

**RUIZ CPA & ASSOCIATES P.C.**  
**4705 Weidemar Ln**  
**Austin, TX 78745**  
**512-444-5336**

Dear .:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2020 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2019 personal income tax return.

Enter 2020 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, virtual currencies, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Notice 1444 or 1444-B showing the amount of the Economic Impact Payment (EIP or EIP 2) you received.
- Six-digit Identity Protection PIN if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

The IRS doesn't *initiate* contact with taxpayers by email, text messages or social media channels

to request personal or financial information. This includes requests for PIN numbers, passwords or similar access information for credit cards, banks or other financial accounts. Phishing is a scam typically carried out through unsolicited email and/or websites that pose as legitimate sites and lure unsuspecting victims to provide personal and financial information. If you receive such an email from the IRS, send a copy of the email to [phishing@irs.gov](mailto:phishing@irs.gov). Please do not respond to the email unless the email request you send to the IRS has been verified as legitimate. You may also contact our office regarding any correspondence, written or electronic, that you receive from the IRS.

Thank you for the opportunity to serve you.

Sincerely,

RUIZ CPA & ASSOCIATES P.C.

## Questions

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

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>Personal Information</b>   |                          |                          |
| Did your marital status change during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____  |                          |                          |
| Did your address change from last year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Can you be claimed as a dependent by another taxpayer?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>COVID-19 Information</b>   |                          |                          |
| Did you receive an Economic Impact Payment (EIP or EIP 2) as reported on Notice 1444 or 1444-B?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a Paycheck Protection Program (PPP) loan?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive emergency leave sick pay?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive emergency family leave wages?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Dependent Information</b>  |                          |                          |
| Were there any changes in dependents from the prior year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, explain: _____  |                          |                          |
| Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have dependents who must file a tax return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you provide over half the support for any other person(s) other than your dependent children during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay for child care while you worked, looked for work, or while a full-time student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any expenses related to the adoption of a child during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?  | <input type="checkbox"/> | <input type="checkbox"/> |

Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.

### **Purchases, Sales and Debt Information**

Did you start a new business or purchase rental property during the year?

Did you sell, exchange, or purchase any assets used in your trade or business?

Did you acquire a new or additional interest in a partnership or S corporation?

Did you sell, exchange, or purchase any real estate during the year?

Did you purchase or sell a principal residence during the year?

Did you foreclose or abandon a principal residence or real property during the year?

Did you acquire or dispose of any stock during the year?

Did you take out a home equity loan this year?

Did you refinance a principal residence or second home this year?

Did you sell an existing business, rental, or other property this year?

Did you lend money with the understanding of repayment and this year it became totally uncollectable?

Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?

Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?

### **Income Information**

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?

Did you receive any income from property sold prior to this year?

Did you receive any unemployment benefits during the year?

Did you receive any disability income during the year?

Did you receive any Medicaid waiver payments as difficulty of care during the year?

Did you receive tip income not reported to your employer this year?

Did any of your life insurance policies mature, or did you surrender any policies?

Did you receive any awards, prizes, hobby income, gambling or lottery winnings?

Did you receive any income considered to be nonemployee compensation?

Do you expect a large fluctuation in income, deductions, or withholding next year?

Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services?

### **Retirement Information**

Are you an active participant in a pension or retirement plan?

Did you receive any Social Security benefits during the year?

Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

If yes, were any withdrawals due to a Federally declared disaster or COVID-19?

If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2020?

Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?

Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

### **Education Information**

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses

Did anyone in your family receive a scholarship of any kind during the year?

- |  |                          |                          |
|--|--------------------------|--------------------------|
| If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any withdrawals from an education savings or 529 Plan account?  | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an education savings or 529 Plan account?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any student loan interest this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you cash any Series EE or I U.S. Savings bonds issued after 1989?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education? | <input type="checkbox"/> | <input type="checkbox"/> |

### Health Care Information

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to a Health savings account (HSA) or Archer MSA?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay long-term care premiums for yourself or your family?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.  | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are a business owner, did you pay health insurance premiums for your employees this year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.  | <input type="checkbox"/> | <input type="checkbox"/> |

### Itemized Deduction Information

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you incur a casualty or theft loss or any condemnation awards during the year?   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, did the loss occur in a Federally declared disaster area?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay real estate taxes for your primary home and/or second home?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you incur interest expenses associated with any investment accounts you held?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any major purchases during the year (cars, boats, etc.)?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?  | <input type="checkbox"/> | <input type="checkbox"/> |

### Miscellaneous Information

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Did you make gifts of more than \$15,000 to any individual? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you utilize an area of your home for business purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you engage in any bartering transactions?               | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you retire or change jobs this year?                    | <input type="checkbox"/> | <input type="checkbox"/> |

- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?
- Did you receive correspondence from the State or the IRS?  
If yes, explain: \_\_\_\_\_
- Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?
- Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

## Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets.

| Topic  | Page       | Topic   | Page                |
|--|------------|---|---------------------|
| Affordable Care Act Health Coverage              | 70         | Gambling winnings   | 18, 20              |
| Alaska Permanent Fund dividends                  | 18         | Health savings account (HSA)                              | 71, 72              |
| Alimony received                                 | 18         | Interest paid   | 58                  |
| Annuity payments received                        | 24         | Investment expenses                                       | 57                  |
| Business income and expenses                     | 28, 29     | Investment interest expenses                              | 58                  |
| Child and dependent care expenses                | 81         | IRA distributions   | 24                  |
| Dependent care benefits received                 | 12         | Long-term care services and contracts (LTC)               | 72                  |
| Dependent information                            | 1          | Medical and dental expenses                               | 57                  |
| Disability income                                | 24         | Medical savings account (MSA)                             | 71, 72              |
| Early withdrawal penalty                         | 13         | Minister earnings and expenses                            | 28                  |
| Education Credits and tuition and fees deduction | 54         | Mortgage interest expense                                 | 58                  |
| Electronic filing                                | 6          | Partnership income  | 38                  |
| Federal withholding                              | 12, 20, 24 | Pension distributions                                     | 24                  |
|  |            | Real estate taxes, personal property and other taxes paid | 57                  |
|  |            | Recovery Rebate (Economic Impact Payment)                 | 80                  |
|  |            | Rent and royalty, vacation home, income and expenses      | 31                  |
|  |            | S corporation income                                      | 38                  |
|  |            | Sale of personal residence                                | 40                  |
|  |            |   | <b>28, 17a, 17b</b> |
|  |            | State and local income tax refunds                        | 18                  |
|  |            | State & local withholding                                 | 12, 20, 24          |
|  |            | Statutory employee  | 12, 28              |
|  |            | Unemployment compensation                                 | 18                  |
|  |            | Wages and salaries  | 12                  |

Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [ ] numbers are for preparer use only.

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

Mark if you were married but living apart all year [2]

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) [3]

Social security number Taxpayer [4] Spouse [5]

First name [6] [7]

Last name [8] [9]

Occupation [10] [11]

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank) 2 [12] [14]

Mark if dependent of another taxpayer [15] [16]

Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N) [17]

Mark if legally blind [20] [21]

Date of birth [22] [24]

Date of death [26] [27]

Work/daytime telephone number/ext number [28] [29] [30] [31]

Home/evening telephone number [32] [33]

Do you authorize us to discuss your return with the IRS? (Y, N) Y [34]

Present Mailing Address

Address [40]

Apartment number [41]

City, state postal code, zip code [42] [43] [44]

Foreign country name [46]

Foreign phone number [49]

In care of addressee [50]

Dependent Information

(\*Please refer to Dependent Codes located at the bottom)

Table with columns: First Name, Last Name, Date of Birth, Social Security No., Relationship, Months in home, Dep Codes, Care expenses paid for dependent. Includes handwritten entries '12' in the Months in home column.

Name of child who lived with you but is not your dependent [52]

Social security number of qualifying person [53]

Dependent Codes

- \*Basic 1 = Child who lived with you, 2 = Child who did not live with you due to divorce/separation, 3 = Other dependent, 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC), 5 = Qualifying child for Earned Income Credit only, 6 = Children who lived with you, but do not qualify for Earned Income Credit, 7 = Children who lived with you, but do not qualify for Child Tax Credit, 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit.
\*\*Other 1 = Student (Age 19 - 23), 2 = Disabled dependent, 3 = Dependent who is both a student and disabled.
\*\*\*Months 77 = Reported on odd year return, 88 = Reported on even year return, 99 = Not reported on return.



**IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.**

Mark if you want to file a paper return even if you qualify for electronic filing \_\_\_\_\_[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) \_\_\_\_\_[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account \_\_\_\_\_[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) \_\_\_\_\_[7]

Spouse self-selected Personal Identification Number (PIN) \_\_\_\_\_[8]

---

**NOTES/QUESTIONS:**

Wages and Salaries #1

Please provide all copies of Form W-2.

2020 Information

Prior Year Information

- Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]
- Employer name \_\_\_\_\_ [3]
- Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) \_\_\_\_\_ [5]
- Mark if this is your current employer \_\_\_\_\_ [6]
- Federal wages and salaries (**Box 1**) \_\_\_\_\_ [10]
- Federal tax withheld (**Box 2**) \_\_\_\_\_ [12]
- Social security wages (**Box 3**) (If different than federal wages) \_\_\_\_\_ [14]
- Social security tax withheld (**Box 4**) \_\_\_\_\_ [16]
- Medicare wages (**Box 5**) (If different than federal wages) \_\_\_\_\_ [18]
- Medicare tax withheld (**Box 6**) \_\_\_\_\_ [21]
- SS tips (**Box 7**) \_\_\_\_\_ [23]
- Allocated tips (**Box 8**) \_\_\_\_\_ [25]
- Dependent care benefits (**Box 10**) \_\_\_\_\_ [27]
- Box 13 -**
- Statutory employee \_\_\_\_\_ [29]
- Retirement plan \_\_\_\_\_ [30]
- Third-party sick pay \_\_\_\_\_ [31]
- State postal code (**Box 15**) \_\_\_\_\_ [32]
- State wages (**Box 16**) (If different than federal wages) \_\_\_\_\_ [34]
- State tax withheld (**Box 17**) \_\_\_\_\_ [36]
- Local wages (**Box 18**) \_\_\_\_\_ [38]
- Local tax withheld (**Box 19**) \_\_\_\_\_ [40]
- Name of locality (**Box 20**) \_\_\_\_\_ [43]

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

Control Totals

Wages and Salaries #2

Please provide all copies of Form W-2.

2020 Information

Prior Year Information

- Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]
- Employer name \_\_\_\_\_ [3]
- Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) \_\_\_\_\_ [5]
- Mark if this your current employer \_\_\_\_\_ [6]
- Federal wages and salaries (**Box 1**) \_\_\_\_\_ [10]
- Federal tax withheld (**Box 2**) \_\_\_\_\_ [12]
- Social security wages (**Box 3**) (If different than federal wages) \_\_\_\_\_ [14]
- Social security tax withheld (**Box 4**) \_\_\_\_\_ [16]
- Medicare wages (**Box 5**) (If different than federal wages) \_\_\_\_\_ [18]
- Medicare tax withheld (**Box 6**) \_\_\_\_\_ [21]
- SS tips (**Box 7**) \_\_\_\_\_ [23]
- Allocated tips (**Box 8**) \_\_\_\_\_ [25]
- Dependent care benefits (**Box 10**) \_\_\_\_\_ [27]
- Box 13 -**
- Statutory employee \_\_\_\_\_ [29]
- Retirement plan \_\_\_\_\_ [30]
- Third-party sick pay \_\_\_\_\_ [31]
- State postal code (**Box 15**) \_\_\_\_\_ [32]
- State wages (**Box 16**) (If different than federal wages) \_\_\_\_\_ [34]
- State tax withheld (**Box 17**) \_\_\_\_\_ [36]
- Local wages (**Box 18**) \_\_\_\_\_ [38]
- Local tax withheld (**Box 19**) \_\_\_\_\_ [40]
- Name of locality (**Box 20**) \_\_\_\_\_ [43]

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

Control Totals

Interest Income

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

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

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

| **Interest Codes         |                      |                        |
|--------------------------|----------------------|------------------------|
| Blank = Regular Interest | 4 = Accrued Interest | 6 = ABP Adjustment     |
| 3 = Nominee Distribution | 5 = OID Adjustment   | 7 = Series EE & I Bond |

**Dividend Income**

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

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

| T<br>S<br>J | Type<br>Code (**See codes below) | Ordinary<br>Dividends | [2]<br>Qualified<br>Dividends | Total<br>Cap Gain<br>Distributions | Section 1250 | Sec. 199A | 28%<br>Capital Gain | Tax Exempt<br>Dividends | U.S.<br>Obligations*<br>\$ or % | Tax Exempt*<br>\$ or % | Foreign<br>Taxes<br>Paid | Prior Year<br>Information |
|-------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|--------------|-----------|---------------------|-------------------------|---------------------------------|------------------------|--------------------------|---------------------------|
| 1           | Payer                            |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts                          |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 2           | Payer                            |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts                          |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 3           | Payer                            |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts                          |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 4           | Payer                            |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts                          |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 5           | Payer                            |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts                          |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 6           | Payer                            |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts                          |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 7           | Payer                            |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts                          |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 8           | Payer                            |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts                          |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 9           | Payer                            |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts                          |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
| 10          | Payer                            |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |
|             | Amounts                          |                       |                               |                                    |              |           |                     |                         |                                 |                        |                          |                           |

\*\*Dividend Codes

Blank = Other                      3 = Nominee



|                                    |     |                | 2020 Information | Prior Year Information |
|------------------------------------|-----|----------------|------------------|------------------------|
| State and local income tax refunds |     |                | _____ [5]        | _____                  |
| Alimony received                   | T/S | Agreement Date | 2020 Information | Prior Year Information |
|                                    | --- | _____          | _____ [3]        | _____                  |
|                                    | --- | _____          | _____ [3]        | _____                  |

\*\*If you received unemployment benefits or any of the special unemployment compensation authorized under the Coronavirus Relief Act, both are taxable income and should be reported on your return. Your 1099-G should show both the amount received and any amount of tax withheld. You may need to go to your state's Department of Labor website to get your 1099-G from your account.

|   | Taxpayer   | Spouse     | Prior Year Information |
|---|------------|------------|------------------------|
| Unemployment compensation**                   | _____ [9]  | _____ [10] | _____                  |
| Unemployment compensation federal withholding | _____ [9]  | _____ [10] |                        |
| Unemployment compensation state withholding   | _____ [9]  | _____ [10] |                        |
| Unemployment compensation repaid              | _____ [12] | _____ [13] |                        |
| Alaska Permanent Fund dividends               | _____ [18] | _____ [19] |                        |

| T/S/J | Self-Employment Income? (Y, N) |   | 2020 Information | Prior Year Information |
|-------|--------------------------------|---|------------------|------------------------|
|       |                                | Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships |                  |                        |
| ---   | ---                            | _____   | _____ [15]       | _____                  |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |
| ---   | ---                            | _____   | _____            |                        |

NOTES/QUESTIONS:

### Gambling Winnings #1

Please provide all copies of Form W-2G.

|  | 2020 Information | Prior Year Information |
|--|------------------|------------------------|
| Taxpayer/Spouse (T, S)                 | _____[1]         |                        |
| Payer name                             | _____[3]         |                        |
| State postal code                      | _____[4]         |                        |
| Mark if professional gambler           | _____[9]         |                        |
| Reportable winnings (Box 1)            | _____[11]        | _____                  |
| Date won (Box 2)                       | _____[13]        | _____                  |
| Type of wager (Box 3)                  | _____[15]        | _____                  |
| Federal withholding (Box 4)            | _____[17]        | _____                  |
| Transaction (Box 5)                    | _____[19]        | _____                  |
| Race (Box 6)                           | _____[21]        | _____                  |
| Identical wager winnings (Box 7)       | _____[23]        | _____                  |
| Cashier (Box 8)                        | _____[25]        | _____                  |
| Taxpayer identification number (Box 9) | _____[27]        | _____                  |
| Window (Box 10)                        | _____[28]        | _____                  |
| First ID (Box 11)                      | _____[30]        | _____                  |
| Second ID (Box 12)                     | _____[31]        | _____                  |
| Payer's state ID no. (Box 13)          | _____[32]        | _____                  |
| State winnings (Box 14)                | _____[33]        | _____                  |
| State withholding (Box 15)             | _____[35]        | _____                  |
| Local winnings (Box 16)                | _____[37]        | _____                  |
| Local withholding (Box 17)             | _____[39]        | _____                  |
| Name of locality (Box 18)              | _____[42]        | _____                  |

Control Totals

### Gambling Winnings #2

Please provide all copies of Form W-2G.

|  | 2020 Information | Prior Year Information |
|--|------------------|------------------------|
| Taxpayer/Spouse (T, S)                 | _____[1]         |                        |
| Payer name                             | _____[3]         |                        |
| State postal code                      | _____[4]         |                        |
| Mark if professional gambler           | _____[9]         |                        |
| Reportable winnings (Box 1)            | _____[11]        | _____                  |
| Date won (Box 2)                       | _____[13]        | _____                  |
| Type of wager (Box 3)                  | _____[15]        | _____                  |
| Federal withholding (Box 4)            | _____[17]        | _____                  |
| Transaction (Box 5)                    | _____[19]        | _____                  |
| Race (Box 6)                           | _____[21]        | _____                  |
| Identical wager winnings (Box 7)       | _____[23]        | _____                  |
| Cashier (Box 8)                        | _____[25]        | _____                  |
| Taxpayer identification number (Box 9) | _____[27]        | _____                  |
| Window (Box 10)                        | _____[28]        | _____                  |
| First ID (Box 11)                      | _____[30]        | _____                  |
| Second ID (Box 12)                     | _____[31]        | _____                  |
| Payer's state ID no. (Box 13)          | _____[32]        | _____                  |
| State winnings (Box 14)                | _____[33]        | _____                  |
| State withholding (Box 15)             | _____[35]        | _____                  |
| Local winnings (Box 16)                | _____[37]        | _____                  |
| Local withholding (Box 17)             | _____[39]        | _____                  |
| Name of locality (Box 18)              | _____[42]        | _____                  |

Control Totals

NOTES/QUESTIONS:

**Pension, Annuity, and IRA Distributions #1**

Please provide all Forms 1099-R.

|  |       | 2020 Information | Prior Year Information   |
|--|-------|------------------|--|
| Taxpayer/Spouse (T, S)   |       | __ [1]           | <div style="border: 1px solid black; background-color: #cccccc; height: 100%; width: 100%;"></div> |
| Name of payer  | _____ | ____ [3]         |  |
| State postal code  | _____ | ____ [5]         |  |
| Gross distributions received (Box 1)                             |       | _____ [7]        |  |
| Taxable amount received (Box 2a)                                 |       | _____ [9]        |  |
| Federal withholding (Box 4)                                      |       | _____ [11]       |  |
| Distribution code (Box 7)  |       | __ [14]          |  |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan |       | __ [16]          |  |
| State withholding (Box 12)                                       |       | _____ [17]       |  |
| Local withholding (Box 15)                                       |       | _____ [19]       |  |
| Amount of rollover   |       | _____ [21]       |  |
| Mark if distribution was due to a pre-retirement age disability  |       | __ [23]          |  |

**Control Totals**

**Pension, Annuity, and IRA Distributions #2**

Please provide all Forms 1099-R.

|  |       | 2020 Information | Prior Year Information   |
|--|-------|------------------|--|
| Taxpayer/Spouse (T, S)   |       | __ [1]           | <div style="border: 1px solid black; background-color: #cccccc; height: 100%; width: 100%;"></div> |
| Name of payer  | _____ | ____ [3]         |  |
| State postal code  | _____ | ____ [5]         |  |
| Gross distributions received (Box 1)                             |       | _____ [7]        |  |
| Taxable amount received (Box 2a)                                 |       | _____ [9]        |  |
| Federal withholding (Box 4)                                      |       | _____ [11]       |  |
| Distribution code (Box 7)  |       | __ [14]          |  |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan |       | __ [16]          |  |
| State withholding (Box 12)                                       |       | _____ [17]       |  |
| Local withholding (Box 15)                                       |       | _____ [19]       |  |
| Amount of rollover   |       | _____ [21]       |  |
| Mark if distribution was due to a pre-retirement age disability  |       | __ [23]          |  |

**Control Totals**

**Pension, Annuity, and IRA Distributions #3**

Please provide all Forms 1099-R.

|  |       | 2020 Information | Prior Year Information   |
|--|-------|------------------|--|
| Taxpayer/Spouse (T, S)   |       | __ [1]           | <div style="border: 1px solid black; background-color: #cccccc; height: 100%; width: 100%;"></div> |
| Name of payer  | _____ | ____ [3]         |  |
| State postal code  | _____ | ____ [5]         |  |
| Gross distributions received (Box 1)                             |       | _____ [7]        |  |
| Taxable amount received (Box 2a)                                 |       | _____ [9]        |  |
| Federal withholding (Box 4)                                      |       | _____ [11]       |  |
| Distribution code (Box 7)  |       | __ [14]          |  |
| Mark if distribution is from an IRA, SEP, SIMPLE retirement plan |       | __ [16]          |  |
| State withholding (Box 12)                                       |       | _____ [17]       |  |
| Local withholding (Box 15)                                       |       | _____ [19]       |  |
| Amount of rollover   |       | _____ [21]       |  |
| Mark if distribution was due to a pre-retirement age disability  |       | __ [23]          |  |

**Control Totals**

**NOTES/QUESTIONS:**



1 Preparer use only

|  | 2020 Information | Prior Year Information |
|--|------------------|------------------------|
| Taxpayer/Spouse/Joint (T, S, J)  | [2]              |                        |
| Employer identification number   | [3]              |                        |
| Business name  | [5]              |                        |
| Principal business/profession  | [6]              |                        |
| Business code  | [12]             |                        |
| Business address, if different from home address on Organizer Form ID: 1040                            |                  |                        |
| Address  | [15]             |                        |
| City/State/Zip   | [16] [17]        |                        |
| Accounting method (1 = Cash, 2 = Accrual, 3 = Other)   | [19]             |                        |
| If other:  | [21]             |                        |
| Inventory method (1 = Cost, 2 = LCM, 3 = Other)  | [22]             |                        |
| If other enter explanation:  | [24]             |                        |
| Enter an explanation if there was a change in determining your inventory:                              | [25]             |                        |
| Did you "materially participate" in this business? (Y, N)  | [26]             |                        |
| If not, number of hours you did significantly participate  | [28]             |                        |
| Mark if you began or acquired this business in 2020  | [30]             |                        |
| Did you make any payments in 2020 that require you to file Form(s) 1099? (Y, N)                        | [31]             |                        |
| If "Yes", did you or will you file all required Forms 1099? (Y, N)                                     | [33]             |                        |
| Mark if this business is considered related to qualified services as a minister or religious worker    | [35]             |                        |
| Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) | [37]             |                        |
| Medical insurance premiums paid by this activity   | [40]             |                        |
| Long-term care premiums paid by this activity  | [44]             |                        |
| Amount of wages received as a statutory employee   | [47]             |                        |

Business Income

|                          | 2020 Information | Prior Year Information |
|--------------------------|------------------|------------------------|
| Gross receipts and sales | [52]             |                        |
| Returns and allowances   | [55]             |                        |
| Other income:            | [57]             |                        |

Cost of Goods Sold

|                     | 2020 Information | Prior Year Information |
|---------------------|------------------|------------------------|
| Beginning inventory | [59]             |                        |
| Purchases           | [61]             |                        |
| Labor:              | [63]             |                        |
| Materials           | [65]             |                        |
| Other costs:        | [67]             |                        |
| Ending inventory    | [69]             |                        |

Preparer use only

Principal business or profession \_\_\_\_\_

2020 Information

Prior Year Information

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

Prior Year Information table with multiple blank rows for data entry.

1 Preparer use only

|   |                           | 2020 Information        | Prior Year Information |      |
|---|---------------------------|-------------------------|------------------------|------|
| Description   | _____                     | [2]                     |                        |      |
| Taxpayer/Spouse/Joint (T, S, J)   | ___[3]                    | State postal code _____ |                        | [5]  |
| Physical address: Street  | _____                     | _____                   |                        | [6]  |
| City, state, zip code   | _____ [7] _____ [8] _____ | _____                   |                        | [9]  |
| Foreign country   | _____                     | _____                   |                        | [11] |
| Foreign province/county   | _____                     | _____                   |                        | [12] |
| Foreign postal code   | _____                     | _____                   |                        | [13] |
| Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) | _____                     | _____                   |                        | [14] |
| Description of other type (Type code #8)  | _____                     | _____                   |                        | [15] |
| Did you make any payments in 2020 that require you to file Form(s) 1099? (Y,N)  | _____                     | _____                   |                        | [16] |
| If "Yes", did you or will you file all required Forms 1099? (Y, N)  | _____                     | _____                   |                        | [18] |
| Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3)  | _____                     | _____                   |                        | [20] |
| Percentage of ownership if not 100%   | _____                     | _____                   |                        | [22] |
| Business use percentage, if not 100% (Not vacation home percentage)   | _____                     | _____                   |                        | [24] |

**Rent and Royalty Income**

| Rents and royalties | 2020 Information | Prior Year Information |
|---------------------|------------------|------------------------|
| _____               | _____ [33]       | _____                  |
| _____               | _____            | _____                  |

**Rent and Royalty Expenses**

|  | 2020 Information | Percent if not 100% | Prior Year Information |
|--|------------------|---------------------|------------------------|
| Advertising                                      | _____ [35]       | _____ [36]          | _____                  |
| Auto   | _____ [38]       | _____ [39]          | _____                  |
| Travel   | _____ [41]       | _____ [42]          | _____                  |
| Cleaning and maintenance                         | _____ [44]       | _____ [45]          | _____                  |
| Commissions:                                     | _____ [47]       | _____ [49]          | _____                  |
| Insurance:                                       | _____ [50]       | _____ [52]          | _____                  |
| Legal and professional fees                      | _____ [54]       | _____ [55]          | _____                  |
| Management fees:                                 | _____ [57]       | _____ [59]          | _____                  |
| Mortgage interest paid to banks, etc (Form 1098) | _____ [60]       | _____ [62]          | _____                  |
| Other mortgage interest                          | _____ [63]       | _____ [65]          | _____                  |
| Qualified mortgage insurance premiums            | _____ [66]       | _____ [67]          | _____                  |
| Other interest:                                  | _____ [69]       | _____ [71]          | _____                  |
| Repairs  | _____ [72]       | _____ [73]          | _____                  |
| Supplies   | _____ [75]       | _____ [76]          | _____                  |
| Taxes:   | _____ [78]       | _____ [80]          | _____                  |
| Utilities  | _____ [81]       | _____ [82]          | _____                  |
| Depreciation                                     | _____ [84]       | _____ [85]          | _____                  |
| Depletion  | _____ [87]       | _____ [88]          | _____                  |
| Other expenses:                                  | _____ [90]       | _____               | _____                  |
| _____  | _____            | _____               | _____                  |
| _____  | _____            | _____               | _____                  |
| _____  | _____            | _____               | _____                  |

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

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

| 1             | Preparer use only Carryovers | Non-QBI & Tax | For QBI & Tax | AMT  |
|---------------|------------------------------|---------------|---------------|------|
| Enter on K1-7 | Operating                    | [16]          | [17]          | [18] |
|               | Short-term capital           |               | [19]          | [20] |
|               | Long-term capital            |               | [21]          | [22] |
|               | 28% rate capital             |               | [23]          | [24] |
|               | Section 1231 loss            | [25]          | [26]          | [27] |
|               | Ordinary business gain/loss  | [28]          | [29]          | [30] |
|               | Other losses - 1040 Sch 1    | [31]          | [32]          | [33] |
|               | Section 179                  | [34]          | [35]          | [36] |

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

|               | Preparer use only Carryovers | Non-QBI & Tax | For QBI & Tax | AMT  |
|---------------|------------------------------|---------------|---------------|------|
| Enter on K1-7 | Operating                    | [16]          | [17]          | [18] |
|               | Short-term capital           |               | [19]          | [20] |
|               | Long-term capital            |               | [21]          | [22] |
|               | 28% rate capital             |               | [23]          | [24] |
|               | Section 1231 loss            | [25]          | [26]          | [27] |
|               | Ordinary business gain/loss  | [28]          | [29]          | [30] |
|               | Other losses - 1040 Sch 1    | [31]          | [32]          | [33] |
|               | Section 179                  | [34]          | [35]          | [36] |

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

|               | Preparer use only Carryovers | Non-QBI & Tax | For QBI & Tax | AMT  |
|---------------|------------------------------|---------------|---------------|------|
| Enter on K1-7 | Operating                    | [16]          | [17]          | [18] |
|               | Short-term capital           |               | [19]          | [20] |
|               | Long-term capital            |               | [21]          | [22] |
|               | 28% rate capital             |               | [23]          | [24] |
|               | Section 1231 loss            | [25]          | [26]          | [27] |
|               | Ordinary business gain/loss  | [28]          | [29]          | [30] |
|               | Other losses - 1040 Sch 1    | [31]          | [32]          | [33] |
|               | Section 179                  | [34]          | [35]          | [36] |

Description \_\_\_\_\_ [1]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) \_\_\_\_\_ [7]  
 Date former residence was acquired \_\_\_\_\_ [9]  
 Date former residence was sold \_\_\_\_\_ [10]  
 Selling price of former residence \_\_\_\_\_ [11]  
 Expenses related to the sale of your old home \_\_\_\_\_ [12]  
 Original cost of home sold including capital improvements \_\_\_\_\_ [13]

### Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) \_\_\_\_\_ [19]

|   | Taxpayer   | Spouse     |
|---|------------|------------|
| Reduced exclusion days: (Enter only days within 5-year period ending on sale date)  |            |            |
| Number of days each person used property as main home                               | _____ [21] | _____ [22] |
| Number of days each person owned property used as main home                         | _____ [23] | _____ [24] |
| Number of days between date of sale of the other home and date of sale of this home | _____ [25] | _____ [26] |

### Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed \_\_\_\_\_ [28]  
 Total current year payments received \_\_\_\_\_ [29]

### Form 6252 - Related Party Installment Sale Information

Related party name \_\_\_\_\_ [30]  
 Address \_\_\_\_\_ [31]  
 City, State and Zip \_\_\_\_\_ [32] \_\_\_\_\_ [33] \_\_\_\_\_ [34]  
 Identifying number of related party \_\_\_\_\_ [35]  
 Was the property sold as a marketable security? (Y, N) \_\_\_\_\_ [36]  
 Enter date of second sale if more than 2 years after the first sale \_\_\_\_\_ [37]  
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_ [38]  
 Selling price of property sold by a related party \_\_\_\_\_ [40]

### NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

|  | 2020 Information | Prior Year Information |
|--|------------------|------------------------|
| Taxpayer/Spouse (T, S)   | _____ [1]        | [ ]                    |
| Name of Trustee  | _____ [4]        |                        |
| State postal code  | _____ [2]        |                        |
| Indicate type of health or medical savings account:  |                  |                        |
| HSA  | _____ [6]        |                        |
| Archer MSA   | _____ [7]        |                        |
| MA (Medicare Advantage) MSA  | _____ [9]        |                        |
| Total HSA/MSA contributions made   |                  |                        |
| for 2020 (Enter all amounts contributed, including through employer cafeteria plans)                       | _____ [10]       |                        |
| Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)         | _____ [12]       |                        |
| Number of months in qualified high deductible health plan in 2020  | _____ [13]       |                        |
| Mark if you want to contribute the maximum allowable health or medical savings account contribution amount | _____ [14]       |                        |
| Total HSA/MSA contribution to be made for 2020   | _____ [15]       |                        |
| Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)                                      | _____ [16]       |                        |
| Excess contributions for 2019 taken as constructive contributions for 2020                                 | _____ [19]       |                        |
| Rollover contribution (Form 5498-SA, Box 4)  | _____ [21]       |                        |

**Complete this section if your account is an Archer MSA or MA MSA**

|  |            |     |
|--|------------|-----|
| Amount of annual deductible  | _____ [24] | [ ] |
| Enter compensation from employer maintaining high deductible health plan             | _____ [27] |     |
| If self-employed, enter earned income from business under which plan was established | _____ [31] |     |

**Complete this section if your account is an HSA**

Was the high deductible health plan in effect for December 2020? (Y, N) \_\_\_\_\_ [33]

**NOTES/QUESTIONS:**

Please provide all Forms 1099-SA.

|  | 2020 Information | Prior Year Information                                     |
|--|------------------|--|
| Taxpayer/Spouse (T, S)   | _____[1]         | <div style="border: 1px solid black; height: 100%;"></div> |
| Name of Trustee _____  | _____[4]         |  |
| State postal code _____  | _____[2]         |  |
| Gross distributions received (Box 1)   | _____[7]         |  |
| Earnings on excess contributions (Box 2)   | _____[9]         |  |
| Distribution code (Box 3)  | _____[11]        |  |
| Fair Market Value on date of death (Box 4)   | _____[12]        |  |
| <b>Box 5 -</b>   |                  |  |
| HSA  | _____[13]        |  |
| Archer MSA   | _____[14]        |  |
| MA MSA   | _____[15]        |  |
| All distributions were used to pay unreimbursed qualified medical expenses   | _____[17]        |  |
| If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2020 | _____[19]        |  |
| Withdrawal of excess contributions by the due date of the return   | _____[21]        |  |
| Amount of distribution rolled over for 2020  | _____[23]        |  |
| If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer            | _____[26]        |  |
| If MA (Medicare Advantage) MSA, enter value of account on 12/31/19   | _____[27]        |  |
| For HSA accounts:  |                  |  |
| Was the high deductible health plan coverage started in 2019 and in effect for the month of December 2019? (Y, N)                            | _____[29]        |  |
| Was the high deductible health plan coverage ended before 12/31/20? (Y, N)   | _____[30]        |  |

**Long Term Care (LTC) Service and Contracts**

Please provide all Forms 1099-LTC.

|   | 2020 Information | Prior Year Information                                     |
|---|------------------|--|
| Name of the insured chronically ill individual _____  | _____[39]        | <div style="border: 1px solid black; height: 100%;"></div> |
| Social security number of insured _____   | _____[40]        |  |
| Gross long-term care (LTC) benefits paid (Box 1)  | _____[42]        |  |
| Accelerated death benefits paid (Box 2)   | _____[44]        |  |
| Check one (Box 3)   |                  |  |
| Per diem  | _____[46]        |  |
| Reimbursed amount   | _____[47]        |  |
| Qualified contract (Box 4)  | _____[48]        |  |
| Check, if applicable (Box 5)  |                  |  |
| Chronically ill   | _____[49]        |  |
| Terminally ill  | _____[50]        |  |
| Are there other individuals who received LTC payments during 2020? (Y, N)                       | _____[52]        |  |
| If the insured is terminally ill, were payments received on account of terminal illness? (Y, N) | _____[53]        |  |
| Number of days during the long-term care period _____   | _____[54]        |  |
| Cost incurred for qualified long-term care services during the long-term care period _____      | _____[55]        |  |

**NOTES/QUESTIONS:**

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) [8]
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction)
Student's social security number
Student's first name
Student's last name

Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number [8]
Institution's name
Institution's street address
Institution's city, state, zip code

Tuition Paid and Related Information

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2020. Enter the amount actually paid during 2020.

Table with 3 columns: Description, 2020 Information, and Prior Year Information. Rows include Tuition paid (Box 1), Educational institution changed its reporting method for 2020 (Box 3), Adjustments made for a prior year (Box 4), Scholarships or grants (Box 5), Adjustments to scholarships or grants for a prior year (Box 6), Box 1 or 2 includes amounts for an academic period beginning January - March 2021 (Box 7), At least half-time student (Box 8), Graduate student (Box 9), Insurance contract reimbursement/refund (Box 10), Non-Institution expenses, and American Opportunity Tax Credit (AOTC) disqualifier.

NOTES/QUESTIONS:



Schedule A - Medical and Dental Expenses

T/S/J

2020 Information

Prior Year Information

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

Form with lines for entering 2020 information and a corresponding line for prior year information.

Medical insurance premiums you paid:

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

Form with lines for entering 2020 information and a corresponding line for prior year information.

Long-term care premiums you paid:

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

Form with lines for entering 2020 information and a corresponding line for prior year information.

Prescription medicines and drugs:

Form with lines for entering 2020 information and a corresponding line for prior year information.

Form with lines for entering 2020 information and a corresponding line for prior year information.

Large shaded area for prior year information.

Schedule A - Tax Expenses

T/S/J

2020 Information

Prior Year Information

State/local income taxes paid:

Form with lines for entering 2020 information and a corresponding line for prior year information.

2019 state and local income taxes paid in 2020:

Form with lines for entering 2020 information and a corresponding line for prior year information.

Real estate taxes paid:

Form with lines for entering 2020 information and a corresponding line for prior year information.

Personal property taxes:

Form with lines for entering 2020 information and a corresponding line for prior year information.

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

Form with lines for entering 2020 information and a corresponding line for prior year information.

Sales tax paid on major purchases:

Form with lines for entering 2020 information and a corresponding line for prior year information.

Sales tax paid on actual expenses:

Form with lines for entering 2020 information and a corresponding line for prior year information.

Large shaded area for prior year information.

Control Totals

Itemized Deductions

Form ID: A-1

| T/S/J | 2020 Interest Paid [2]                 | 2020 Points Paid | Type* | 2020 Mortgage Ins. Premiums Paid | Prior Year Information |
|-------|--|------------------|-------|----------------------------------|------------------------|
|       | Home mortgage interest: From Form 1098 |                  |       |                                  |                        |
| [1]   |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |
|       |  |                  |       |                                  |                        |

\*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home      1 = Not used to buy, build, improve home or investment

| T/S/J | Payee's Name   | SSN or EIN | 2020 Information | Prior Year Information |
|-------|--|------------|------------------|------------------------|
|       | Other, such as: Home mortgage interest paid to individuals |            |                  |                        |
| [4]   |  |            | [5]              |                        |
|       | Address  |            |                  |                        |
|       | City, state and zip code                                   |            |                  |                        |
|       | Address  |            |                  |                        |
|       | City, state and zip code                                   |            |                  |                        |

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_  
**Refinancing Points paid in 2020 -**  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2020 (Preparer use only) \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2020 \_\_\_\_\_  
  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2020 (Preparer use only) \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2020 \_\_\_\_\_

| T/S/J | 2020 Information  | Prior Year Information |
|-------|---|------------------------|
|       | Investment interest expense, other than on Schedule(s) K-1: |                        |
| [15]  |   | [16]                   |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |
|       |   |                        |

### Recovery Rebate Credit (Economic Impact Payment)

Please provide copies of all Notice(s) 1444 and 1444-B

Due to the COVID-19 (Coronavirus) pandemic, the federal government has issued two Economic Impact Payments, EIP1 and EIP2 for qualifying individuals. The payments are also referred to as "stimulus payments or checks." Refer to Notice 1444 and Notice 1444-B for the amounts and how the payment was made (i.e. check, direct deposit, pre-paid debit card).

The EIPs were an advance on a 2020 tax credit. The payments will be used to determine if you qualify for an additional recovery rebate credit on your 2020 return. The EIPs will not increase the total amount of tax you pay but may reduce the amount owed or increase a tax refund.

|   | <b>Taxpayer/Joint</b> | <b>Spouse</b> |
|---|-----------------------|---------------|
| Economic impact payment (EIP). Enter a zero (0) if none was received:                       |                       |               |
| EIP no. 1 reported on Notice 1444   | _____ 1 [1]           | _____ [2]     |
| EIP no. 2 reported on Notice 1444-B   | _____ [5]             | _____ [6]     |
| Mark if taxpayer, or spouse (if filing jointly) was a member of the US Armed Forces in 2020 |                       | _____ [3]     |

**NOTES/QUESTIONS:**

Please enter all amounts paid in 2020 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

|  | Taxpayer   | Spouse     |
|--|------------|------------|
| 2019 employer-provided dependent care benefits used during 2020 grace period             | _____ [3]  | _____ [4]  |
| Employer-provided dependent care benefits that were forfeited in 2020                    | _____ [5]  | _____ [6]  |
| Total qualified expenses incurred in 2020  |            | _____ [9]  |
| Were you or your spouse a full time student or disabled? (Yes or No)                     | _____ [10] | _____ [11] |
| Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N) |            | _____ [12] |

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2020 \_\_\_\_\_ [7]

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2020 \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2020 \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2020 \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Business name of provider \_\_\_\_\_

First and last name of provider \_\_\_\_\_

Street address of provider \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) \_\_\_\_\_

Amount paid to care provider in 2020 \_\_\_\_\_

Foreign province or state of provider \_\_\_\_\_

Foreign country and Foreign postal code of provider \_\_\_\_\_

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

Part III Household Information -

|              | A. 2020 Monthly Premium Amount | Prior Year Information | B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) | C. 2020 Monthly Advance Payment of Premium Tax Credit | Prior Year Information |
|--------------|--------------------------------|------------------------|--|---|------------------------|
| January      | _____ [12]                     | [Greyed out]           | _____ [25]   | _____ [38]  | [Greyed out]           |
| February     | _____ [13]                     |                        | _____ [26]   | _____ [39]  |                        |
| March        | _____ [14]                     |                        | _____ [27]   | _____ [40]  |                        |
| April        | _____ [15]                     |                        | _____ [28]   | _____ [41]  |                        |
| May          | _____ [16]                     |                        | _____ [29]   | _____ [42]  |                        |
| June         | _____ [17]                     |                        | _____ [30]   | _____ [43]  |                        |
| July         | _____ [18]                     |                        | _____ [31]   | _____ [44]  |                        |
| August       | _____ [19]                     |                        | _____ [32]   | _____ [45]  |                        |
| September    | _____ [20]                     |                        | _____ [33]   | _____ [46]  |                        |
| October      | _____ [21]                     |                        | _____ [34]   | _____ [47]  |                        |
| November     | _____ [22]                     |                        | _____ [35]   | _____ [48]  |                        |
| December     | _____ [23]                     |                        | _____ [36]   | _____ [49]  |                        |
| Annual total | _____ [24]                     |                        | _____ [37]   | _____ [50]  |                        |

Control Totals

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) \_\_\_\_\_ [1]  
 Marketplace identifier (Box 1) \_\_\_\_\_ [6]  
 Marketplace-assigned policy number (Box 2) \_\_\_\_\_ [7]  
 Policy issuer's name (Box 3) \_\_\_\_\_ [2]

Part III Household Information -

|              | A. 2020 Monthly Premium Amount | Prior Year Information | B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) | C. 2020 Monthly Advance Payment of Premium Tax Credit | Prior Year Information |
|--------------|--------------------------------|------------------------|--|---|------------------------|
| January      | _____ [12]                     | [Greyed out]           | _____ [25]   | _____ [38]  | [Greyed out]           |
| February     | _____ [13]                     |                        | _____ [26]   | _____ [39]  |                        |
| March        | _____ [14]                     |                        | _____ [27]   | _____ [40]  |                        |
| April        | _____ [15]                     |                        | _____ [28]   | _____ [41]  |                        |
| May          | _____ [16]                     |                        | _____ [29]   | _____ [42]  |                        |
| June         | _____ [17]                     |                        | _____ [30]   | _____ [43]  |                        |
| July         | _____ [18]                     |                        | _____ [31]   | _____ [44]  |                        |
| August       | _____ [19]                     |                        | _____ [32]   | _____ [45]  |                        |
| September    | _____ [20]                     |                        | _____ [33]   | _____ [46]  |                        |
| October      | _____ [21]                     |                        | _____ [34]   | _____ [47]  |                        |
| November     | _____ [22]                     |                        | _____ [35]   | _____ [48]  |                        |
| December     | _____ [23]                     |                        | _____ [36]   | _____ [49]  |                        |
| Annual total | _____ [24]                     |                        | _____ [37]   | _____ [50]  |                        |

Control Totals

NOTES/QUESTIONS:

### Notes to Preparer

Submit questions and provide additional information to your tax return preparer here.

Taxpayer name(s) \_\_\_\_\_

Social security number \_\_\_\_\_