
| | | |
| | | |
| | | |
| | | |

2020 1st Quarter Estimate
 2020 2nd Quarter Estimate
 2020 3rd Quarter Estimate
 2020 4th Quarter Estimate

TSJ _____
 State/City Name _____

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
| | | |
| | | |
| | | |
| | | |

2020 1st Quarter Estimate
 2020 2nd Quarter Estimate
 2020 3rd Quarter Estimate
 2020 4th Quarter Estimate

TSJ _____
 State/City Name _____

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
| | | |
| | | |
| | | |
| | | |

2020 1st Quarter Estimate
 2020 2nd Quarter Estimate
 2020 3rd Quarter Estimate
 2020 4th Quarter Estimate

TSJ _____
 State/City Name _____

| Amount Due | Date Paid (Mo/Da/Yr) | Amount Paid |
|------------|----------------------|-------------|
| | | |
| | | |
| | | |
| | | |



2020

General Information:

Name and address of present employer:

Taxpayer: Name, Address, City, State, ZIP Code, Foreign Province/State/County, Foreign Country, Foreign Postal Code

Spouse: Name, Address, City, State, ZIP Code, Foreign Province/State/County, Foreign Country, Foreign Postal Code

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Alabama for all of 2020, enter the dates you did live in Alabama
Enter the state names other than Alabama for which you had income

Education Savings:

Did you or your spouse make any contributions to an Alabama Prepaid Affordable College Tuition Program or Alabama College Education Savings Program account? Yes No

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Consumer Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax: General use, Automotive vehicles, Farm machinery and equipment

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Senior Services Trust Fund, Alabama Arts Development Fund, Alabama Nongame Wildlife Fund, Child Abuse Trust Fund, Alabama Veteran's Program, Alabama State Historic Preservation Fund, Alabama Firefighters Annuity and Benefit Fund, Cancer Research Institute, USS Alabama Battleship Commission

Alabama State Veterans Cemetery at Spanish Fort Foundation, Inc., Foster Care Trust Fund, Mental Health, Alabama Breast & Cervical Cancer Program, Victims of Violence Assistance, Alabama Military Support Foundation, Alabama Veterinary Medical Foundation, Spay-Neuter Program, Alabama Association of Rescue Squads, Children First Trust Fund

Alabama Election Campaign Fund Contribution - Democratic Party, - Republican Party



2020

Arizona Information

Residency Information:

From (Mo/Da/Yr)

To (Mo/Da/Yr)

If you did not live in Arizona for all of 2020, enter the dates you did live in Arizona _____

Enter the state names other than Arizona where you had income _____

Education Savings:

Yes

No

Did you or your spouse make any contributions to a qualified state tuition (Section 529) plan?

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Account Number | 2020 Amount Contributed |
|----|--------------------------------|------------------------|----------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

| | |
|---|--|
| Sustainable State Parks and Road Fund | |
| Wildlife Fund | |
| Child Abuse Prevention Fund | |
| Domestic Violence Shelter Fund | |
| Neighbors Helping Neighbors Fund | |
| Special Olympics Fund | |
| Veteran's Donation Fund | |
| I Didn't Pay Enough Fund | |
| Solutions Teams Assigned to Schools | |
| Spay/Neuter of Animals Fund | |
| Political Gift - Democratic | |
| Libertarian | |
| Republican | |
| Green | |

Enter Any Additional Arizona Information:

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2020

Arkansas Information

General Information:

Number of developmentally disabled individuals

Names of developmentally disabled individuals

Type of disability

| | | | |
|----------|----|--------|----|
| Taxpayer | | Spouse | |
| Yes | No | Yes | No |

| | | | |
|-----|----|-----|----|
| Yes | No | Yes | No |
|-----|----|-----|----|

Do you qualify as being deaf for personal credit purposes?

Early Childhood Program certification number

Residency Information:

| | |
|--------------------|------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|--------------------|------------------|

If you did not live in Arkansas for all of 2020, enter the dates you did live in Arkansas

Enter the state names other than Arkansas where you had income

Education Savings:

Did you or your spouse make any contributions to an Arkansas Tax Deferred Tuition Savings Program account?

| | |
|-----|----|
| Yes | No |
|-----|----|

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Account Number | 2020 Amount Contributed |
|----|--------------------------------|------------------------|----------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

Check-Off Contribution:

Enter the amount you wish to contribute on your 2020 tax return to:

| | |
|--|--|
| Arkansas Disaster Relief Fund | |
| Arkansas Game and Fish Foundation | |
| Arkansas School for the Blind and Deaf | |
| Baby Sharon's Children Catastrophic Illness Grant Program Trust Fund | |
| Organ Donor Awareness Education Program | |
| Military Family Relief Program | |
| Arkansas Area Agencies on Aging | |
| Newborn Umbilical Cord Initiative | |
| Arkansas Tax Deferred Tuition Savings Program | |

Enter Any Additional Arkansas Information:

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2020

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Did you, your spouse, and all household members have full-year health care coverage? Attach all Forms FTB 3895 and/or IRS 1095 received and any applicable exemption information.

Physical/Principal Residence if Different from Mailing Address: California Residents Only

Street address, Apt No., City, State, ZIP, County where residence is located

Residency Information:

Complete this section only if you were a resident of any other state during any portion of the year. Taxpayer Spouse. If you became a resident of California in 2020, enter - State of prior residence abbreviation, - Date of move (Mo/Da/Yr). If you became a nonresident of California in 2020, enter - New state of residence abbreviation, - Date of move (Mo/Da/Yr). If you were a military nonresident, enter state of residence abbreviation, If you were a military nonresident, enter state stationed in abbreviation. If you were a prior resident of California, enter the date you moved back to California (Mo/Da/Yr), If you were a prior resident of California, enter the date you left California (Mo/Da/Yr). Did you own homes and/or properties in California during 2020? How many days during 2020 were spent in California?

Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to the following funds:

Table with 2 columns of voluntary contribution funds and their corresponding input boxes. Funds include California Seniors Special Fund, Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund, Rare and Endangered Species Preservation Voluntary Tax Contribution Program, California Breast Cancer Research Voluntary Tax Contribution Fund, California Firefighters' Memorial Voluntary Tax Contribution Fund, Emergency Food for Families Voluntary Tax Contribution Fund, California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund, California Sea Otter Voluntary Tax Contribution Fund, California Cancer Research Voluntary Tax Contribution Fund, School Supplies for Homeless Children Fund, State Parks Protection Fund/Parks Pass Purchase, Protect Our Coast and Oceans Voluntary Tax Contribution Fund, Keep Arts in School Voluntary Tax Contribution Fund, Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund, California Senior Citizen Advocacy Voluntary Tax Contribution Fund, Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund, Rape Kit Backlog Voluntary Tax Contribution Fund, Schools Not Prisons Voluntary Tax Contribution Fund, Suicide Prevention Voluntary Tax Contribution Fund.



2020

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay state sales or use tax

If you live in a special use tax district, enter the name of the district

Enter the amount of Internet or out of state purchases for which you did not pay special district sales or use tax

Residency Information:

| Taxpayer | | Spouse | |
|-----------------|---------------|-----------------|---------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) | From (Mo/Da/Yr) | To (Mo/Da/Yr) |

If you did not live in Colorado for all of 2020, enter the dates you did live in Colorado

Enter the state names other than Colorado where you had income

Education Savings:

Did you or your spouse make any contributions to a Colorado 529 College Savings Plan account?

| | |
|-----|----|
| Yes | No |
|-----|----|

If Yes, enter the following:

| TS | Account Holder Name | Account Holder Social Security Number | Account Number | 2020 Amount Contributed |
|----|---------------------|---------------------------------------|----------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

First-Time Home Buyer Savings Account Deduction:

Name of beneficiary

SSN of beneficiary

Name of bank or institution

Account number of the first-time home buyer account

Beginning of year balance in account

End of year balance in account



2020

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax:

Combine individual purchases less than \$300 each per category and enter the total purchase amount.

| | |
|---|--|
| Luxury items | |
| Computer and data processing services | |
| Vessels, motors for vessels, or trailers to transport vessels | |
| Other purchases | |

For any amounts entered, include the date of purchase, description, purchase price, and tax paid.

Residency Information:

| Taxpayer | | Spouse | |
|-----------------|---------------|-----------------|---------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) | From (Mo/Da/Yr) | To (Mo/Da/Yr) |

If you did not live in Connecticut for all of 2020:

Enter the dates you did live in Connecticut

List the prior/new state of residence

Enter the state names other than Connecticut where you had income

Education Savings:

| | |
|-----|----|
| Yes | No |
|-----|----|

Did you or your spouse make any contributions to a Connecticut Higher Education Trust (CHET) account?

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | CHET Account Number | 2020 Amount Contributed |
|----|--------------------------------|------------------------|---------------------|-------------------------|
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Nonresident and Part-Year Resident Employee Apportionment Worksheet Information:

If your employment required you to perform services both inside and outside Connecticut and you do not know the actual amount of income you earned in Connecticut and you were an employee who was compensated, complete the information below:

Basis for apportionment: Working days (1), Sales (2), Mileage (3)

Days/sales/miles outside Connecticut

Days/sales/miles inside Connecticut

Nonworking days (only to be used with working days basis for apportionment)

Total income being apportioned

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

| | |
|---|--|
| AIDS Research Education Fund | |
| Organ Transplant Fund | |
| Endangered Species/Wildlife Fund | |
| Breast Cancer Research Fund | |
| Safety Net Services Fund | |
| Military Family Relief Fund | |
| Connecticut Higher Education Trust (CHET) Baby Scholar Fund | |
| Mental Health Community Investment Account | |



2020

Delaware Information

General Information:

| Taxpayer |
|----------|
|----------|

| Spouse |
|--------|
|--------|

Business telephone number (including area code)

Do you qualify as permanently disabled? Yes No

Yes No

Residency Information:

| Taxpayer | |
|--------------------|------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |

| Spouse | |
|--------------------|------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |

If you did not live in Delaware for all of 2020, enter the dates you did live in Delaware

Enter the state names other than Delaware where you had income ..

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

| Taxpayer |
|----------|
|----------|

| Spouse |
|--------|
|--------|

- Delaware's Nongame Wildlife, Endangered Species, and Natural Areas Preservation Fund
- Emergency Housing Assistance Fund
- Delaware Breast Cancer Coalition
- Organ Donation Awareness Trust Fund
- Diabetes Education Fund
- Delaware Veteran's Home Fund
- Delaware National Guard and Reserve Emergency Assistance Fund
- Juvenile Diabetes Research Foundation
- Multiple Sclerosis Society
- Ovarian Cancer Fund
- 21st Fund for Children
- White Clay Creek Wild and Scenic River Preservation Fund
- Home of the Brave Fund
- Senior Trust Fund
- Veteran's Trust Fund
- Protecting DE's Children Fund
- Food Bank of Delaware
- Delaware Habitat for Humanity
- B+ Childhood Cancer Foundation
- Beau Biden Fund

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Enter Any Additional Delaware Information:

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2020

Residency Information:

| | |
|--------------------|------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|--------------------|------------------|

If you did not live in the District of Columbia for all of 2020, enter the dates you did live in the District of Columbia

Enter the state names other than the District of Columbia where you had income

Education Savings:

| | |
|-----|----|
| Yes | No |
|-----|----|

Did you or your spouse make any contributions to a qualified DC "529" College Savings Plan account?

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Account Number | 2020 Amount Contributed |
|----|--------------------------------|------------------------|----------------|-------------------------|
| | | | | |
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Property Tax Credit Information:

TS

Enter the amount of rent paid

What type of property is the property tax credit for?

Landlord's information:

Name
Address
Apartment number
City, state and ZIP code
Telephone number

Business Credits

Organ and Bone Marrow Donor Credit

Job Growth Incentive Act Credit

Amount of homeownership assistance provided to eligible employees

Number of eligible employees

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Tax-Payer Support for Afterschool Programs for At-Risk Students

DC Statehood Delegation Fund

Anacostia River Cleanup and Protection Fund



2020

Disability Income Exclusion Information:

Were you physically or mentally impaired on January 1, 2020?
Is your disability expected to last 12 months or more?
Did you file a physician's certification in prior years?

Yes No grid for disability questions

TS form with fields for Date retired, Name of employer, Name of payer, Physician's name, Physician's address, Physician's apartment number, Physician's city, state and ZIP code, Physician's telephone number

Non-Custodial Parent EITC Claim Information:

Dependent name
Dependent SSN
Location of court
Case or Docket number
Name of government agency
Street address of government agency
City, state and ZIP code
Monthly court ordered payments
Start date of ordered payments (Mo/Da/Yr)

Form for Non-Custodial Parent EITC Claim Information

Custodian first name and initial
Custodian last name
Custodian social security number
Custodian street address
City, state and ZIP code
Custodian date of birth (Mo/Da/Year)

Form for Custodian information

Health Insurance Information

Did you and all household members have health insurance coverage for the entire year?
If No, did you or any household members qualify for an exemption?
If Yes, enter the applicable exemption.
If No, indicate which months you and/or your household members did not have health insurance coverage and did not have an exemption.

Yes No grid for health insurance questions

Table with columns: Household Member Names, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

Enter Any Additional District of Columbia Information:

Additional information input box



2020

Unincorporated Business Franchise Tax Information:

General Information:

TSJ _____

Number of business locations: _____

 Within DC _____

 Outside DC _____

DC business tax number _____

Sales and use tax account number _____

Federal employer I.D. number _____

Fiscal year begin date _____

Fiscal year end date _____

Business name _____

Business street address _____

Business city, state, and ZIP code _____

Supplemental Information:

Principal business activity _____

Type of ownership _____

Date business began (Mo/Da/Yr) _____

Was the business terminated during 2020? Yes No

 If Yes, enter the termination date and reason below.

 Termination date (Mo/Da/Yr) _____

 Termination reason _____

IRS Service Center where the 2020 federal income tax return was filed _____

Taxpayer name shown on the 2020 federal income tax return filed _____

Have you filed annual Federal Information Return Forms 1096 and 1099? Yes No

 If No, enter the reason for not filing Forms 1096 and 1099 _____

Which method is used on the federal income tax return? Accrual Cash Other (specify) _____

Did you withhold DC income tax from your employees' wages during 2020? Yes No

 If No, enter the reason for not withholding DC income tax _____

Did you file a DC franchise tax return for the business for 2019? Yes No

 If No, enter the reason for not filing a DC franchise tax return _____

Did you file an annual ballpark fee return? Yes No

Has the IRS made or proposed any adjustments to your 2020 income tax return, or did you file any amended federal income tax returns? Yes No



2020

Small Retailer Property Tax Relief Credit:

Certificate of occupancy permit number _____

Enter the amount of rent paid for qualified retail location

Enter the total amount of Class 2 property taxes paid for qualified retail location

District of Columbia Class 2 Property Information:

Address _____

City, state, and ZIP code _____

Owner's information:

Name _____

Address _____

City, state, and ZIP code _____

Telephone number _____

Enter Any Additional District of Columbia UBT Information:

Large empty table with multiple rows for additional information.



2020

General Information:

Taxpayer Disability Information:

Type
Date (Mo/Da/Yr)

Spouse Disability Information:

Type
Date (Mo/Da/Yr)

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Georgia for all of 2020, enter the dates you did live in Georgia
Enter the state names other than Georgia where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a Georgia Path2College 529 Plan account?
If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Table with 2 columns: Fund Name, Amount

Enter Any Additional Georgia Information:

Large empty rectangular box for additional information



2020

Hawaii Information

General Information:

County of residence

Jury duty pay returned to employer

| Taxpayer | | Spouse | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you qualify as deaf or disabled?

Residency Information:

| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|--------------------|------------------|
|--------------------|------------------|

If you did not live in Hawaii for all of 2020, enter the dates you did live in Hawaii

Enter the state names other than Hawaii where you had income

Voluntary Contributions:

Do you wish to contribute \$3 to the Hawaii Election Campaign Fund? This will not increase your balance due or decrease your refund

Do you wish to contribute \$2 to the Hawaii school-level minor repairs and maintenance special fund?

Do you wish to contribute \$2 to the Hawaii Public Libraries Fund?

Do you wish to contribute \$5 to the Hawaii Domestic Violence/Child Abuse and Neglect Funds?

| Taxpayer | | Spouse | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Low-Income Household Renters:

Address

| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|--------------------|------------------|
|--------------------|------------------|

Dates occupied

Owner's name

Owner's address

Owner's tax ID number

Enter total rent paid

Enter Any Additional Hawaii Information:

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2020

Idaho Information

General Information:

| | Taxpayer | | Spouse | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| Are you disabled and age 62, 63 or 64? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you the unremarried widow of a retired U.S. Civil Service employee, U.S. Military Serviceman, Idaho fireman or Idaho policeman? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Enter the amount of Internet or out of state purchases for which you did not pay sales tax .. | <input type="text"/> | | <input type="text"/> | |

Residency Information:

| | Taxpayer | | Spouse | |
|--|----------------------|----------------------|----------------------|----------------------|
| | From (Mo/Da/Yr) | To (Mo/Da/Yr) | From (Mo/Da/Yr) | To (Mo/Da/Yr) |
| If you did not live in Idaho for all of 2020, enter the dates you did live in Idaho | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Enter the state names other than Idaho where you had income | <input type="text"/> | | <input type="text"/> | |

| | Taxpayer | | Spouse | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| Are you a resident on active military duty? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a military nonresident? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Education Savings:

Did you or your spouse make any contributions to a Idaho College Savings Program account?

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Account Number | 2020 Amount Contributed |
|----|--------------------------------|------------------------|----------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

| | |
|--|----------------------|
| Nongame Wildlife Conservation Fund | <input type="text"/> |
| Idaho Guard and Reserve Family Support Fund | <input type="text"/> |
| Children's Trust Fund/Child Abuse Prevention | <input type="text"/> |
| Special Olympics Idaho | <input type="text"/> |
| Idaho Food Bank | <input type="text"/> |
| Veterans Support Fund | <input type="text"/> |
| Opportunity Scholarship Program | <input type="text"/> |
| American Red Cross of Idaho Fund | <input type="text"/> |

Enter Any Additional Idaho Information:

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2020

General Information:

County of residence

Enter the total property tax paid applicable to the personal residence

Property index number

County name

Enter the amount of general merchandise for which you did not pay any sales tax

Enter the amount of qualifying food, non-prescription drugs and medical appliances for which you did not pay any sales tax

Are you a member, shareholder, partner, beneficiary, or owner of an LLC or other organization that holds a medical cannabis cultivation center or medical cannabis dispensary registration?

Do you or your spouse have income from the sale of assets owned by a gaming licensee?

Enter the amount of Illinois income tax you withheld from a household employee

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Illinois for all of 2020, enter the dates you did live in Illinois

Enter the state names other than Illinois where you had income

Education Savings:

Did you or your spouse make any contributions to a Bright Start College Savings Program, Bright Directions College Savings Program, or College Illinois Prepaid Tuition Program?

If Yes, enter the following:

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2020 Amount Contributed

ABLE Savings Account:

Did you or your spouse make any contributions to a qualified Illinois ABLE savings account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to the following funds:

Table with 2 columns: Fund Name, Amount



2020

General Information:

Taxpayer

Spouse

County of residence

County of employment

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

Taxpayer From To (Mo/Da/Yr) (Mo/Da/Yr)

Spouse From To (Mo/Da/Yr) (Mo/Da/Yr)

If you did not live in Indiana for all of 2020, enter the dates you did live in Indiana

Enter the state names other than Indiana where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to an Indiana CollegeChoice 529 Education Savings Plan?

If Yes and you made contributions for the purpose of paying for qualified higher education expenses, enter the following:

Table with 5 columns: TS, Taxpayer or Spouse is not the Account Owner, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

If Yes and you made contributions for the purpose of paying for K-12 tuition expenses, enter the following:

Table with 5 columns: TS, Taxpayer or Spouse is not the Account Owner, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Table for Nongame Wildlife Fund, Public K-12 Education Fund, Military Family Relief Fund

Deductions and Credits:

Taxpayer

Spouse

Enter the amount of Indiana lottery winnings

If you made a contribution during 2020 to an Indiana college or university, enter the following information:

Table with 3 columns: Name of College or University, Date, Amount



2020

General Information:

County of residence

School district number

Has your name or address changed since filing last year's return? Yes No

Taxpayer Spouse

Tuition and textbook expenses for Grades K-12

Residency Information:

Table with columns for Taxpayer and Spouse, and sub-columns for From (Mo/Da/Yr) and To (Mo/Da/Yr)

If you did not live in Iowa for all of 2020, enter the dates you did live in Iowa

Enter the state names other than Iowa where you had income

Education Savings:

Did you or your spouse make any contributions to a College Savings Iowa or Iowa Advisor 529 Plan account? Yes No

If Yes, enter the following:

Table with columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Form with rows for Fish and Game Protection Fund, Iowa State Fair Foundation, Child Abuse Prevention Program Fund, Veterans Trust Fund/Volunteer Fire Fighter Preparedness Fund

Iowa Itemized Deductions:

Taxpayer Spouse

Enter the amount of expenses incurred for the care of a disabled relative
Enter any adoption expenses



2020

Federal Tax Data:

| | | |
|---|----------------------|----------------------|
| Iowa deduction for federal taxes | <input type="text"/> | |
| Federal tax liability | <input type="text"/> | |
| Total federal other taxes | <input type="text"/> | |
| Federal estimated tax paid in 2019 | <input type="text"/> | |
| Federal estimated tax applied from 2018 overpayment | <input type="text"/> | |
| Federal estimated tax paid in 2020 | <input type="text"/> | |
| Amount paid with request for federal extension | <input type="text"/> | |
| Amount paid for federal balance due (less interest and penalties) | <input type="text"/> | |
| Federal earned income credit | <input type="text"/> | |
| Federal additional child tax credit | <input type="text"/> | |
| Federal American opportunity credit | <input type="text"/> | |
| Federal net premium tax credit | <input type="text"/> | |
| Federal excess Social Security tax withheld | <input type="text"/> | |
| Credit for federal tax on fuels | <input type="text"/> | |
| Other refundable federal tax credits | <input type="text"/> | |
| | Taxpayer | Spouse |
| Iowa net income | <input type="text"/> | <input type="text"/> |
| Federal income not subject to withholding | <input type="text"/> | <input type="text"/> |
| Federal SE tax | <input type="text"/> | <input type="text"/> |
| Federal income tax withheld | <input type="text"/> | <input type="text"/> |

Enter Any Additional Iowa Information:

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General Information:

County

School district number

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Kansas for all of 2020, enter the dates you did live in Kansas

Enter the state names other than Kansas where you had income

Education Savings:

Did you or your spouse make any contributions to a Learning Quest or other state's qualified tuition (Section 529) plan account? Yes No

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

ABLE Savings Account:

Did you or your spouse make any contributions to an ABLE savings account? Yes No

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

- Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff)
Senior Citizens Meals on Wheels Contribution Program
Breast Cancer Research Fund
Military Emergency Relief Fund
Kansas Hometown Heroes Fund
Kansas Creative Arts Industry Fund
Local School District Contribution Fund
School district number (if different from above)

Intangibles Tax Information:

City

Township

Do you qualify as being disabled or blind? Yes No

County



2020

Homestead and Food Sales Tax Claim Information:

Was any part of your homestead rented or used for business?

Do you want to send your 2021 homestead advancement to the county treasurer?

Is your property tax delinquent?

Are you filing as surviving spouse of a disabled veteran or an active duty service member who died in the line of duty?

| Yes | No |
|-----|----|
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If you qualify as disabled and are not over 55, enter the date of your disability (Mo/Da/Yr):

Taxpayer

Spouse

Household Income:

| 2020 Amount |
|-------------|
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Social security death benefits

SSI and SS disability income

Other veteran's pensions benefits

TAF payments, general assistance, worker's compensation, grants and scholarships

Other Household Income:

| Recipient | Source | 2020 Amount |
|-----------|--------|-------------|
| | | |
| | | |

Other Exempt Income:

| Description | 2020 Amount |
|-------------|-------------|
| | |
| | |

Please list any other members of the household that lived with you for an extended period during the tax year. Do not include your dependents.

| Name | Date of Birth (Mo/Da/Yr) | Relationship | Number of Months in Household | Social Security Number |
|------|--------------------------|--------------|-------------------------------|------------------------|
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Enter Any Additional Kansas Information:

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Kentucky Information

General Information:

Buttons for Taxpayer (Yes/No) and Spouse (Yes/No)

Are you a member of the National Guard?

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

Buttons for From (Mo/Da/Yr) and To (Mo/Da/Yr)

If you did not live in Kentucky for all of 2020, enter the dates you did live in Kentucky

Enter the state names other than Kentucky where you had income

Voluntary Contributions:

Buttons for Taxpayer (Yes/No) and Spouse (Yes/No)

Do you wish to contribute to the Political Party Fund?

Democratic

Republican

Enter the amount of your overpayment you wish to contribute on your 2020 tax return to:

- Nature and Wildlife Fund
Child Victims' Trust Fund
Veterans' Program Trust Fund
Breast Cancer Research and Education Trust Fund
Farm to Food Banks Trust Fund
Local History Trust Fund
Special Olympics Kentucky
Pediatric Cancer Research Trust Fund
Rape Crisis Center Trust Fund
Court Appointed Social Advocate Trust Fund
YMCA Youth Association Fund

Input boxes for contribution amounts

Enter Any Additional Kentucky Information:

Large empty table for additional information



2020

General Information:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Louisiana for all of 2020, enter the dates you did live in Louisiana

Enter the state names other than Louisiana where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a START Savings Program account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

- Military Family Assistance Fund
Coastal Protection and Restoration Fund
Wildlife Habitat and Natural Heritage Trust Fund
Louisiana Cancer Trust Fund
Louisiana Pet Overpopulation Advisory Council
Louisiana Food Bank Association
Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana
Louisiana Association of United Ways / LA 2-1-1
American Red Cross
Louisiana National Guard Honor Guard for Military Funerals
Louisiana Horse Rescue Association
Louisiana Coalition Against Domestic Violence
Louisiana State Troopers Charities, Inc.
Friends of Palmeto State Park
The American Rose Society
The Extra Mile
Louisiana Naval War Memorial Commission; U.S.S. KIDD
Children's Therapeutic Services at the Emerge Center
Additional Donation to the Military Family Assistance Fund
Additional Donation to Coastal Protection and Restoration Fund
Additional Donation to Louisiana Food Bank Association

Grid for entering contribution amounts



2020

Disability Credits:

Do you qualify as deaf?

Do you have a loss of limb?

Do you qualify as mentally incapacitated?

| Taxpayer | | Spouse | |
|----------|----|--------|----|
| Yes | No | Yes | No |
| | | | |
| | | | |
| | | | |

| Dependent Name | X the Applicable Box(es) | | | |
|----------------|--------------------------|--------------|------------------------|-------|
| | Deaf | Loss of Limb | Mentally Incapacitated | Blind |
| | | | | |
| | | | | |

LA Hunting and Fishing Licenses Information:

| TS | Dependent Name | State ID Number | Driver's License Number | State of Issue | Amount |
|----|----------------|-----------------|-------------------------|----------------|--------|
| | | | | | |
| | | | | | |
| | | | | | |

School Expenses Information:

- * 1. Elementary & Secondary School
- 2. Home Schooled
- 3. Quality Public Education

Enter information for each qualified dependent:

| Dependent Name | Name of School | *Deduction Code |
|----------------|----------------|-----------------|
| | | |
| | | |
| | | |

Enter qualified expenses for each dependent listed above:

| Tuition and Fees | School Uniforms | Textbooks or Other Inst. Material | Supplies |
|------------------|-----------------|-----------------------------------|----------|
| | | | |
| | | | |
| | | | |

Enter Any Additional Louisiana Information:

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



2020

General Information:

Are you engaged in commercial farming or fishing? [] Yes [] No

Enter the amount of Internet or out of state purchases for which you did not pay sales tax []

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Maine for all of 2020, enter the dates you did live in Maine _____

Enter the state names other than Maine where you had income _____

Education Savings:

Did you or your spouse make any contributions to a qualified state tuition (Section 529) plan account? [] Yes [] No

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Endangered and Nongame Wildlife Fund []

Maine Children's Trust []

Companion Animal Sterilization Fund []

Maine Military Family Relief Fund []

Maine Veterans' Memorial Cemetery Maintenance Fund []

Maine Public Library Fund []

Do you want \$3.00 to go to the Maine Clean Election Fund? [] Yes [] No

Does your spouse want \$3.00 to go to this fund? [] Yes [] No

Park Passes:

Number of park passes to be purchased:

Individual park pass? []

Vehicle park pass? []

Number of Passes []



2020

Property Tax Fairness Credit

Rent paid on your home

Does rent paid include heat, utilities, furniture, snowplowing or similar items? Yes No

Was your rent reduced or paid in part by the government? Yes No

Landlord's name and telephone number

Did you or your spouse, if married, receive social security disability benefits or supplemental security income disability benefits in 2020? Yes No

Enter Any Additional Maine Information:

Large empty rectangular area for entering additional information.



2020

General Information:

Political subdivision

If the political subdivision is not known, enter the county of residence and city, town, or taxing area:

County of residence on December 31, 2020

Incorporated city, town or taxing area on December 31, 2020

Taxpayer Spouse

Yes No Yes No

Do you qualify as totally disabled?

Are you or your spouse a member of the military?

Residency Information:

From To (Mo/Da/Yr) (Mo/Da/Yr)

If you did not live in Maryland for all of 2020:

Enter the dates you did live in Maryland

Enter the other state of residence

Enter the state names other than Maryland where you had income

Pennsylvania residents:

What is the name of your township?

What is the name of your county?

If you are a nonresident of Maryland, did you reside the full year in your state of legal residency?

Education Savings:

Did you or your spouse make any contributions to a Maryland Prepaid College Trust or Maryland College Investment Plan Account?

If Yes, enter the following:

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Table with 2 columns: Fund Name, Amount

Long-Term Care Insurance Information:

Table with 5 columns: Name of Insured, Age, Social Security Number, Relationship to Taxpayer, Amount of Premium Paid



2020

General Information:

Has your address changed from 2019?

Are you or your spouse a noncustodial parent?

Would you like to choose the optional 5.85% tax rate?

Did you or your spouse make voluntary paid family and medical leave contributions from self-employment income?

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, enter the amount

Total purchases in 2020 subject to Massachusetts use tax

Sales/use tax paid to other state or jurisdiction

| Taxpayer | | Spouse | |
|----------|--|--------|--|
|----------|--|--------|--|

Do you qualify for the blind exemption?

Are you or your spouse a veteran of the U.S. armed forces Operations Enduring Freedom, Iraqi Freedom, or Noble Eagle?

| Yes | No | Yes | No |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Total paid for weekly/monthly commuter passes and FastLane tolls

Residency Information:

| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|-----------------|---------------|
|-----------------|---------------|

If you did not live in Massachusetts for all of 2020, enter the dates you did live in Massachusetts

Enter the state names other than Massachusetts where you had income

Voluntary Contributions:

Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund?

Taxpayer

Spouse

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Enter the amount you wish to contribute on your 2020 tax return to:

Organ Transplant Fund

Endangered Wildlife Conservation

Massachusetts Public Health HIV and Hepatitis Fund

Massachusetts United States Olympic Fund

Massachusetts Military Family Relief Fund

Homeless Animal Prevention and Care Fund

Rental Deduction Information:

Name of landlord

Rent paid



2020

Schedule HC Health Insurance Provider Information

Private or Other Government Provider

Taxpayer

Spouse

Name of Insurance Company or Administrator or Other Provider

Federal Identification Number of Insurance Company

Subscriber Number

Schedule HC Government - Subsidized Health Insurance

Taxpayer

Spouse

Table with 2 columns (Taxpayer, Spouse) and 7 rows of insurance types: Commonwealth Care, ConnectorCare, MassHealth, Medicare, Veterans Administration Program Enrollment, Tri-Care, Other (see instructions), Applied for MassHealth or Commonwealth Care in 2020 and denied.

Months Covered by Health Insurance (if not all of 2020)

Table with 12 columns (Jan-Dec) and 2 rows (Taxpayer, Spouse) for reporting months covered.

Other Information

Taxpayer

Spouse

Form with various questions and checkboxes: Form MA 1099-HC not received, religious exemption questions, certificate number, monthly premium, employer health insurance questions, U.S. citizen status, DOR authorization.

Enter Any Additional Massachusetts Information:

Four horizontal lines for entering additional information.



General Information:

Enter your school district name

Form with checkboxes for Taxpayer and Spouse regarding disability, pension, and military status.

Residency Information:

Form with tables for Taxpayer and Spouse residency dates and other states.

Education Savings:

Form with Yes/No checkboxes for Michigan Education Savings Program contributions.

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2020 Amount Contributed.



2020

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

| | |
|--|----------------------|
| American Red Cross Michigan Fund | <input type="text"/> |
| Animal Welfare Fund | <input type="text"/> |
| Children's Trust Fund - Prevent Child Abuse Michigan | <input type="text"/> |
| Military Family Relief Fund | <input type="text"/> |
| United Way Fund | <input type="text"/> |

Do you wish to make a contribution on the 2020 return to the State Campaign Fund?

| Taxpayer | | Spouse | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Property Tax Credit Information:

| | Residence #1 | Residence #2 |
|--|----------------------|----------------------|
| Date residency began if after 1/1/20 (Mo/Da/Yr) | <input type="text"/> | <input type="text"/> |
| Date residency ended if before 12/31/20 (Mo/Da/Yr) | <input type="text"/> | <input type="text"/> |
| Address of homestead: | | |
| Street number and name | <input type="text"/> | <input type="text"/> |
| City or township | <input type="text"/> | <input type="text"/> |
| State | <input type="text"/> | <input type="text"/> |
| ZIP code | <input type="text"/> | <input type="text"/> |
| Taxable value of homestead if owned | <input type="text"/> | <input type="text"/> |
| Current year property taxes | <input type="text"/> | <input type="text"/> |
| Landlord, housing project or care facility: | | |
| Name | <input type="text"/> | <input type="text"/> |
| Street address | <input type="text"/> | <input type="text"/> |
| City | <input type="text"/> | <input type="text"/> |
| State | <input type="text"/> | <input type="text"/> |
| ZIP code | <input type="text"/> | <input type="text"/> |
| Number of months rented | <input type="text"/> | <input type="text"/> |
| Monthly rent | <input type="text"/> | <input type="text"/> |
| Total rent paid | <input type="text"/> | <input type="text"/> |
| Non-homestead property tax millage | <input type="text"/> | <input type="text"/> |

Farmland Preservation Tax Credit Information:

| County Code | Contract Number | Expiration Date (Mo/Da/Yr) | Joint Owner Name | Joint Owner Social Security Number | Partner's Share of Income |
|----------------------|----------------------|----------------------------|----------------------|------------------------------------|---------------------------|
| <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"/> |



2020

Home Heating Credit:

County

Are heating costs currently included in your rent payments?
Do you want your name and address referred to other government assistance programs?
Do you and/or your spouse receive Supplemental Security Income (SSI)?

If you and/or your spouse live in one of the following care facilities, please indicate which one:
Nursing home, adult foster care home, home for the aged or substance abuse center

How much were you billed for heat between 11/1/19 - 10/31/20?

Number of persons sharing the home who are eligible to file a claim

Are there any dependents being claimed on the return who do not qualify for the home heating credit?

Are there members of the household other than the taxpayer, spouse, and dependents being claimed on the return who qualify for the home heating credit?

If Yes, provide the following:

Is the household member a U.S. citizen or qualified alien?

Table with 4 columns: Name, Social Security Number, Age, Yes or No

Household Resources:

Enter the amount you received for:

Child support and foster care payments

Worker's compensation, veteran's disability compensation and veteran's pension benefits

Strike pay, SUB pay, long-term disability benefits and income protection insurance benefits

Trade Act of 1974 (TRA) benefits

Gifts or expenses paid on your behalf

Table with 2 columns: Other Household Resources, Amount

Enter Any Additional Michigan Information:

Multiple empty lines for additional information.



2020

Residency Information:

| | |
|--------------------|------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|--------------------|------------------|

If you did not live in Minnesota for all of 2020, enter the dates you did live in Minnesota

Enter the state names other than Minnesota where you had income

Education Savings:

| | |
|-----|----|
| Yes | No |
|-----|----|

Did you or your spouse make any contributions to a qualified education savings account?

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Account Number | 2020 Amount Contributed |
|----|--------------------------------|------------------------|----------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to the Nongame Wildlife Fund

If you or your spouse wish to contribute \$5.00 to a political party, select one party:

| | | | | |
|-----------|-------------------------------------|--|--|---|
| Taxpayer: | <input type="checkbox"/> Republican | <input type="checkbox"/> Democratic/Farmer-Labor | <input type="checkbox"/> Independence | <input type="checkbox"/> Grassroots - Legalize Cannabis |
| | <input type="checkbox"/> Green | <input type="checkbox"/> Libertarian | <input type="checkbox"/> Legal Marijuana Now | <input type="checkbox"/> General Campaign Fund |
| Spouse: | <input type="checkbox"/> Republican | <input type="checkbox"/> Democratic/Farmer-Labor | <input type="checkbox"/> Independence | <input type="checkbox"/> Grassroots - Legalize Cannabis |
| | <input type="checkbox"/> Green | <input type="checkbox"/> Libertarian | <input type="checkbox"/> Legal Marijuana Now | <input type="checkbox"/> General Campaign Fund |

Qualified School Expenses for Dependents:

| | Dependent 1 | Dependent 2 |
|---|----------------------|----------------------|
| Dependent's name | | |
| Dependent's grade | | |
| Qualified expenses | <input type="text"/> | <input type="text"/> |
| Type of school (public, private, home) | | |
| Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument) | | |
| Type of Instruction (Class or Individual) | | |
| Instructor or organization or Transportation provider | | |
| Type of class | | |
| Type of musical instrument | | |



2020

Credit for Parents of Stillborn Children:

Did you or your spouse experience a stillbirth during the year? [] Yes [] No

If Yes, include the Minnesota Certificate of Birth for each stillborn child.

Long Term Care Insurance:

If you had long term care insurance, list the policy owner, policy company name and policy number below.

Table with 3 columns: Policy Owner, Policy Company Name, Policy Number. Includes checkboxes for Taxpayer, Spouse, and Joint.

Property Tax Refund Information:

Include all Certificates of Rent Paid and/or Statements of Property Taxes Payable in 2021

County of residence

Were you or your spouse disabled on or before December 31, 2020?

Are you living in a nursing home or other health care facility?

Did you own AND occupy your homestead on BOTH January 2, 2020 and January 2, 2021?

Are you a mobile home owner who paid rent for property on which it was located?

Yes/No grid for disability and homestead questions.

Enter the percent of your home that is NOT used for business or rented to others %

Enter the amount of property tax refund received

Employer Transit Pass Credit:

Did your business buy Transit passes to resell or give to your employees? [] Yes [] No

If Yes, what was the original cost of the passes?

What amount was charged to employees for the passes?

What is your Minnesota ID number?

Student Loan Credit

Enter the total amount paid toward your or your spouse's qualified student loans during the year Taxpayer Spouse

Enter the amount of interest paid on your or your spouse's qualified student loans during the year Taxpayer Spouse

Enter the original balance of your or your spouse's qualified student loans Taxpayer Spouse



2020

General Information:

County of residence

| Taxpayer | | Spouse | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you qualify as disabled?

Do you or your spouse qualify as a 100 percent disabled veteran?

Are you 60 years of age or older and did you receive surviving spouse social security benefits?

Did you make contributions to a health care sharing ministry?

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Residency Information:

If you did not live in Missouri for all of 2020:

Enter the dates you did live in Missouri

Enter the dates you lived in the other state

Enter the state names other than Missouri where you had income ..

| Taxpayer | | Spouse | |
|-----------------|---------------|-----------------|---------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) | From (Mo/Da/Yr) | To (Mo/Da/Yr) |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Education Savings:

Did you or your spouse make any contributions to a Missouri Savings for Tuition Program (MOST) account?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Account Number | 2020 Amount Contributed |
|----|--------------------------------|------------------------|----------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

| | | | |
|---|----------------------|--|----------------------|
| Children's Trust Fund | <input type="text"/> | Pediatric Cancer Research Trust Fund | <input type="text"/> |
| Veteran's Trust Fund | <input type="text"/> | American Heart Association Fund | <input type="text"/> |
| Elderly Home Delivered Meals Trust Fund | <input type="text"/> | American Lung Association of Missouri Fund | <input type="text"/> |
| Missouri National Guard Trust Fund | <input type="text"/> | Amyotrophic Lateral Sclerosis (ALS) Fund | <input type="text"/> |
| Workers' Memorial Fund | <input type="text"/> | Arthritis Foundation Fund | <input type="text"/> |
| Childhood Lead Testing Fund | <input type="text"/> | March of Dimes Fund | <input type="text"/> |
| American Cancer Society Heartland Division Inc., Fund | <input type="text"/> | Muscular Dystrophy Association Fund | <input type="text"/> |
| American Diabetes Association Gateway Area | <input type="text"/> | National Multiple Sclerosis Society Fund | <input type="text"/> |
| Breast Cancer Awareness Fund | <input type="text"/> | Missouri Military Family Relief Fund | <input type="text"/> |
| Foster Care and Adoptive Recruitment and Retention Fund | <input type="text"/> | General Revenue Fund | <input type="text"/> |
| Missouri National Guard Foundation Fund | <input type="text"/> | Donate Life Organ Donor Program Fund | <input type="text"/> |



General Information:

Taxpayer Spouse

Enter the number of exemptions for handicapped dependent children

Residency Information:

From To (Mo/Da/Yr) (Mo/Da/Yr)

If you did not live in Montana for all of 2020, enter the dates you did live in Montana
Enter the state names other than Montana where you had income

Education Savings:

Did you or your spouse make any contributions to a Montana Family Education Savings Program or other state's qualified tuition (Section 529) plan that is not a prepaid tuition plan?
If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

- Nongame Wildlife Program
Agriculture in Schools
Child Abuse Prevention
Military Family Relief Fund

Taxpayer Spouse

College Contribution Credit:

Table with 3 columns: TSJ, Donation(s) Made To, Total Amount

Elderly Homeowner/Renter Credit if Over Age 62:

Number of months occupied Montana residence
Rent paid
Public assistance received

Federal Tax Data:

Federal estimated tax payment paid in 2020
Federal income taxes paid in 2020 for 2019 and prior years

Taxpayer Spouse



2020

New Hampshire Information (Page 1 of 2)

General Information:

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Taxpayer | | Spouse | |
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you qualify as disabled?

If the IRS has made adjustments to your federal income tax return that have not been previously reported to New Hampshire, indicate which years

Residency Information:

| | |
|--------------------|------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|--------------------|------------------|

If you did not live in New Hampshire for all of 2020, enter the dates you did live in New Hampshire

Enter the state names other than New Hampshire where you had income

Passthrough Distributions Subject to Interest and Dividends Tax

| Payer's Name | Payer's ID | Entity Type | Amount | FSO |
|--------------|------------|-------------|--------|-----|
| | | | | |
| | | | | |

Other Nontaxable Interest and Dividends

TSJ

Payer's Name

Payer's Identification Number

Tax-Exempt Type

Tax-Exempt Interest



2020

Business General Information:

Single Member LLC Name

Department Identification Number

Has the name changed since last year
If Yes, enter the former name

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Is this a final return?

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

Business Activity Information:

In what city and state are the books kept?

What is the principal business activity?

What country are the records kept in if not the U.S.?

What is the state of incorporation?

What year was your first New Hampshire business return filed?

What year was the business registered with the New Hampshire
Secretary of State?

Business Locations:

In New Hampshire:

| City/Town Location of Factories, Sales Offices, Warehouses, Construction Sites |
|--|
| |
| |
| |

Outside New Hampshire:

| Location City and State | Factory, Sales Office, Warehouse, Construction Site, Etc. |
|-------------------------|---|
| | |

Enter Any Additional New Hampshire Information:

| |
|--|
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| |



2020

General Information:

County or municipality of residence

How many dependents do you have attending college?

Do you qualify as disabled?

| Taxpayer | | Spouse | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Did you, your spouse, and all household members have insurance coverage for the entire year?

Yes No

Attach all Forms 1095 received and/or any applicable exemption information.

Residency Information:

| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|-----------------|---------------|
| | |

If you did not live in New Jersey for all of 2020, enter the dates you did live in New Jersey

Enter the state names other than New Jersey where you had income

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

| | |
|--|--|
| Endangered and Nongame Species of Wildlife Conservation Fund | |
| Children's Trust Fund | |
| Breast Cancer Research Fund | |
| Vietnam Veterans' Memorial Fund | |
| USS New Jersey Educational Museum Fund | |

Other contributions. Choose one fund from the list below and enter the amount you wish to contribute on your 2020 tax return:

Fund

Amount

Other contribution funds:

| | |
|--|--|
| Drug Abuse Education Fund | American Red Cross - NJ Fund |
| Korean Veterans' Memorial Fund | Girl Scouts Councils in New Jersey Fund |
| Organ and Tissue Donor Awareness Education Fund | New Jersey Homeless Veterans Fund |
| NJ - AIDS Services Fund | Leukemia and Lymphoma Society Fund |
| Literacy Volunteers of America - New Jersey Fund | Northern New Jersey Veterans Memorial Cemetery Development Fund |
| New Jersey Prostate Cancer Research Fund | Local Library Support Fund |
| World Trade Center Scholarship Fund | Fund for the Support of New Jersey Nonprofit Veterans Organization |
| New Jersey Veterans Haven Support Fund | Yellow Ribbon Fund |
| Community Food Pantry Fund | Autism Program Fund |
| New Jersey Farm to School and School Garden Fund | Boy Scouts Councils in New Jersey Fund |
| ALS Association Support Fund | NJ Memorials to War Veterans Maintenance Fund |
| Cat and Dog Spay/Neuter Fund | Jersey Fresh Program Fund |
| New Jersey Lung Cancer Research Fund | NJ World War II Veterans Memorial Fund |
| Boys and Girls Club in New Jersey Fund | |
| New Jersey National Guard Fund | |

Do you want \$1 to go to the Gubernatorial Election Fund?

| Taxpayer | | Spouse | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



2020

General Information:

Enter the name of your Indian nation, tribe or pueblo for taxpayer

Enter the name of your Indian nation, tribe or pueblo for spouse

Enter the amount of income earned on your reservation or pueblo by enrolled member

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in New Mexico for all of 2020, enter the dates you did live in New Mexico

Enter the state names other than New Mexico where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a New Mexico Education Trust Fund account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Table listing various funds like New Mexico Housing Trust Fund, Share with Wildlife, etc., with corresponding input boxes.

If you or your spouse wish to contribute \$2.00 to a political party, specify a party:

Taxpayer . . . [] Democratic [] Republican [] Libertarian [] Green [] Better for America [] Constitution

Spouse . . . [] Democratic [] Republican [] Libertarian [] Green [] Better for America [] Constitution



2020

General Information:

Resident county

School district name

School district code number

Taxpayer Spouse

Driver's license document ID (if issued by NY)

Did you make out of state, Internet or catalog purchases on which no sales tax was paid? ... Yes No
If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY

Did you receive a property tax freeze credit? ... Yes No
If Yes, enter the amount

Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government? ... Yes No

Permanent Home Address if Different from Mailing Address:

Street
Apartment number
City ZIP code ...
Foreign country

Residency Information:

From To (Mo/Da/Yr) (Mo/Da/Yr)

If you did not live in New York state for all of 2020, enter the dates you did live in New York

If you were not a resident of New York state for any of 2020, enter the number of days spent in the state ..

Were you a part-year resident and received New York State income during nonresidency period? ... Yes No

If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse

Did you maintain living quarters in New York state? If Yes, enter address(es) below:
.....
.....

Do you still maintain these living quarters in New York? ... Yes No
Were New York State living quarters maintained for the entire year? ... Yes No
Were you a New York City resident for only part of the taxable year? ... Yes No

From To (Mo/Da/Yr) (Mo/Da/Yr)

If Yes, enter the dates you did live in New York City

Were you a Yonkers resident for only part of the taxable year? ... Yes No

From To (Mo/Da/Yr) (Mo/Da/Yr)

If Yes, enter the dates you did live in Yonkers

Did you live in a nursing home during 2020? ... Yes No
Did you reside in public housing or other residence completely exempted from real property taxes in 2020? ..



2020

Education Savings:

Did you or your spouse make any contributions to a New York 529 College Savings Program or New York State College Choice Tuition Savings Program account? Yes No

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Would you like to allocate some or all of your refund to a New York 529 College Savings Program? Yes No

Plan code: 552 - College Savings Program Direct Plan 553 - Advisor Guided College Savings Program

Table with 5 columns: Routing Number, Plan Code, Account Number, 2020 Amount to Contribute

Voluntary Gifts/Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Table listing various charitable organizations like Return a Gift to Wildlife, Autism Fund, Veterans' Homes, etc., with input boxes for contribution amounts.

Enter Any Additional New York Information:

Large empty rectangular box for entering additional information.



2020

New York - Worksheet

Wages and Salaries Earned in New York State or Yonkers:

If you worked in and out of New York State or Yonkers, please complete the following information for each job worked while a nonresident.

| | Job #1 | Job #2 |
|--|----------------------|----------------------|
| | T/S ____ | T/S ____ |
| Wages earned | <input type="text"/> | <input type="text"/> |
| Total days employed if less than full year | _____ | _____ |
| Saturdays and Sundays (not worked) | _____ | _____ |
| Holidays (not worked) | _____ | _____ |
| Sick leave | _____ | _____ |
| Vacation | _____ | _____ |
| Other nonworking days | _____ | _____ |
| Days worked outside state/city | _____ | _____ |
| Days worked at home | _____ | _____ |
| Select state/city: NY, Yonkers or NY/Yonkers | _____ | _____ |

| | Job #3 | Job #4 |
|--|----------------------|----------------------|
| | T/S ____ | T/S ____ |
| Wages earned | <input type="text"/> | <input type="text"/> |
| Total days employed if less than full year | _____ | _____ |
| Saturdays and Sundays (not worked) | _____ | _____ |
| Holidays (not worked) | _____ | _____ |
| Sick leave | _____ | _____ |
| Vacation | _____ | _____ |
| Other nonworking days | _____ | _____ |
| Days worked outside state/city | _____ | _____ |
| Days worked at home | _____ | _____ |
| Select state/city: NY, Yonkers or NY/Yonkers | _____ | _____ |



2020

North Dakota Information

General Information:

School district name

Residency Information:

| | |
|--------------------|------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|--------------------|------------------|

If you did not live in North Dakota for all of 2020, enter the dates you did live in North Dakota

Enter the state names other than North Dakota where you had income

Nonresident and part-year only:

Enter the date you first received North Dakota income (Mo/Da/Yr)

Education Savings:

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Did you or your spouse make any contributions to a North Dakota College SAVE account?

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Account Number | 2020 Amount Contributed |
|----|--------------------------------|------------------------|----------------|-------------------------|
| | | | | |
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Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

| | |
|---|----------------------|
| Watchable Wildlife Fund | <input type="text"/> |
| Trees for North Dakota Program Trust Fund | <input type="text"/> |

Enter Any Additional North Dakota Information:

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2020

General Information:

Public school district name

County of residence

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

| | |
|--------------------|------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|--------------------|------------------|

If you did not live in Ohio for all of 2020, enter the dates you did live in Ohio

Enter the state names other than Ohio where you had income

Education Savings:

Did you or your spouse make any contributions to an Ohio Tuition Trust Authority CollegeAdvantage 529 Savings Plan account?

| | |
|-----|----|
| Yes | No |
|-----|----|

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Account Number | 2020 Amount Contributed |
|----|--------------------------------|------------------------|----------------|-------------------------|
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Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Breast and Cervical Cancer Project

Wishes for sick children

Wildlife species

Military injury relief fund

Ohio Historical fund

State nature preserves

Enter Any Additional Ohio Information:

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2020

Oklahoma Information

General Information:

Qualifying disability deduction

Qualified adoption expenses paid

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

| |
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| |

Residency Information:

| | |
|----------------------------|--------------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|----------------------------|--------------------------|

If you did not live in Oklahoma for all of 2020, enter the dates you did live in Oklahoma

Enter the state names other than Oklahoma where you had income

Education Savings:

Did you or your spouse make any contributions to an Oklahoma 529 College Savings Plan or OklahomaDream 529 account?

| | |
|------------|-----------|
| Yes | No |
|------------|-----------|

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Account Number | 2020 Amount Contributed |
|----|--------------------------------|------------------------|----------------|-------------------------|
| | | | | |
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Voluntary Contributions:

Enter the amount you wish to contribute from your 2020 tax return refund to:

Support of Programs for Volunteers to Act as Court Appointed Special Advocates for Abused or Neglected Children

Support Programs for Regional Food Banks

Indigent Veteran Burial Program

General Revenue Fund

Oklahoma Emergency Responders Assistance Program

Support of Folds of Honor Scholarship Program

Support the Wildlife Diversity Fund

Public School Classroom Support Fund

Oklahoma Pet Overpopulation Fund

Support the Oklahoma AIDS Care Fund

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Enter Any Additional Oklahoma Information:

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2020

General Information:

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Taxpayer | | Spouse | |
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you qualify as disabled?

If you are a retired U.S. Government employee receiving a federal pension, enter the payer's name and dates you worked for the U.S. Government.

| TSJ | Payer's Name | From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|-----|--------------|-----------------|---------------|
| | | | |
| | | | |
| | | | |

Residency Information:

| | |
|-----------------|---------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
| | |

If you did not live in Oregon for all of 2020, enter the dates you did live in Oregon

Enter the state names other than Oregon where you had income

Education Savings:

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Did you or your spouse make any contributions to a 529 Oregon College Savings Network account?

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Portfolio Number | Account Number | 2020 Amount Contributed |
|----|--------------------------------|------------------------|------------------|----------------|-------------------------|
| | | | | | |
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Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

| | | | |
|---------------------------------|----------------------|--|----------------------|
| American Red Cross | <input type="text"/> | Alzheimer's Disease Research | <input type="text"/> |
| Oregon Historical Society | <input type="text"/> | OR Head Start Association | <input type="text"/> |
| Child Abuse Prevention | <input type="text"/> | Albertina Kerr Centers | <input type="text"/> |
| Habitat for Humanity | <input type="text"/> | Stop Domestic and Sexual Violence .. | <input type="text"/> |
| Oregon Food Bank | <input type="text"/> | OR Military Financial Assistance | <input type="text"/> |

Other Charity (Choose up to two of the following):

| | | | |
|---------------------------------------|----------------------|-----------------------------------|----------------------|
| American Diabetes Association | <input type="text"/> | Oregon Coast Aquarium | <input type="text"/> |
| SMART | <input type="text"/> | SOLVE | <input type="text"/> |
| St. Vincent de Paul | <input type="text"/> | The Nature Conservancy | <input type="text"/> |
| Doernbecher Children's Hospital | <input type="text"/> | Oregon Humane Society | <input type="text"/> |
| The Salvation Army | <input type="text"/> | Oregon Veteran's Home | <input type="text"/> |
| Planned Parenthood of OR | <input type="text"/> | LIONS | <input type="text"/> |
| Shriner's Hospital for Children | <input type="text"/> | Special Olympics Oregon | <input type="text"/> |
| Susan G. Komen for the Cure | <input type="text"/> | Cascade AIDS project | <input type="text"/> |
| Oregon Nongame Wildlife | <input type="text"/> | Veterans Suicide Prevention | <input type="text"/> |
| ALS Association | <input type="text"/> | | |

If you or your spouse wish to contribute \$3.00 to a political party, specify a party.

Taxpayer: Constitution Democratic Independent Libertarian
 Republican Pacific Green Progressive Working Families

Spouse: Constitution Democratic Independent Libertarian
 Republican Pacific Green Progressive Working Families



2020

General Information:

Taxpayer

Spouse

Daytime telephone number (including area code)

Gambling and lottery winnings

Name of county

School district name

Note: If your school district has changed, update the school district shown above.

Enter the amount of Internet or out of state purchases or services for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr)

To (Mo/Da/Yr)

If you did not live in Pennsylvania for all of 2020, enter the date you moved into or out of Pennsylvania:

Taxpayer

Spouse

Education Savings:

Did you or your spouse make any contributions to a Pennsylvania 529 College Savings Program or other state's qualified tuition (Section 529) account?

Yes

No

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount that you wish to contribute on your 2020 tax return to:

Taxpayer

Spouse

- PA Breast Cancer Coalition's Refunds for Breast and Cervical Cancer Research Fund
Wild Resource Conservation Fund
Military Family Relief Assistance Program
Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund
Juvenile (Type 1) Diabetes Cure Research Fund
American Red Cross
PA Children's Trust Fund
Pediatric Cancer Research Fund
Pennsylvania 529 College Savings Program Account:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, Donation Amount



2020

General Information:

City or town of legal residence

Residency Information:

| | |
|--------------------|------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|--------------------|------------------|

If you did not live in Rhode Island for all of 2020, enter the dates you did live in Rhode Island

Enter the state names other than Rhode Island where you had income

Consumer Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay Rhode Island sales tax

Enter the amount of use tax paid to another state

Did you or your spouse make any individual purchases over \$1,000 for which you did not pay Rhode Island sales tax? Yes No

If Yes, enter the following:

| Description | Amount | Sales Tax Paid |
|-------------|--------|----------------|
| | | |
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Education Savings:

Did you or your spouse make any contributions to a Tuition Savings Program account? Yes No

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Account Number | 2020 Amount Contributed |
|----|--------------------------------|------------------------|----------------|-------------------------|
| | | | | |
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| | | | | |

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

| | |
|--|----------------------|
| Drug Program Account | <input type="text"/> |
| Organ Transplant Fund | <input type="text"/> |
| Council on the Arts | <input type="text"/> |
| Nongame Wildlife Appropriation | <input type="text"/> |
| Childhood Disease Victim's Fund and Substance Use and Mental Health Leadership Council | <input type="text"/> |
| Military Family Relief Fund | <input type="text"/> |

Do you want to contribute to the Olympics? Yes No

If you wish to contribute \$2.00 to a political party, specify a party or select to contribute to the nonpartisan general fund.

Democrat
 Republican
 Moderate
 Nonpartisan



2020

South Carolina Information

General Information:

County

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

| | |
|--------------------|------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|--------------------|------------------|

If you did not live in South Carolina for all of 2020, enter the dates you did live in South Carolina

Enter the state names other than South Carolina where you had income

Education Savings:

Did you or your spouse make any contributions to a South Carolina College Investment Program or South Carolina Tuition Prepayment Program account? Yes No

If Yes, enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Account Number | 2020 Amount Contributed |
|----|--------------------------------|------------------------|----------------|-------------------------|
| | | | | |
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Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

| | | | |
|---|----------------------|---|----------------------|
| Endangered Wildlife Fund | <input type="text"/> | Litter Control Enforcement Program .. | <input type="text"/> |
| Children's Trust Fund | <input type="text"/> | K-12 Public Education Fund | <input type="text"/> |
| Eldercare Trust Fund | <input type="text"/> | State Parks Fund | <input type="text"/> |
| Veterans' Trust Fund | <input type="text"/> | Military Family Relief Fund | <input type="text"/> |
| Donate Life South Carolina | <input type="text"/> | Conservation Bank Trust Fund | <input type="text"/> |
| First Steps to School Readiness Trust Fund .. | <input type="text"/> | Financial Literacy Trust Fund | <input type="text"/> |
| War Between States Heritage Trust Fund .. | <input type="text"/> | Association of Habitat Affiliates | <input type="text"/> |
| Law Enforcement Assistance Program | <input type="text"/> | Department of Natural Resources Fund | <input type="text"/> |
| State Forests Fund | <input type="text"/> | | |

Classroom Teacher Expenses Credit:

Amount spent on teacher supplies and materials

Amount reimbursed from school or district

Enter Any Additional South Carolina Information:

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2020

Utah Information

General Information:

If you are a member of an Indian nation or tribe, enter the name of the Indian nation or tribe - Taxpayer

- Spouse

Tribal enrollment or census number - Taxpayer

- Spouse

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

| | |
|--------------------|------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|--------------------|------------------|

If you did not live in Utah for all of 2020, enter the dates you did live in Utah

Enter the state names other than Utah where you had income

Education Savings:

| | |
|-----|----|
| Yes | No |
|-----|----|

Did you or your spouse make any contributions to a my529 account?

If Yes, include all Forms TC-675H and enter the following:

| TS | Name of Designated Beneficiary | Social Security Number | Account Number | 2020 Amount Contributed |
|----|--------------------------------|------------------------|----------------|-------------------------|
| | | | | |
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Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Pamela Atkinson Homeless Account

Kurt Oscarson Children's Organ Transplant Account

School District and Nonprofit School District Foundation

Name of School District

Clean Air Fund

Governor's Suicide Prevention Fund

If you or your spouse wish to contribute to the Election Campaign Fund, please specify a party:

Taxpayer: Democratic Republican Constitution Libertarian Independent American
 Green United Utah

Spouse: Democratic Republican Constitution Libertarian Independent American
 Green United Utah

Enter Any Additional Utah Information:

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2020

General Information:

911 street address at end of 2020, if different than mailing address

School district name

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Vermont for all of 2020, enter the dates you did live in Vermont

Enter the Canadian provinces or state names other than Vermont where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a Vermont Higher Education Investment Plan account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Vermont Nongame Wildlife Fund, Vermont Children's Trust Fund, Vermont Veterans' Fund, Green Up Vermont Fund

Payments:

If you sold real estate in Vermont and the buyer withheld Vermont income tax, enter the amount withheld and include Form RW-171

2020 nonresident estimated payments made on your behalf by a partnership, limited liability company, or S corporation. Include Schedule K-1VT

Income Adjustments:

Military pay when on active duty outside Vermont, Months on active military duty

Bond/note interest from VSAC, Bond/note interest from Build America, Bond/note interest from VT Telecommunication Authority, Bond/note interest from VT Public Power Supply Authority



2020

Tax Credits:

| | |
|---|----------------------|
| Charitable Housing Credit | <input type="text"/> |
| Qualified Sale of Mobile Home Park Credit | <input type="text"/> |
| Research & Development Credit | <input type="text"/> |
| Affordable Housing Credit | <input type="text"/> |
| Rehabilitation of Certified Historic Buildings Credit | <input type="text"/> |
| Historic Rehabilitation Credit | <input type="text"/> |
| Facade Improvement Credit | <input type="text"/> |
| Code Improvements Credit | <input type="text"/> |
| Entrepreneur's Seed Capital Fund Credit | <input type="text"/> |

Household Income Information:

Enter household income information if claiming either the Renter Rebate or Property Tax Adjustment.

| | Taxpayer | Spouse | All Others |
|--|----------------------|----------------------|----------------------|
| Enter the amount you received from: | | | |
| Cash public assistance/welfare | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Veterans' benefits | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Workers' compensation | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Support money/child support | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gifts of cash or cash equivalent | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | | | |
|---|----------------------|----------------------|----------------------|
| Enter the amount you paid for child support | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of person paid | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Social security number of person paid | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | Name | Social Security Number |
|---|----------------------|------------------------|
| Others contributing to household income | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |

Renter Rebate Claim Information:

Include all Forms LC-142.

Location of rental property if not current address

Total rent from Form LC-142

Percent of rented property used for home if not 100%



2020

Homestead Declaration Information:

Location of homestead if not current address

SPAN (School Property Account Number)

Percent of business use of dwelling %

Percent of rental use of dwelling %

Are improvements of other buildings located on your parcel, other than the dwelling used for business or rented out?
Are you the grantor and sole beneficiary of a revocable trust owning the property?
Are you the life estate holder of the property?
Are you the owner of homestead property crossing town boundaries?
Are you residing in a dwelling owned by a related farmer?

Property Tax Adjustment Information:

Enclose a copy of your property tax bill and/or Lister's Certification of the homestead value and proof of payment. Enclose statement of school property tax allocable to your homestead from your land trust, cooperative or non-profit mobile home park.

Were you domiciled in VT all year?
Do you anticipate selling your housesite on or before April 1, 2021?

From 2020/2021 property tax bill:
Housesite value
Housesite education tax
Housesite municipal tax

Percent of ownership interest if not 100% %

Mobile home lot rent from Form LC-142

Allocated property tax from land trust, cooperative, or non-profit mobile home park:
Allocated education tax
Allocated municipal tax

Property tax from contiguous property if housesite has less than 2 acres:
Contiguous property education tax
Contiguous property municipal tax

Enter Any Additional Vermont Information:

Empty table for additional information



2020

General Information:

City or county of residence on January 1, 2021:

Taxpayer

Spouse

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Table with 2 columns: Taxpayer, Spouse

Residency Information:

Table with 4 columns: Taxpayer (From, To), Spouse (From, To)

If you did not live in Virginia for all of 2020, enter the dates you did live in Virginia

Enter the state names other than Virginia where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a Virginia College Savings Plan account?

If Yes, enter the following:

Table with 6 columns: TS, Name of Designated Beneficiary, Type of Plan, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

- Virginia Nongame Wildlife Program
Virginia Democratic Party political contribution
Virginia Republican Party political contribution
Virginia Housing Program
Elderly and Disabled Transportation Fund
Virginia Arts Foundation
Open Space Recreation and Conservation Fund
Chesapeake Bay Restoration Fund
Family and Children's Trust Fund (FACT)
Virginia State Forests Fund
Virginia Federation of Humane Societies
Spay and Neuter Fund
Cancer Centers of Virginia
Children of America Finding Hope
Virginia Military Family Relief Fund
Federation of Virginia Food Banks
Public School Foundation Contribution
Foundation name(s)

Table with 2 columns: Taxpayer, Spouse

Public Library Foundation Contribution
Foundation name(s)



2020

General Information:

County of residence

Do you qualify as permanently and totally disabled?

Yes No
Taxpayer
Spouse

Consumer Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax
Enter the amount of use tax paid to another state
Enter the amount of purchase subject to municipal use tax
Enter the amount of use tax paid to another municipality
Enter the name of the municipality to which use tax was paid

Residency Information:

From To
(Mo/Da/Yr) (Mo/Da/Yr)

If you did not live in West Virginia for all of 2020, enter the dates you did live in West Virginia
Enter the state names other than West Virginia where you had income

Education Savings:

Did you or your spouse make any contributions to a West Virginia College Savings Plan and Prepaid Tuition Trust Funds Account?
If Yes, enter the following:

Yes No

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:
Children's Trust Fund

Tax Credits:

Table listing various tax credits such as Non-family adoption credit, General economic opportunity tax credit, etc.



2020

Senior Citizens Tax Credit for Property Tax Paid Information:

Senior Citizen tax credit for property tax

District _____

Map _____

Parcel _____

Sub-Parcel _____

PP Account _____

Physician's Certification of Permanent and Total Disability:

Did you file a physician's certification in prior years? ... Yes No

Physician's name _____

Physician's address _____

Physician's city, state, ZIP or postal code, and country _____

Physician's FEIN _____

Enter Any Additional West Virginia Information:

Lined area for entering additional information



2020

General Information:

Enter the following information pertaining to where you live:

City
Village
Town
County
School district number
Date entered nursing home
Name of nursing home

Enter the amount of adoption fees, court costs, and legal fees relating to the adoption of a child
Enter the amount of human organ donation expenses relating to the donation of a human organ
Enter the amount of Internet or out of state purchases for which you did not pay sales tax
Amount of rent paid on your primary residence during 2020:
To a landlord who paid for heat
To a landlord who did not pay for heat

Residency Information:

From (Mo/Da/Yr) To (Mo/Da/Yr)

If you did not live in Wisconsin for all of 2020, enter the dates you did live in Wisconsin

Are you a former resident moving back to Wisconsin? Yes No

Education Savings:

Yes No

Did you or your spouse make any contributions to a Wisconsin State-Sponsored College Savings Program account?

If Yes, enter the following:

Table with 5 columns: TS, Name of Designated Beneficiary, Social Security Number, Account Number, 2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Endangered Resources
Cancer Research
Veterans Trust Fund
Multiple Sclerosis
Military Family Relief
Second Harvest/Feeding America
Red Cross WI Disaster Relief
Special Olympics

Homestead Information:

Yes No

Was your home used for nonhomestead or nonfarm purposes during the year?

Is your home part of a farm?

If No, enter the number of acres your home is located on (to the nearest tenth)

How many months during 2020 did you receive a Wisconsin Works payment of any amount for a community service job or a transitional placement or county relief of \$400 or more?



2020

General Information:

Name of city

Township

Other township

Provide your present employer's:

Name

Address

Provide your spouse's present employer's:

Name

Address

| | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Taxpayer | | Spouse | |
| Yes | No | Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Do you qualify as deaf?

Do you qualify as disabled?

Residency Information:

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Did you reside in this city for all of 2020?

| | |
|----------------------------|--------------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|----------------------------|--------------------------|

If you did not reside in this city for all of 2020, enter the dates you did reside in this city

Former address

Wages Earned in Other Cities:

| Name/Address Where Work Performed | Gross Wages | Total Number of Days Worked | Number of Days Worked in City |
|-----------------------------------|-------------|-----------------------------|-------------------------------|
| | | | |
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2020

New York City UBT Information

Unincorporated Business Tax (UBT) General Information:

Business name _____

Street address _____

City and state _____

ZIP code _____

Foreign country _____

Nature of business or profession _____

Business telephone number (including area code) _____

Federal identification number _____

New York State sales tax identification number _____

Business email address _____

Did you file a 2018 New York City Unincorporated Business Tax return?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Did you file a 2019 New York City Unincorporated Business Tax return?

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

If you did not file prior year(s) New York City Unincorporated Business Tax return(s), state reason:

Date business began (Mo/Da/Yr) _____

If business terminated during 2020, enter the termination date (Mo/Da/Yr) _____

Enter Any Additional New York City (UBT) Information:

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2020

Ohio Cities Information

General Information:

Name of city

Daytime telephone number (including area code)

If you moved during 2020, enter the date you moved (Mo/Da/Yr)

Principal business activity

Taxpayer's account number

Taxpayer's account type

2019 filing address

| | Yes | No |
|--|-----|----|
| Are you an employee? | | |
| Are you a proprietor? | | |
| Did you file a return for 2019? | | |
| Did the IRS increase your tax liability for any prior year? | | |
| If Yes, did you file an amended city return? | | |
| Is your city of residence the same as your city of employment? | | |
| Is this your final return? | | |
| If Yes, why? | | |

Voluntary Contributions (Akron Only):

Enter the amount you wish to contribute on your 2020 tax return to:

| | |
|--------------------------------------|--|
| Police equipment | |
| Fire and EMS equipment | |
| Parks and recreation equipment | |

Enter Any Additional Ohio City Information:

| |
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