

2020	1040	US	Client Information	1
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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)

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Client Information (continued)

1 p2

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.....		

1 p2

<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.....			
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.....			
First name.....			This section shares the notes from the first section
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
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If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you and your dependents have health care coverage for the full-year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<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?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?

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	

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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>
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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					2019 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	2019 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			2019 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**





<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Income</b>	<b>14.1</b>
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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 .....				

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State & Local Tax Refunds / Unemployment Compensation

14.2

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 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 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) .....			

14.2

<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>Business Income (Schedule C)</b>	No. <input style="width:40px;" type="text"/>	<b>16</b>
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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 .....		

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Business Income (Schedule C) (cont.)

No.

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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.

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<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)

	<b>17, 27</b>
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Rental & Royalty Income (Schedule E)

No.

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

GENERAL INFORMATION

	2020 Amount	2019 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.

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Rental & Royalty Income (Sch. E) (cont.)

No.

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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:		
_____		
_____		
_____		
_____		
_____		

2020	1040	US	Partnership and S corporation Information	20.1,20.2
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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

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 amt:	2019 amt:	2020 amt:	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 .....				

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Itemized Deductions</b>	<b>25</b>
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**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:			
_____			

2020

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Itemized Deductions (continued)

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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 lines for home mortgage interest and points reported on Form 1098.

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. Row for Amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 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. Row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows for investment interest.

Passive interest:

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 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. Rows for cash or check contributions and volunteer expenses for churches, schools, hospitals, etc.

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. Rows for cash or check contributions and volunteer expenses for veterans' organizations, etc.

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Itemized Deductions (continued)

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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

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows for 50% limitation.

30% limitation (see above):

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows for 30% limitation.

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

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows for 30% capital gain property.

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

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows for 20% capital gain property.

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):

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows for other unreimbursed employee expenses.

Investment expense:

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows for investment expense.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 1 row for tax return preparation fee and safe deposit box rental.

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

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows for miscellaneous deductions.

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US

Business Use of Home (Form 8829)

No.

29

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:		
_____		
_____		
_____		

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</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 .....		

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US

Education Credits / Tuition Deduction

No.

38

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

Form with 10 rows and 2 columns, with a shaded area in the right column for rows 4-7.

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

Form with 10 rows and 2 columns, with a shaded area in the right column for rows 6-8.

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

Form with 10 rows and 2 columns, with a shaded area in the right column for rows 6-8.

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 \*

Table with 2 columns: 2020 Amount, 2019 Amount. 4 rows of data entry.

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



2020	1040	US	Client Information	1
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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)

2020

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US/CA

Client Information (continued)

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Please add, change or delete information for 2020.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone .....	
	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 .....	
CA State Information	Registered domestic partner filing status (see table) .....	
	1=PMB no. in address .....	
NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information.		

Daytime Phone

- 1 = Work
- 2 = Home
- 3 = Mobile

RDP Filing Status

- 1 = Not applicable
- 2 = Joint
- 3 = Separate

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<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.....			
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.....			
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.....			