

***Jennifer A Jones CPA Ltd.***  
***10615 Judicial Drive Suite 701***  
***Fairfax, VA 22030***  
***(703) 352-1587***

**ENGAGEMENT LETTER**

**PLEASE SIGN AND RETURN WITH YOUR TAX ORGANIZER**

In accordance with standards established by the American Institute of Certified Public Accountants to ensure a mutual understanding, it is necessary to set forth our understanding of the terms and objectives of our relationship, and to clarify the nature and extent of the tax services to be provided.

***Engagement Objective and Scope***

We will prepare your 2020 federal and resident state income tax returns from information that you will furnish to us. Should your Organizer indicate a gift tax return filing requirement, we will prepare the gift tax return(s). We will prepare your non-resident state income tax returns based upon your filing requirements as reflected in your income tax returns for last year. If we determine that your filing requirements have changed, you will be notified. This engagement pertains only to the 2020 tax year. Our responsibilities do not include preparation of any other tax returns that may be due to any taxing authority.

We will not prepare any tax returns except those identified above, without your express consent, and our consent to do so. We will prepare your tax returns based upon information and representations that you provide to us. We have not been engaged to and will not prepare financial statements. We will not audit or otherwise verify the data you submit to us, although we may ask you to clarify certain information.

We will prepare the above referenced tax returns solely for filing with the Internal Revenue Service (IRS) and state and local tax authorities as identified above. Our work is not intended to benefit or influence any third party, either to obtain credit or for any other purpose.

Our engagement in connection with the preparation of your income tax returns does not include any procedures guaranteed or designed to discover errors, misrepresentations, fraud, theft, illegal acts, defalcations or other irregularities, should any exist, and you agree that we have no responsibility to do so. Therefore, our engagement cannot be relied upon to disclose such matters. However, we will inform you of any such acts that come to our attention, unless they are clearly inconsequential. If we discover information that affects your prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue.

In preparing your tax return, a staff person will assemble the initial data from the documents you provide to us. Other staff personnel may contact you to obtain additional information.

This engagement is limited to the professional services outlined above.

## ***CPA Firm Responsibilities***

Unless otherwise noted, we will perform our services in accordance with the Statements on Standards for Tax Services issued by the American Institute of Certified Public Accountants and U.S. Treasury Department Circular 230. It is our duty to perform services with the same standard of care that a reasonable tax preparer would exercise in this type of engagement.

We will prepare your tax returns based upon your filing status as reflected in your income tax returns for last year. If your filing status has changed, you wish to change your filing status, or you have questions about your filing status, please indicate this in your Organizer.

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

Bookkeeping assistance: Should you provide us a copy of the data-file for an existing QuickBooks or other computerized ledger, we will review the file you maintain, make inquiries and/or recommendations for any issue(s) that are discovered or has/have been indicated as existing. These inquiries will be to determine the proper handling of an item, and the recommendations may include correcting journal entries, reclassification of entries, suggested training, or changes in QuickBooks lists, preferences, or other features. Depending on the agreed upon procedure, we will provide, execute and/or implement the recommendations. To the extent we render any accounting and/or bookkeeping assistance, it will be limited to those tasks we deem necessary for the preparation of the returns and billed at our hourly rates.

These services will be performed in accordance with the AICPA Code of Professional Conduct. Additional charges will apply for such services.

Estimated tax payments: You may be required to make quarterly estimated tax payments. We will calculate these payments for the 2021 tax year based upon the information you provide to prepare your 2020 tax returns and have no obligation to update recommended payments after the engagement is completed. If you ask us to update your estimated tax payments, we will handle that request as a separate engagement.

Tax planning services: Our engagement does not include tax planning services. During the course of preparing the tax returns identified above, we may bring to your attention potential tax savings strategies for you to consider as a possible means of reducing your taxes in subsequent tax years. However, we have no responsibility to do so, and will take no action with respect to such recommendations, as the responsibility for implementation remains with you, the taxpayer. If you ask us to provide tax planning services, or if we customarily provide tax planning, we will handle that as a separate engagement.

Government inquiries: This engagement does not include responding to inquiries by any governmental agency or tax authority, nor **does it include making inquiries of any governmental agency or tax authority on your behalf, such as the status of a refund or determining why a refund has not been issued.** Should you receive an inquiry, you may request that we assist you in responding to such inquiry. Your returns may be selected for examination by the taxing authorities. Any proposed adjustments are subject to certain rights of appeal. If your tax return is selected for examination or audit, you may request that we assist you or represent you. In the event of such examination, audit, inquiry, or proposed adjustment, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Third-party verification requests: We will not respond to any request from banks, mortgage brokers or others for verification of any information reported on these tax returns.

Records and Record Retention: All of your original records that you provide to us to prepare your tax return(s) will be returned to you after our use. A copy of your income tax returns will also be provided to you. If you e-file your returns, this copy will be in PDF format. You may request a hard-copy in addition to the PDF. If you elect not to e-file, a hard-copy will be provided to you. Our working papers, including any copies of your records that we chose to make and the tax organizer that you complete, are our property and will be retained by us in accordance with our established records retention policy. This policy states, in general, that we will retain these working papers for a period of three years. After this period expires, these files may be destroyed. We will provide copies of such documents at our discretion and if compensated for any time and costs associated with the effort.

### ***Client Responsibilities***

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. We will provide you with a Tax Organizer to help you compile and document the information we need to prepare your returns. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. Income from all sources, including those outside the U.S., is required. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

Documentation: You are responsible for maintaining adequate documentation to substantiate the accuracy and completeness of your tax returns. You should retain all documents that provide evidence and support for reported income, credits, and deductions on your returns, as required under applicable tax laws and regulations. You are responsible for the adequacy of all information provided in such documents. You represent that you have such documentation and can produce it, if needed, to respond to any audit or inquiry by tax authorities. You agree to hold harmless our firm and its partners, principals, shareholders, officers, directors, members, employees, agents or assigns with respect to any additional tax, penalties, or interest imposed on you by tax authorities resulting from the disallowance of tax deductions due to inadequate documentation. Certain deductions, such as travel and entertainment expenses and expenses for business use of autos, computers, and listed property, require strict documentation. Certain non-cash transactions, such as bartering, require reporting. In preparing your returns, we rely on your representations that we have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for all of your expenses and deductions. If you have any questions about these issues, please contact us.

Personal expenses: You are responsible for ensuring that personal expenses are segregated from business expenses.

State and local filing obligations: You are responsible for determining your tax filing obligations with any state or local tax authorities, including, but not limited to income, franchise, sales, use, business license, business tangible personal property, or unclaimed property taxes. You agree that we have no responsibility to research these obligations or to inform you of them. If upon review of the information you have provided to us, along with information that comes to our attention, we believe you may have additional filing obligations, we will notify you of this responsibility and ask you to contact us. If you ask us to prepare these returns, we will handle that as a separate engagement.

U.S. filing obligations related to foreign financial assets: As part of your filing obligations, you are required to report the maximum value of specified foreign financial assets, which include financial accounts with foreign institutions and certain other foreign non-account investment assets that exceed certain thresholds. You are responsible for informing us of all foreign assets, so we may properly advise you regarding your filing obligations.

These assets include any ownership interests you directly or indirectly hold in businesses located in a foreign country, and any assets or financial accounts located in a foreign country over which you have signature authority. Based on the information you provide, will we inform you of any additional filing requirements, which may include *Form 8938, Statement of Specified Foreign Assets*, and *FinCEN Form 114, Report of Foreign Bank and Financial Accounts*. Failure to file required forms can result in the imposition of both civil and criminal penalties, which may be significant.

Foreign filing obligations: You are responsible for complying with the tax filing requirements of any other country. You acknowledge and agree that we have no responsibility to raise these issues with you and that foreign filing obligations are not within the scope of this engagement.

Gift Tax Returns: Any transfer to an individual, either directly or indirectly, where full consideration (measured in money or money's worth) is not received in return is considered a gift. Under federal tax law, certain gifts are taxable and subject to an annual gift tax exclusion amount. You are responsible for informing us if gift tax returns are required to be filed.

Ultimate responsibility: You have final responsibility for your income tax returns. We will provide you with a copy of your electronic income tax returns and accompanying schedules and statements for review prior to filing with the IRS and state and local tax authorities (as applicable). You agree to review and examine them carefully for accuracy and completeness. The law provides various penalties that may be imposed when taxpayers understate their tax liability. You acknowledge that any such understated tax, and imposed interest and penalties, are your responsibility, and that we have no responsibility in that regard.

You will be required to verify and sign a completed Form 8879, *IRS e-file Signature Authorization*, and any similar state and local equivalent authorization form before your returns can be filed electronically.

In the event that you do not wish to have your income tax returns filed electronically, additional procedures apply and signatures are required in the Organizer in regards to this matter. You will be responsible for reviewing the paper returns for accuracy, signing them, and filing them timely with the tax authorities.

### ***Timing of the Engagement***

We expect to begin our services upon receipt of the completed 2020 Tax Organizer and all tax documents requested either in the 2020 Tax Organizer or by our office.

If your return is electronically filed, our services will conclude upon the earlier of: 1) the filing and acceptance of your 2020 tax returns by the appropriate tax authorities, 2) written notification by either party that the engagement is terminated, or 3) one year from the execution date of this Agreement.

If you have the option to file a paper return and choose to do so, our services will conclude upon the earlier of: 1) mailing or delivery to you of your 2020 tax returns for your review and filing with the appropriate tax authorities, 2) written notification by either party that the engagement is terminated, or 3) one year from the execution date of this Agreement.

### ***Extensions of Time to File Tax Returns***

It may be necessary for us to apply for an extension of the filing deadline if there are unresolved issues or delays in processing, if we do not receive all of the necessary information needed to prepare the return on a timely basis, or due to staffing availability. Applying for an extension of time to file may extend the time available for a taxing authority to undertake an audit of your return or may extend the statute of limitations. All taxes owed are due by the original filing due date.

Our firm will not file these applications unless we receive your express authorization to do so. In some cases, your signature may be needed on such applications prior to filing or payment of tax due must be enclosed with the application. Failure to timely request an extension of time to file can result in penalties for failure to file tax returns, which accrue from the original due date of the returns, and can be substantial. Failure to pay the taxes due by the original due date will result in the assessment of interest and penalties, which also accrue from the original due date of the returns, and can be substantial.

### ***Disclosure of Tax Return Information***

Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution. Disclosure to a third party will not be made without your written consent using a Consent Form provided to you by our firm upon request.

If the tax returns prepared in connection with this engagement are filed using the married filing jointly filing status, both spouses are deemed to be clients of our firm under the terms of this Agreement. You each acknowledge that there is no expectation of privacy from the other concerning our services in connection with this engagement, and we are at liberty to share with either of you, without prior consent of the other, any and all documents and other information concerning the preparation of your returns. You also acknowledge that unless we are notified otherwise in advance and in writing, we may construe an instruction from either of you to be an instruction on your joint behalf. Absent a contrary written instruction in the future, from either or both of you, we will communicate with either or both of you at the address on your 2020 federal return.

Certain communications involving tax advice between you and our firm may be privileged and not subject to disclosure to the IRS. By disclosing the contents of these communications to anyone, or by turning over information about those communications to the government, you may be waiving this privilege. To protect this right to privileged communication, please consult with your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communications, you agree to provide us written, advance authority to make that disclosure.

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, if permitted, we will notify you of any requests prior to responding. You may, within the time permitted for our firm to respond to the request, initiate such legal action as you deem appropriate to protect information from discovery. Unless you promptly initiate such action after we notify you at your last known address, we will release the information requested. In the event you direct us not to make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney fees, court costs, outside adviser's costs, or penalties or fines imposed as a result of your asserting the privilege or your directions to us to assert the privilege.

In the event we are required to respond to a subpoena, court order or other legal process for the production of documents and/or testimony relative to information we obtained and/or prepared during the course of this engagement, you agree to compensate us at our hourly rates for the time we expend in connection with such response, and to reimburse us for all of our out-of-pocket costs incurred in that regard.

### ***Penalties and Interest Charges***

Federal, state, and local tax authorities impose various penalties and interest charges for non-compliance with tax laws and regulations, including, failure to file or late filing of returns, and underpayment of taxes. You, as the taxpayer, remain responsible for the payment of all tax, penalties, and interest charges imposed by tax authorities.

We rely on the accuracy and completeness of the information you provide to us in connection with the preparation of your tax returns. Failure to disclose or inadequate disclosure of income or tax positions may result in the imposition of penalties and interest charges.

The Internal Revenue Code and regulations impose preparation and disclosure standards with noncompliance penalties on both the preparer of a tax return and on the taxpayer. Unless we have a reasonable belief that any tax position in your return will be sustained on its merits, a preparer penalty will be imposed on us unless that position has a reasonable basis and is adequately disclosed in the return. And, while we might be able to avoid a preparer penalty by adequately disclosing a return position, you might not have to disclose the position in order to avoid applicable taxpayer penalties. If we determine that we would be subject to a preparer penalty by delivering your return to you, you agree to either adequately disclose that position on your return or change the position to one that would not subject us to penalty. If you do not choose to change your position or adequately disclose so as to eliminate, in our sole opinion, our exposure to the preparer penalty, we, in our sole discretion and at any time, may withdraw from the engagement without completing or delivering tax returns to you. Such withdrawal will complete our engagement, and you will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenses through the date of our withdrawal.

### ***Professional Fees***

Our fees for tax services will be based upon complexity of the work to be performed, our professional time to complete the work, and on the availability, quality and completeness of your records. We also bill for any out-of-pocket expenses incurred on this engagement, including computer processing charges, and delivery charges. Hourly rates vary from \$120 to \$250 per hour depending on the individual providing the services. We reserve the right to increase or decrease our fees based on the value of the services rendered. All invoices are due and payable upon presentation unless you make other agreed upon arrangements. There will be a late charge of \$30 plus 1.5% per month (18% APR) added to all fees paid more than 30 days from the date of billing. Should it become necessary for our firm to incur attorney's or other collection agency fees in order to collect on your unpaid invoice, you will be responsible for reimbursing us for our costs of collection, including attorney fees.

Additional copies of the tax returns will be provided upon request. The fee is \$25 per tax year.

If we elect to terminate our services for non-payment or for any other reason provided for in this letter, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed your return. You will be obligated to compensate us for all time expended, and to reimburse us for all of our out-of-pocket costs incurred on your behalf.

Any litigation arising out of this engagement, except actions by us to enforce payment of our professional invoices, must be filed within one year from the completion of the engagement, notwithstanding any statutory provision to the contrary. In the event of litigation brought against us, any judgment you obtain shall be limited in amount, and shall not exceed the amount of the fee charged by us, and paid by you, for the services set forth in this engagement letter. Our liability for all claims, damages and costs arising from this engagement is limited to the total amount of fees paid to us by you for the services rendered under this agreement.

In the event that we become obligated to pay any judgment or similar award, you agree to pay any amount in settlement, and/or incur any costs as a result of any inaccurate or incomplete information that you provide to us during the course of this engagement, you agree to indemnify us, defend us, and hold us harmless as against such obligations, agreements and/or costs.

This engagement letter is contractual in nature, and includes all of the relevant terms that will govern the engagement for which it has been prepared. The terms of this letter supersede any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the term set forth in this letter will only become effective if evidenced by a written amendment to this letter, signed by all of the parties.

If the tax services and terms outlined are in accordance with your understanding of our engagement, **please sign this letter on the line below designated for your signature and return the original of this executed letter with a completed copy of the enclosed Tax Organizer and your supporting documentation. You should keep a copy of this letter and your completed Tax Organizer for your records.**

If this firm does not receive from you the original of this letter, in fully executed form, but receives from you a completed copy of the enclosed Organizer and/or supporting documentation, then such receipt by this office shall be deemed to evidence your acceptance of all of the terms set forth above. If however, this office receives from you no response to this letter, then this office will not proceed to provide you with any professional services and will not prepare your income tax returns.

**Please return the Tax Organizer, even if you did not complete it. It is helpful to us for organizing your information and determining if anything is missing.**

We want to express our appreciation for this opportunity to be of service to you.

To:  
Jennifer A. Jones, CPA, Ltd.  
10615 Judicial Drive, Suite 701  
Fairfax, VA 22030  
703-352-1587

From:

Name:

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

The foregoing is in accordance with my understanding of your engagement to provide tax services for the 2020 federal, resident state income tax returns. Should it be determined that there are filing requirements for non-resident state returns, Form 709 U.S. Gift Tax Return(s), Form 8938, Statement of Specified Foreign Assets, and/or FinCEN Form 114, Report of Foreign Bank and Financial Accounts, that this engagement will include these filing requirements upon express, mutual agreement. The terms described in this letter are acceptable and are hereby agreed to.

AGREED TO AND ACCEPTED BY:

***Jennifer A. Jones, C.P.A.***

Jennifer A. Jones, CPA, President

For: Jennifer A. Jones, CPA, Ltd.

(Both spouses must sign for the preparation of a joint return)

Accepted By:

Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Accepted By:

Spouse, if applicable \_\_\_\_\_ Date \_\_\_\_\_



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**Tax Return Appointment**

Telephone number:  
 Fax number:  
 E-mail address:

Date:  
 Time:  
 Location:

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

**CLIENT INFORMATION**

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

**Filing Status**

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

Please add, change or delete information for 2020.

CLIENT INFORMATION

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

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>
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Please add, change or delete information for 2020.

**DEPENDENTS**

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



2020

1040

US

## Miscellaneous Questions

**DIRECT DEPOSIT OF TAX REFUNDS OR ELECTRONIC PAYMENT OF TAX DUE**

Yes No

If you have an overpayment of taxes for 2020, do you want your refund directly deposited to one or more financial accounts (checking, savings, and/or retirement)? **If so, please complete, verify or update form 3, 6 regarding the bank name, routing number, account number, type of account and allocation of refund per account** .If you make estimated tax payments and want the overpayment applied to your 2021 estimated tax, please answer this question no, and see ESTIMATED TAXES below.

If you have a balance due on your federal or state returns for 2020, do you want to make an electronic payment by having your bank account directly debited on the due date for this balance due? **If so, please complete, verify or update form 3, 6 regarding the bank name, routing number, account number, type of account and allocation of refund per account** .

**ESTIMATED TAXES**

Yes No

Did you apply an overpayment of 2019 taxes to your 2020 estimated tax (instead of being refunded)?

If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)?

Do you expect your 2021 taxable income and withholdings to be different from 2020? If so, please indicate anticipated changes on Form 7.1.

**PERSONAL INFORMATION**

Yes No

Did your marital status change during 2020? If so, please indicate the change on Form 1.

Did your address change during 2020? If so, please be sure to show the change on Form 1. If you moved to a different state, please indicate the date your state of residency changed here:\_\_\_\_\_. Most Part-Year state income tax returns require that all items of income and deductions be allocated to the state of residency when the income was received or the deduction was paid.

Could you be claimed as a dependent on another person's tax return for 2020?

Did your e-mail address or telephone number(s) change since 2019? If so, please indicate the new address or number on Form 1 p2.

Has IRS or your State issued you an Identity Theft PIN? If so, please provide the PIN(s) and a copy of the letter. For more information on how to protect your identity and data, go to <https://www.irs.gov/identity-theft-central> or <https://www.irs.gov/newsroom/taxpayer-guide-to-identity-theft>

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Questions</b>
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**DEPENDENTS**

Yes      No

- Were there any changes in dependents during 2020? If so, please show changes on Form 2.
- Do you help support someone who may qualify as a dependent, e.g. a child, parent, other family member, or an unrelated party, but you are not sure if you can claim them as a dependent? If so, please provide information about the person on Form 2; the support that you provide; the amount and source of any income they have; and the amount of support provided by others, if any.
- Did you have a child under 19 or a full-time student under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200, or his earned income is less than or equal to half of his support? If so, that child may be subject to the Kiddie Tax. Please provide documentation regarding income and complete Form 44. (Support includes the amount spent for food, lodging, clothing, education, medical, dental, recreation, transportation and other necessities.)
- If you are a noncustodial parent claiming a dependency exemption, have you enclosed a copy of the signed Form 8332 for attachment to your return?

**CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (CARES ACT)**

- Did you receive any economic impact (Stimulus) payments? If so, how much were the payments? #1 \_\_\_\_\_ #2 \_\_\_\_\_
- Did your business have any PPP loan amounts forgiven in 2020 or 2021? If so, how much and what date? \_\_\_\_\_
- Did you receive a distribution from your retirement plan because of COVID-19 in 2020? If so, how much? \_\_\_\_\_
- Was the distribution made to a "qualified individual" as defined by the CARES Act who meets at least one condition described below? If so, please initial here  
 \_\_\_\_\_

I certify that I meet at least one of the following conditions: (1) I was diagnosed with the virus SARS-CoV-2 or with coronavirus disease 2019 (referred to collectively as COVID-19) by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act); (2) my spouse or my dependent was diagnosed with COVID-19 by a test approved by the Centers for Disease Control and Prevention (including a test authorized under the Federal Food, Drug, and Cosmetic Act); or (3) I have experienced adverse financial consequences because: (i) I, my spouse, or a member of my household was quarantined, furloughed or laid off, or had work hours reduced due to COVID-19; (ii) I, my spouse, or a member of my household was unable to work due to lack of childcare due to COVID-19; (iii) a business owned or operated by me, my spouse, or a member of my household closed or reduced hours due to COVID-19; or (iv) I, my spouse, or a member of my household

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had a reduction in pay (or self-employment income) due to COVID-19 or had a job offer rescinded or start date for a job delayed due to COVID-19.

Do you want to report this distribution as income ratably over three (3) years (2020 - 2022)?

Has any of this distribution been recontributed? If so, how much and when?  
\_\_\_\_\_

**INCOME**

Yes    No

At any time during 2020, did you receive, sell, send, exchange or otherwise acquire or dispose of any financial interest in any virtual currency, such as Bitcoin? If so, please provide a description of the transaction here. Use Form 17 to provide the information regarding any sale during 2020. If you received virtual currency in payment of services, please provide details on Form 14.1, Form 16 or here.

Did you receive any bartering income? If so, please describe and indicate value of goods or services received on Form 14.1.

Did you receive unreported tip income of \$20 or more in any month? If so, please provide amount of unreported tip income here. \_\_\_\_\_

Did you start a business, including any side-gigs, operate a farm, or purchase rental or royalty property? If so, please complete Form(s) 16, 18, 19, 20, and/or 22, as applicable.

Did you have any earned income, e.g. wages or self-employment income, while physically present and working in a state other than your state of residency? If the income is only wage income earned in a state with reciprocity, then you can answer the question "no". If you don't know if there is reciprocity for the wage income or have other earned income in another state, attach a statement with a description of the circumstances, the number of days worked in each state by state, and if self-employment income, the amount of gross income by state.

Did you have any other income taxable in a state other than your state of residency? Examples include Partnership or Sub-Chapter S income for a business operating in other states, gambling income from casinos in WV or NJ, and rental income on vacation homes in other states. If so, please be sure that this state is identified in this Tax Organizer, on the Schedule K-1 or Form 1099.

**PASS-THRU ENTITIES AND QUALIFIED BUSINESS INCOME DEDUCTION**

Yes    No

Did you have income from a sole proprietorship or pass-through entity such as a partnership, Sub-chapter S corporation or trust?



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Was this income from a specified service trade or business (SSTB)? A specified service trade or business provides services in the field of health; law; accounting; actuarial science; performing arts; consulting; athletics; financial services; brokerage services; investing and investment management trading; dealing in securities, partnership interests or commodities; or any business whose principal asset is the reputation or skill of one of its owners or employees. If you are not sure, please describe the business services here.

**PURCHASES, SALES AND DEBT CANCELLATION**

Yes    No

Did you sell any stocks, bonds or other investment property in 2020? Form 17 indicates the information required to report these sales. Please provide the Form 1099-B and any supplemental report and the Realized Gains and Losses report from your broker. If any cost basis information is missing, please be sure to provide the missing details. If any bonds were sold that were purchased at a cost other than face value, please provide the purchase Trade Confirmation showing the premium paid or discount received at the time of purchase.

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use, or business assets to personal use? If so, please complete Form 22 or 22 p2.

Did you have any debts cancelled or forgiven? If so, please provide Form 1099-C or other documentation.

Did anyone owe you money which had become uncollectible, other than in the course of your trade or business? If so, please provide information regarding name; relationship; amount, terms, and date of loan; and the collection actions taken.

Did you make loans to/from family members, pass-thru entities or closely-held corporations in excess of \$10,000 in the aggregate? If interest was not paid on the loan, please provide details of the loan and its terms.

**SCHEDULE K-1**

Yes    No

Did you acquire \_\_\_\_\_ or dispose \_\_\_\_\_ of an interest in an Estate \_\_\_\_\_, Trust \_\_\_\_\_, Partnership \_\_\_\_\_ or Sub-Chapter S Corporation \_\_\_\_\_? If so, please be sure to include the complete Schedule K-1 and other documents that you received and any documentation regarding your basis.

Have you received all of your Schedules K-1? If not, please forward the Tax Organizer and other tax documentation as soon as you have those items ready, and send the missing Schedule(s) K-1 as soon as it/they arrive.

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**RENTAL OF VACATION HOMES AND OTHER RENTAL PROPERTIES**

Yes No

Do you have a rental property that was used by you, another owner, any of your family members or the other owner's family members, or by anyone not paying full rental value? If so, this is considered personal use. Please complete the VACATION HOME section on Form 18 p2 with the number of days of personal use and number of days rented at fair market rent. (Personal use does not include any day that you spend working substantially full-time repairing or maintaining (not improving) the property. However, if you donate the use of the property to a charity, this is also considered personal use.) Also, please indicate here the total number of days the property was rented at full rental value \_\_\_\_\_; the number of days of personal use \_\_\_\_\_; number of days you spent working substantially full time repairing and maintaining (not improving) the property \_\_\_\_\_.

Was the average rental period during 2020 seven (7) days or less, e.g. a resort area property rented by the week? If you are not sure, please provide a history of the rental periods during 2020. If you use a management company, this is typically included in their reports to you. Please provide the management company's year-end report.

Have you verified that you are in compliance with all local licensing, personal property reporting requirements and sales tax laws?

Did you maintain contemporaneous records, including time reports, logs or similar documents, regarding the following (i) hours of all services performed; (ii) description of all services performed; (iii) dates on which such services were performed; and (iv) who performed the services, and these records indicate at least 250 hours were spent on rental services during 2020?

Did you issue 1099-MISC forms to non-corporate vendors and corporate or non-corporate attorneys that provided services to your rental activity and were paid \$600 or more by cash or check during 2020?

**PENSIONS, IRAs AND RETIREMENT PLANS**

Yes No

Did you or your spouse receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? Please enclose the related 2020 Form(s) 1099-R.

If you or your spouse reached 70 1/2 before January 1, 2020, and have a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.), was a Required Minimum Distribution received in 2020 even though the requirement was waived?

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| <input type="checkbox"/> | <input type="checkbox"/> | If you or your spouse are over 70 1/2 years old and have a Traditional IRA, Rollover IRA, Inherited IRA, SEP-IRA (inactive plans only), and SIMPLE-IRA (inactive plans only), did you make any Qualified Charitable Distributions directly from the IRA to a charity after turning 70 1/2 years old? |
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| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA during 2020? If so, please provide the Form(s) 1099-R, and complete Forms 10, 13.1 and 24. |
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| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse receive a distribution from a retirement plan that was subsequently rolled over into another retirement account within 60 days of receiving the distribution or by August 31st? If so, please provide documentation regarding the date of distribution and date the roll-over was completed. |
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| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make more than one rollover during 2020? If so, please provide the account statements for all accounts involved. |
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| <input type="checkbox"/> | <input type="checkbox"/> | Have you or your spouse made, or will you or your spouse be making a contribution to a Traditional or Roth IRA for 2020? If so, please be sure to complete Form 24 regarding the contribution amount you have or will be making. If you need more information to make this determination, make a note on Form 24 that you want us to call you to discuss your options and the tax consequences. |
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| <input type="checkbox"/> | <input type="checkbox"/> | Will you or your spouse make a contribution to a retirement plan (401(k), SEP, SIMPLE, or Qualified Plan) based on self-employment income? If so, please be sure to complete Form 24 regarding the contribution amounts and dates. If you need more information to make this determination, make a note on Form 24 that you want us to call you to discuss your options and the tax consequences. |
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| <input type="checkbox"/> | <input type="checkbox"/> | Do you and/or your spouse have a one-participant retirement plan with a fair market value of \$250,000 or more as of the end of 2020, or did you establish or terminate a one-participant plan during 2020? If so, a Form 5500-SF or 5500-EZ is required to be filed by July 31st. Please let us know if you need our assistance with this filing requirement. This type of retirement plan is different from an IRA, SIMPLE or SEP Plan, and may be called a Keogh Plan, Money Purchase Pension Plan, Profit Sharing Plan, Solo 401(k), Individual 401(k). |
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**HOMES**

Yes      No

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| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase your principal residence or any other home in 2020? If so, please enclose a copy of the HUD-1 Settlement Statement or Closing Disclosure form. |
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| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell your principal residence or any other home in 2020? If so, please enclose the HUD-1 Settlement Statement or Closing Disclosure form. Please complete Forms 17 and 27; provide the HUD-1 Settlement Statement or Closing Disclosure form for the purchase of the home; and provide a copy of the Form 2119 filed for your prior home sale, if its gain was rolled over into this home's purchase. |
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| <input type="checkbox"/> | <input type="checkbox"/> | Did you claim the first-time homebuyer tax credit in 2008 which is subject to a 15-year repayment schedule starting in 2010? If yes, please provide a copy of your 2008 Form 5405, showing the amount of the credit claimed, and the previous Forms 5405 showing the amounts of the credit repaid, if we did not prepare the return(s). |
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| <input type="checkbox"/> | <input type="checkbox"/> | Are your principal and second home mortgages more than \$750,000 (if taken out after 12-15-17) or \$1,000,000 (if taken out prior to 12-16-17)? |
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| <input type="checkbox"/> | <input type="checkbox"/> | During 2020, did you refinance or take out a home equity loan on your principal or other home? If so, please enclose the HUD-1 Settlement Statement or the Closing Disclosure form and an explanation of the use of the funds. What was the term of the new mortgage: ____ 15 years, ____ 30 years, ____ Other (Please check applicable term, if Other, please indicate number of years). |
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| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever refinanced your principal home or second home and used the proceeds for any purpose other than to refinance qualified acquisition debt or to pay for home improvements? If so, please provide the details and documentation. Form 25, pg 5 indicates the information needed for these calculations. |
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| <input type="checkbox"/> | <input type="checkbox"/> | During 2020, was your home rented out for more than 14 days or used for business? If so, please complete Form 29. |
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| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases to your principal residence? The Residential Renewable Energy Credit applies to solar energy systems (e.g. panels and water heaters), wind turbines, geothermal heat pumps, and fuel cells. The Nonbusiness Energy Property Credit applies to qualified energy property that meets certain performance and quality standards, and includes items such as insulation, exterior doors and windows, heat pumps, furnaces, air conditioners, and water heaters. If so, please provide the invoices and manufacturer's certification documents. |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**EDUCATION**

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| Yes                      | No                       |                                                                                                                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? If so, please enclose the Form 1099-Q and complete Forms 14.3 and 38.              |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? If so, please be sure to complete Form 38. |

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Did you make a contribution to a 529 Plan during 2020? If so, please provide a copy of the year-end statement showing the contract number, contribution amount, owner of the account, and beneficiary of the account. Please indicate the state sponsoring the 529 Plan \_\_\_\_\_

**PREMIUM TAX CREDITS**

Yes No

Did you receive an Advance Payment of the Premium Tax Credit during 2020, reducing your monthly premiums for a policy purchased on the Health Insurance Marketplace? If you did, you have a requirement to file a return, regardless of your income level, and to reconcile the Advance Payment with the Premium Tax Credit (PTC). Should your Advance Payment exceed your PTC, the excess must be repaid on your income tax return. Any excess PTC over your Advance Payment will result in a refundable credit on your federal return.

**MEDICAL**

Yes No

Did you pay any premiums for long-term care insurance and are you a Virginia resident? If so, please complete Form 25 even if you do not itemize your deductions. If each spouse has a policy, be sure to provide the amount paid for each spouse separately.

Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) for 2020? (An HSA is connected to a high deductible health insurance plan (HDHP) and is NOT the same as a Flexible Spending Account.) If so, please complete Form 32.1.

Did you receive an HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary? If so, please complete Form 32.1. Please be sure to indicate the amount of the HSA distributed funds used to pay for qualified medical expenses.

Were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? If so, please be sure to include documentation and details.

**CHARITABLE CONTRIBUTIONS**

Yes No

Do you have a bank record or a written confirmation from the donee, showing the name of the organization, contributions date(s) and the contribution amount(s) for all cash, check or credit card charitable contributions that you have included in this Organizer? Please do NOT include any unsubstantiated donations in this Tax Organizer. These donations are **not tax deductible**. You must have a bank record or confirmation on all donations regardless of the amount. **Cash donations of up to \$300 are deductible regardless of whether you itemize your deductions or not, but the documentation rules still apply.**

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Do you have a Letter of Acknowledgement for every donation of \$250 or more? In addition to your bank record or a written confirmation, you must also have a Letter of Acknowledgement from the charitable organization showing the name of the organization; contributions date(s) and the contribution amount(s); description (but not the value) of non-cash donations; a description and good faith estimate of the value of the goods or services, if any, that were provided in return for the donation; and a statement that no goods or services were provided in return for the donation, or that the goods or services, if any, that were provided by the organization consisted entirely of intangible religious benefits, if that was the case. Without a properly prepared Letter of Acknowledgement, the donation is not deductible. **Please enclose a copy of your Letter(s) of Acknowledgement**

Did you or your spouse make any Qualified Charitable Distributions from a Traditional IRA, Rollover IRA, Inherited IRA, SEP-IRA (inactive plans only), and SIMPLE-IRA (inactive plans only)? A Letter of Acknowledgement is required if the donation was \$250 or more. **Please enclose a copy of your Letter(s) of Acknowledgement**

For your non-cash donations, e.g. clothes and household items, have you kept a detailed list of the items donated, their condition, their estimated cost at time of acquisition, and their value at the time of the donation? It is your responsibility to value the donation. There are websites like Valuation Guide for Goodwill Donors and The Salvation Army Donation Value Guide to help your determine the value of the items at the time of the donation.

Do you have any out-of-pocket volunteer expenses related to providing services to a charity or use your car for charitable purposes? You need a bank record or other substantiation for the out-of-pocket expense. If any item is \$250 or more, you need the Letter of Acknowledgement as indicated above. You need a detailed, contemporaneous mileage log for the use of your car, including details of the purpose of the trip, destination location and contact, mileage, and the name of the charitable organization. If so, please complete applicable lines on Form 25 p2, and provide a copy of your documentation.

**FOREIGN INCOME, TAXES AND ACCOUNTS**

Yes    No

Did you have any foreign income or pay any foreign taxes? Be sure to provide any related 1099s or other documentation. If you are eligible for the Foreign Income Exclusion, please complete Form 31.1, Form 31.1 p2 and Form 31.2.

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

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Did you have an interest in or signature or other authority over any foreign assets or financial accounts in a foreign country, such as a bank account, securities account, or any other financial account? If so, and there was over \$10,000 in the account, please provide a copy of a statement showing the name and address of the financial institution, the account number and the maximum value of the account during 2020 in U.S. dollars. Please also provide the names of the owner(s) of the account, the name of the foreign currency \_\_\_\_\_ and its U.S. Treasury Financial Management Service exchange rate on December 31, 2020, \_\_\_\_\_ to \$1.00 U.S. If the foreign asset was acquired or disposed of during 2020, please provide the date \_\_\_\_\_.

**MISCELLANEOUS**

Yes No

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

May the IRS discuss your tax return with your tax preparer?

Were you notified or audited by either the Internal Revenue Service or the State taxing agency? If so, please include a copy of the notice, information regarding resolution, and other related documents.

Did you engage the services of any household employees? If so, please complete Form 42 and provide a copy of the W-2 Form(s).

If you have income from self-employment, have you verified that you are in compliance with local and state business licensing, zoning regulations, and registration requirements? Generally, each jurisdiction in which you work, e.g. city, county and state, will have licensing requirements and personal property tax filing requirements.

If you have income from self-employment or a rental activity treated as a trade or business, have you verified that you are in compliance with Form 1099 filing requirements? Generally, a non-corporate recipient that was paid \$600 or more for services in the course of these activities must be issued a 1099-MISC. Payments to an attorney or medical service provider in the course of these activities are also reportable even if the recipient is a corporation.

**CONSUMER USE TAX LIABILITY**

Did you make any out-of-state purchases, such as a buying something on the internet or through a mail order catalog, and did not pay sales tax? Most online retailers collect state sales tax, but if you order from a company that doesn't, you need to pay consumer use tax. If you bought something in another state that does not charge sales tax, but brought the items back to your home, you owe consumer use to your state of residency. If you owe any consumer use tax, please indicate the cost of the items purchased subject to this tax. \$\_\_\_\_\_

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**Miscellaneous Questions****TAX RELIEF FOR FEDERALLY DECLARED DISASTER AREA VICTIMS**

Yes No

Did you incur a loss on any property located in a federally declared disaster area? If so, your loss may be deductible. If not, it is not deductible.

Did the loss exceed \$500? If so, please provide the date of the occurrence, documentation regarding the loss, the value of the loss, and the amount of any insurance or FEMA proceeds received.

Did you receive any payments in 2020 due to the disaster? (These payments may or may not be taxable.) If so, please describe, e.g. source of payment, how funds were used, etc.

**GIFT TAX RETURN REQUIREMENT**

Yes No

During 2020, did you or your spouse make any gifts to an individual or a trust, or make contributions to a 529 plan, that total more than \$15,000? If so, a gift tax return may be required. Please provide documentation and information regarding the gift(s), including the date(s) of the gift(s), value of the gift(s), the recipient's name, address, SSN, and relationship to you. For planning purposes, in 2021 the Gift Tax Exclusion will be \$15,000 per recipient/person.

**GIFT, ESTATE AND FINANCIAL PLANNING**

Although not required for the preparation of your income tax return(s), now is a good time to review related estate and financial planning matters.

In general, you should review your estate plan at least every five years. You should also consider if changes are needed to your plan documents at other times, such as when there is a death, disability, divorce, marriage, the birth or adoption of a child, a serious illness of a beneficiary or named fiduciary, a substantial increase or decrease in the size of your estate, the purchase or sale of a business, significant gifting or lending of money to a child, change of residence, or the purchase of real estate in another jurisdiction. Changes in the tax laws may also necessitate that you revisit your estate plan.

If you answer no to any of the following questions; if there have been any changes in your marital status or family members; or if it has been more than five years since your estate plan has been reviewed, you may want to consider reviewing your current estate and financial plans and/or updating your documents.

Yes No

Do you and your spouse, if married, each have a will? If so, when was it last reviewed? Year \_\_\_\_\_

Have you or your spouse, if married, established a revocable trust?



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- If you have a trust, have the titles to the trust's assets been reviewed to insure that the trust has been properly funded and hold those assets that you want subject to the terms of the trust?
- Have the titles to your assets been reviewed to insure that their disposition will be in compliance with your wishes? The manner in which your assets are held determine whether or not they are subject to the terms of your will (and subject to probate), subject to the terms of your trust, or pass directly to another party. Joint tenancy, beneficiary designations, Payable on Death (POD) and Transfer on Death (TOD) designations will override any instructions in your will or trust documents.
- Do you and your spouse, if married, have Durable Powers of Attorney, Medical Directives, Living Wills, and Medical Powers of Attorney? When were these documents last reviewed? Year \_\_\_\_\_
- Do your doctors and the people named in these documents have ready access to them and have you discussed the provisions with them? A power of attorney for health care, similar to a power of attorney for property, allows you to name an agent who has the authority to make health care decisions on your behalf, up to and including the end-of-life decisions. A living will is meant to supplement the power of attorney for health care by allowing you to specify your end-of-life decisions for life sustaining treatment in writing, which then acts as a directive to your physician on what treatment you do, or don't, want performed.
- Have you made provisions in your Durable Power of Attorney and estate documents for your representative, successor trustee or executor to have access to your electronic accounts and passwords?
- Have you kept and maintained a comprehensive inventory of digital assets/online accounts and how to access each asset/account? Some examples of electronic accounts include financial accounts (e.g., online banking, epay, Paypal, eTrade, brokerage accounts), social media accounts (e.g., Facebook, Twitter, LinkedIn, Snapchat), data stored in a "cloud" (e.g., Google Drive, Dropbox), online gaming and gambling accounts (e.g., World of Warcraft, PokerStars), online media (e.g., Amazon Kindle e-books, Google Photos, iTunes songs and movies), blogs, online loyalty and rewards program benefits, domain names, online businesses, and even digital wallets. For more info on methods to best handle digital assets, see <http://www.vsb.org/site/sections/trustsandestates/summer2016a>
- Have you used an online tool to direct the custodian of the digital asset to disclose to a designated recipient some or all of your digital asset? The use of an online tool overrides any contrary information provided in a will, trust, power of attorney or other record.
- If an online tool is not available, have you provided the proper authorization using the required language under the Uniform Fiduciary Access to Digital Assets Act to permit a designated recipient access to the digital asset?

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- Have you used an online tool for password storage and online afterlife companies (such as PasswordBox, SecureSafe, Entrust, or LastPass) that may allow one to name a digital executor?
- Do you have a hard copy of your passwords in a secure place for your representative, successor trustee or executor to have access to your electronic accounts and passwords?
- Do you have a backup of your digital assets (such as photos and videos) on a portable, encrypted hard-drive and provided access instructions? Have you stored the hard-drive in a secure location with other estate planning documents.
- Have you reviewed and updated the named beneficiaries on your and your spouse's, if married, life insurance policies, IRAs, and pensions to insure that the funds will go the proper person(s) or entity? This is especially important after a major life event like a marriage, divorce, death, or birth.
- If someone other than your current spouse is the beneficiary of your account in your employer's retirement plan, has your current spouse completed the plan's required spousal consent documents to confirm this?
- If you have any minor children, have you named a guardian for the minor children?
- If you have any minor children, have you named a custodian to manage or made other provisions for the management of their financial assets?
- Is all of the real estate you own located only in your state of residency?
- If you or your spouse own real estate that is located in a state other than your state of residency, have you set up a revocable trust or other means for this real estate to avoid an ancillary probate process in that state?
- If you or your spouse are approaching your 65th birthday, have you applied for Medicare Part A, B and D, or Part C? Individuals already receiving Social Security benefits are automatically enrolled in Medicare Part A and Part B in the month they turn age 65. Individuals who are close to age 65 and not receiving Social Security benefits must apply for Medicare Parts A and B by contacting the Social Security Administration. Parts C and D are private plans run by insurance companies and you must contact the insurance company for these benefits. **Individuals who do not enroll in Parts A, B, C or D when they are originally eligible at age 65 may be subject to significant penalties. Generally, your initial enrollment period extends from three months before the month of your 65th birthday to three months after the month of your 65th birthday. This applies regardless of your full-retirement age. An exception to this rule is if you or your spouse is currently employed, participating in that employer's group health insurance program, and that employer's plan covers at least 20 employees. If you and/or your spouse meet this exception to the general rule because your and/or your spouse have coverage based on current employment, you need to sign up for Medicare during a Special Enrollment Period. This Special Enrollment**

**2020****1040****US****Miscellaneous Questions**

Period is the eight-month period that starts the month after employment ends or the month after the group health insurance based on current employment ends. COBRA and retiree health plans are NOT considered coverage based on current employment.

Thank you for answering these questions! We know that this was a lot of work, but your answers will help us to focus on those tax issues unique to your situation, and we appreciate the time you took to address these items. If the last section regarding Gift, Estate and Financial Planning raised any concerns that you want to discuss, please let us know.

If your 2020 Tax Organizer does not contain a form that you need, you can simply call or email us and we will provide the blank form to you. Blank forms will also be accessible on our website at <http://www.jajonescpa.com/taxorganizers/2020taxorganizer.pdf>.

Please enter all pertinent 2020 information.

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

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

**BANK INFORMATION**

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

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

**Federal**

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

**State**

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

**1 Type of Account**

1 = Savings  
2 = Checking

**2 Type of Investment**

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

2020

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US

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

7.1

Please enter all pertinent 2020 information.

APPLICATION OF 2020 OVERPAYMENT (7.1)

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

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

2021 ESTIMATED TAX INFORMATION

Do you expect your 2021 taxable income to be different from 2020? ..... Yes  No   
If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2021 withholding to be different from 2020? ..... Yes  No   
If "yes" explain any differences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

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

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

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

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

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

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

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

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

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

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

**10, 13.1, 13.2**



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

**MISCELLANEOUS INCOME**

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

**TAX WITHHELD** (not entered elsewhere)

Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				



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

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

2020 1099-G Amount

No. <input style="width:40px;" type="text"/>	Name of payer .....		
	1=spouse .....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) .....		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2019 (Box 3) .....		
	Federal income tax withheld (Box 4) .....		
	RTAA payments (Box 5) .....		
	Taxable grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different .....		
	Farm amounts:		
Agriculture payments (Box 7) .....			
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9) .....			
Number of farm .....			
1=box 2 is trade or business income (Box 8) .....			
State income tax withheld (Box 11) .....			

No. <input style="width:40px;" type="text"/>	Name of payer .....		
	1=spouse .....		
	Unemployment compensation:		
	Total received (Box 1) .....		
	.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) .....		
	1=city or local income tax refund .....		
	Tax year for box 2 if not 2019 (Box 3) .....		
	Federal income tax withheld (Box 4) .....		
	RTAA payments (Box 5) .....		
	Taxable grants:		
	Federal taxable amount (Box 6) .....		
	State taxable amount, if different .....		
	Farm amounts:		
Agriculture payments (Box 7) .....			
1=agriculture payments are from conservation reserve program .....			
Market gain (Box 9) .....			
Number of farm .....			
1=box 2 is trade or business income (Box 8) .....			
State income tax withheld (Box 11) .....			

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Education Distributions (ESA's and QTP's)</b>	<b>14.3</b>
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Please enter all pertinent 2020 amounts and attach all 1099-Q forms.  
Enter qualified education expenses below that are not entered elsewhere.  
Last year's amounts are provided for your reference.

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

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

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>ABLE Distributions</b>	<b>14.4</b>
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**ABLE DISTRIBUTIONS / CONTRIBUTIONS**

		2020 Amount	2019 Amount
No. <input style="width: 50px;" type="text"/>	Name of payer or issuer .....		
	1=spouse .....		
	Distributions (1099-QA):		
	Gross distributions (1) .....		
	Earnings (2) .....		
	Basis (3) .....		
	1=program to program transfer (4) .....		
	1=ABLE account terminated (5) .....		
	1=recipient is not the designated beneficiary (6) .....		
	Qualified disability expenses paid .....		
	Amount excluded from 10% tax .....		
	Excess contributions:		
	Excess contributions withdrawn by due date of return .....		
Earnings on excess contributions .....			
No. <input style="width: 50px;" type="text"/>	Name of payer or issuer .....		
	1=spouse .....		
	Distributions (1099-QA):		
	Gross distributions (1) .....		
	Earnings (2) .....		
	Basis (3) .....		
	1=program to program transfer (4) .....		
	1=ABLE account terminated (5) .....		
	1=recipient is not the designated beneficiary (6) .....		
	Qualified disability expenses paid .....		
	Amount excluded from 10% tax .....		
	Excess contributions:		
	Excess contributions withdrawn by due date of return .....		
Earnings on excess contributions .....			
No. <input style="width: 50px;" type="text"/>	Name of payer or issuer .....		
	1=spouse .....		
	Distributions (1099-QA):		
	Gross distributions (1) .....		
	Earnings (2) .....		
	Basis (3) .....		
	1=program to program transfer (4) .....		
	1=ABLE account terminated (5) .....		
	1=recipient is not the designated beneficiary (6) .....		
	Qualified disability expenses paid .....		
	Amount excluded from 10% tax .....		
	Excess contributions:		
	Excess contributions withdrawn by due date of return .....		
Earnings on excess contributions .....			

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

**GENERAL INFORMATION**

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

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

**INCOME**

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

**COST OF GOODS SOLD**

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

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

EXPENSES

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

Other expenses:

_____		
_____		
_____		
_____		
_____		

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



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

PRIOR YEAR INSTALLMENT SALE

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

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

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

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

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

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

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

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Sale of Home &amp; Moving Expenses</b>	<b>17, 27</b>
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**If you sold your home or moved in 2020, please complete the information below.  
For the sale of home, please provide Form 1099-S and closing statements from  
the purchase and sale of your home.**

**SALE OF HOME (17)**

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

**Adjusted Basis**

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

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

_____	
_____	
_____	
Total expenses of sale .....	

**Reduced Exclusion**

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

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

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

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

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



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

**GENERAL INFORMATION**

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

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

**INCOME**

	2020 Amount	2019 Amount
Rents or royalties received .....		

**DIRECT EXPENSES**

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

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

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

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

GENERAL INFORMATION

Foreign region .....	
Foreign postal code .....	
Foreign country .....	

OIL AND GAS

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

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

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

INDIRECT EXPENSES

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

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

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

**GENERAL INFORMATION**

Principal product .....	<input style="width:90%;" type="text"/>
Employer ID number .....	<input style="width:90%;" type="text"/>

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

**FARM INCOME**

	2020 Amount	2019 Amount
<b>Cash method:</b>		
Sales of livestock and other resale items .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cost or basis of livestock or other resale items .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Sales of products raised .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<b>Accrual method:</b>		
Sales of livestock, produce, etc. ....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Beginning inventory of livestock, etc. ....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Cost of livestock, etc. purchased .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Ending inventory of livestock, etc. ....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<b>Other farm income:</b>		
Total cooperative distributions .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable cooperative distributions .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total agricultural program payments (other than CRP) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable agricultural program payments (other than CRP) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total conservation reserve program payments .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable conservation reserve program payments .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Commodity credit loans reported under election .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total commodity credit loans forfeited or repaid .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable commodity credit loans forfeited or repaid .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total crop insurance proceeds received in 2020 .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable crop insurance proceeds received in 2020 .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Taxable crop insurance proceeds deferred from 2019 .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Custom hire (machine work) income not included above .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>



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

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

**PARTNERSHIP INFORMATION (20.1)**

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

**S CORPORATION INFORMATION (20.2)**

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

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

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

**ESTATE OR TRUST INFORMATION (20.3)**

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

**REMIC INFORMATION (20.4)**

No.	Name of REMIC	Employer Identification Number

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







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

**GENERAL INFORMATION**

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

**AUTOMOBILE MILEAGE**

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

**ACTUAL EXPENSES**

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

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

**TRADITIONAL IRA CONTRIBUTIONS**

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

**ROTH IRA CONTRIBUTIONS**

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) .....				
Contributions made to date .....				

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

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Defined benefit contributions you expect to make .....				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) .....				
Plan contribution rate if not .25 (.xxxx) .....				
Individual 401k: SE elective deferrals (except Roth) (1=max.) .....				
Individual 401k: SE designated Roth contributions (1=max.) .....				
<b>SIMPLE contributions:</b>				
Self-employed SIMPLE contributions you made or expect to make (1=maximum) .....				
Employer matching rate if not .03 (.xxxx) .....				
1=nonelective contributions (2%) .....				
Contributions made to date .....				

**ADJUSTMENTS TO INCOME**

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
<b>Self-employed health insurance:</b>				
Total premiums (excluding long-term care) .....				
Long-term care premiums .....				
Student loan interest paid (1098-E, box 1) .....				
Educator expenses (kindergarten thru grade 12) .....				
Jury duty pay given to employer .....				
Expenses from rental of personal property .....				
Other adjustments to income:				
_____				
_____				
_____				

	Taxpayer		Spouse	
	2020	2019 amt:	2020	2019 amt:
<b>Alimony paid:</b>				
Date of divorce or sep. agreement .....				
Recipient's first name .....				
Recipient's last name .....				
Recipient's SSN .....				
Amount paid .....				

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

**MEDICAL AND DENTAL EXPENSES**

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

	2020 Amount	TS	2019 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer .....			
Long-term care premiums - spouse .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Medical miles driven .....			
Other medical and dental expenses:			
_____			
_____			
_____			

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

State income taxes - 1/20 payment on 2019 state estimate .....			
State income taxes - paid with 2019 state return extension .....			
State income taxes - paid with 2019 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/20 payment on 2019 city/local estimate .....			
City/local income taxes - paid with 2019 city/local extension .....			
City/local income taxes - paid with 2019 city/local return .....			

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items) .....			
Use taxes paid on 2020 purchases .....			
Use taxes paid with 2019 state return .....			
Sales tax on autos not included above .....			
Sales tax on boats, aircraft, other special items .....			

**OTHER TAXES PAID**

Real estate taxes - principal residence:			
_____			
_____			
Real estate taxes - held for investment :			
_____			
_____			
_____			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ...			
Foreign income taxes .....			
Other taxes:			
_____			

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

INTEREST PAID

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

2020 Amount

TS

2019 Amount

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

Home mortgage interest not reported on Form 1098:

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

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

Points not reported on Form 1098:

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

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

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

Investment interest (interest on margin accounts):

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Includes three rows for investment interest.

Passive interest . . . . .

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

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Includes three rows for cash or check contributions and two rows for volunteer expenses and charitable miles.

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

Contributions by cash or check:

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Includes three rows for cash or check contributions and two rows for volunteer expenses and charitable miles.

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

**NONCASH CONTRIBUTIONS**

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

50% limitation (see above):

_____
_____
_____

2020 Amount	TS	2019 Amount

30% limitation (see above):

_____
_____
_____


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

_____
_____
_____


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

_____
_____
_____


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

Union and professional dues .....

--	--	--

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

_____
_____
_____
_____


Investment expense:

_____
_____
_____
_____


Tax return preparation fee .....

Safe deposit box rental .....


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

_____
_____
_____
_____












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

**BUSINESS USE OF HOME**

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

**INDIRECT EXPENSES**

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

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

**DIRECT EXPENSES**

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

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

2020

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

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

**GENERAL INFORMATION**

Occupation, if different from Form 1040

Form

Number of form (1=first Schedule C, 2=second, etc.)

1=spouse

1=performance artist, 2=handicapped, 3=fee-basis government official

1=minister's expenses

**EMPLOYEE BUSINESS EXPENSES**

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

Other business expenses:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

VEHICLE INFORMATION

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

2020 Amount	2019 Amount

VEHICLE 1

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


Actual expenses:

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


VEHICLE 2

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


Actual expenses:

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


2020

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2020 information.

GENERAL INFORMATION

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

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

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

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

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

31.1

Please enter all pertinent 2020 information.

**TRAVEL INFORMATION**

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

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

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

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

Relationship	Period family lived abroad

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

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

Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)

Principal country of employment .....

**FOREIGN HOUSING EXPENSES**

	2020 Amount	2019 Amount
Qualified housing expenses .....	<input type="text"/>	<input type="text"/>

Location of housing expenses:	Qualifying days in location (multiple locations only)

**Travel Type**

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

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

**FOREIGN WAGES, SALARIES, TIPS**

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

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

**Noncash Income**

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

**Allowances and Reimbursements**

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

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

**Other Foreign Earned Income**


**2020 Days Worked Allocation Information**

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

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Health Savings Accounts (8889)</b>	<b>32.1</b>
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Please enter all pertinent 2020 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.

**HSA CONTRIBUTIONS**

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2020, a high deductible health plan is one with an annual deductible that is not less than \$1,350 for self-only coverage or \$2,700 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,750 for self-only coverage or \$13,500 for family coverage.

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

**HSA DISTRIBUTIONS**

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

	<b>32.1</b>
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Please enter all pertinent 2020 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

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

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

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

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

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

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

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

**ELIGIBLE CHILDREN**

2020 Amount

2019 Amount

No. <input style="width:40px;" type="text"/>	First name .....																								
	Last name .....																								
	Identification number .....																								
	Date of birth (m/d/y) .....																								
	1=born before 2003 and was disabled .....																								
	1=special needs child .....																								
	1=foreign child .....																								
	1=adoption was not final in 2020 .....																								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align:center;">Qualified Adoption Expenses Paid in</td> <td style="width:15%;">2019 for adoption not finalized by end of 2020</td> <td style="width:15%;"></td> <td style="width:15%;"></td> <td style="width:15%;"></td> </tr> <tr> <td></td> <td>Prior years for adoption of foreign child finalized in 2020</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>2019 and 2020 for adoption finalized in 2020</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>2020 for adoption finalized before 2020</td> <td></td> <td></td> <td></td> </tr> </table>	Qualified Adoption Expenses Paid in	2019 for adoption not finalized by end of 2020					Prior years for adoption of foreign child finalized in 2020					2019 and 2020 for adoption finalized in 2020					2020 for adoption finalized before 2020							
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	Last name .....																								
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**Please complete the information below if you paid qualified education expenses in 2020 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.**

**STUDENT INFORMATION**

1=taxpayer, 2=spouse .....

First name .....

Last name .....

Social security number .....

Number of years hope credit claimed .....

Number of prior years AOC claimed .....

1=student was NOT enrolled at least half-time for at least one academic period that began in 2020 (or the first 3 months of 2021 if the qualified expenses were made in 2020) at an eligible institution in a qualified program .....

1=student completed first four years of post-secondary education before 2020 .....

1=student was convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance .....


**EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name .....

Street address .....

City .....

State .....

ZIP code .....

1=2020 Form 1098-T was NOT received .....

1=2020 Form 1098 -T received with Box 2 & 7 completed .....

1=2019 Form 1098-T received with Box 2 & 7 completed .....

Federal ID number from Form 1098-T .....


**EDUCATIONAL INSTITUTION ATTENDED (#2)**

Name .....

Street address .....

City .....

State .....

ZIP code .....

1=2020 Form 1098-T was NOT received .....

1=2020 Form 1098 -T received with Box 2 & 7 completed .....

1=2019 Form 1098-T received with Box 2 & 7 completed .....

Federal ID number from Form 1098-T .....


**QUALIFIED EDUCATION EXPENSES**

Qualified tuition & fees paid in 2020 (net of refund or assistance, & not entered elsewhere) .....

Books & supplies required to be purchased from institution .....

Books & supplies not entered above .....

Amount of prior year refund or assistance \* .....

2020 Amount	2019 Amount

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

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

**HOUSEHOLD EMPLOYMENT TAXES**

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

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

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

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

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

**CHILD'S INFORMATION**

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

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

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

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

	2020 Amount	2019 Amount
Total ordinary dividends (Box 1a):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends (Box 1b) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total capital gain distributions (Box 2a):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Unrecaptured section 1250 gain (Box 2b) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Section 1202 gain (Box 2c) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Collectibles (28%) gain (Box 2d) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nontaxable distributions (Box 3) .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nominee distributions:		
Ordinary dividends .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Capital gain distributions .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Alaska permanent fund dividends included above .....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

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

**GENERAL INFORMATION**

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



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

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

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

**OTHER FOREIGN ASSETS (Part II)**

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

**1**

**Type of Entity**

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



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

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

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

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

Issuer or counterparty (#2):

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

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

Issuer or counterparty (#3):

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

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

Issuer or counterparty (#4):

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

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

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

