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2020 TAX ORGANIZER

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

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

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

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

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2020 TAX ORGANIZER

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

Taxpayer Signature	Date
Spouse Signature	Date

Mail Sheet: Send to Taxpayer

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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

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

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

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

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

PRIVACY POLICY

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

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

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

PARTIES TO WHOM WE DISCLOSE INFORMATION

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

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

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

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

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Personal Information

Taxpayer:

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

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

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

Driver's License State-Issued ID No Identification

Spouse:

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

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

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

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

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

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

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

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

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

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

Are you considered legally blind per IRS regulations? Yes No

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

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

Personal Identification Numbers:

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

TS	State	City	Code	PIN

Tax Organizer Legend:

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

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

Forms 1, 1A and 2



Personal Information

Taxpayer:

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

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

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

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

Spouse:

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

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

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

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

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

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

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

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

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

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

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

Are you considered legally blind per IRS regulations? Yes No

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

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

Personal Identification Numbers:

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

TS	State	City	Code	PIN

Tax Organizer Legend:

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

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

Forms 1, 1A and 2



Dependents and Wages

Dependent Information:

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

Did dependent have income over \$4,300?



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

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

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

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

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

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

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



2020

Dependents

3A

Dependent Information:

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

Did dependent have income over \$4,300?



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

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

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

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



Electronic Filing

Electronic Filing:

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

Do not electronically file the federal return

Do not electronically file the state return(s)

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

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

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

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

Taxpayer PIN _____

Spouse PIN _____



Electronic Filing

Electronic Filing:

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

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

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

If you qualify for electronic filing, would you like to file the return electronically with the IRS?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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

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

Would you like to use a randomly generated PIN?

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

Taxpayer

Spouse

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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

Taxpayer PIN _____

Spouse PIN _____



Electronic Filing

Electronic Filing:

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

Opt-Out Statement:

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

Taxpayer signature: _____ Date: _____

Spouse signature: _____ Date: _____

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

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

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

Taxpayer PIN _____

Spouse PIN _____



Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

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

Would you like any refunds owed to you directly deposited?	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No		
Yes	No				
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No		
Yes	No				
If Yes, what amount would you like withdrawn, if not the entire balance due? _____					
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)					
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
If Yes, what amount would you like withdrawn, if not the entire balance due? _____					
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)					
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.					
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal?	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

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

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

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

Would you like any refunds owed to you directly deposited?	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No		
Yes	No				
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td> </td><td> </td></tr></table>	Yes	No		
Yes	No				
If Yes, what amount would you like withdrawn, if not the entire balance due? _____					
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)					
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
If Yes, what amount would you like withdrawn, if not the entire balance due? _____					
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)					
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.					
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal?	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

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

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

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



U.S. Series I Savings Bonds Purchase

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

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

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

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

Joint:

Co-owner name _____
Beneficiary name _____

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

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

Taxpayer:

Co-owner name _____
Beneficiary name _____

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

Spouse:

Co-owner name _____
Beneficiary name _____

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

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name _____
Co-owner name _____
Beneficiary name _____

Amount of purchase

Taxpayer name _____
Co-owner name _____
Beneficiary name _____

Amount of purchase



Interest Income

Interest Information:

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

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

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2019 Interest Amount
Total						

Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2020 Interest Amount	2019 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

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



Dividend Income

5B

Dividend Information:

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

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

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

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

Enter Any Additional Information:

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



Interest Income and Foreign Information

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

Interest Income:

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

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

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

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

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

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

Foreign Taxes Paid or Accrued:

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

Additional State Information:

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

Foreign Bank Accounts and Trusts:

At any time during 2020, did you have an interest in or a signature authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No
If Yes, enter name of foreign country
Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it? Yes No



2020

Dividend Income and Foreign Information

5B

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

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

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

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

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

Foreign Taxes Paid or Accrued:

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

Additional State Information:

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

Foreign Bank Accounts and Trusts:

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

If Yes, enter name of foreign country _____

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



Foreign Assets

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

General Information:

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

Foreign Identification:

Passport	Yes	No
Foreign TIN		

If not passport or TIN, enter description _____
 Number _____
 Country of issue _____

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

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

Street Address	City
A	
B	

State	ZIP/Postal Code	Country	GIIN
A			
B			

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

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

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

# of Joint Owners	Street Address	City
A		
B		

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

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

1 - Deposit 2 - Custodial

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



Foreign Assets

5D

Asset Information:

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

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

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

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

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity

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

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

1 - U.S. person
2 - Foreign person

1 - Issuer 2 - Counterparty

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

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

Mailing Address of Issuer	City or Town of Issuer

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

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

Foreign Bank Accounts and Trusts:

At any time during 2020, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it?



2020

Brokerage Statement Details

5EA

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

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

▲

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

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



Consolidated Brokerage Statement

5E

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

Brokerage Address

Interest Income and Foreign Information

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

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

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

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

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

Foreign Taxes Paid or Accrued:

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

Additional State Information:

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



Consolidated Brokerage Statement Dividend Income and Foreign Information

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

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

Dividend Income:



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

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

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

Foreign Taxes Paid or Accrued:

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

Additional State Information:

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



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

5G

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

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

Did you have any of the following during the year?

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

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

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

Other Income:

Nature and Source	2020 Amount	2019 Amount

Other Adjustments to Income:

Nature and Source	2020 Amount	2019 Amount

Investment Interest Expense:

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

Paid To	2020 Amount	2019 Amount

Foreign Bank Accounts and Trusts:

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

If Yes, enter name of foreign country _____

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



2020

Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

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

Business Questions for 2020:

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

2020 Amount	2019 Amount

Health insurance premiums paid for yourself and your dependents _____

Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2020 Amount	2019 Amount

Miscellaneous income:

Include all Forms 1099-MISC and 1099-NEC

Description	2020 Amount	2019 Amount

Other Income:

Description	2020 Amount	2019 Amount

Other gross receipts or sales _____
 Less returns and allowances _____

Cost of Goods Sold:

2020 Amount	2019 Amount

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

Description	2020 Amount	2019 Amount

Ending inventory _____



2020

Business Expenses and Property & Equipment

6A

Name of Business:

Principal Business or Profession:

Expenses:

- Advertising
- Car and truck expenses
- Parking fees and tolls
- Commissions and fees
- Contract labor
- Employee benefit programs and health insurance (other than pension and profit-sharing plans)
- Insurance (other than health)
- Interest - mortgage (paid to banks, etc.)
- Interest - other
- Legal and professional fees
- Office expense
- Pension and profit-sharing plans
- Rent or lease - vehicles, machinery and equipment
- Rent or lease - other business property
- Repairs and maintenance
- Supplies (not included in Cost of Goods Sold)
- Taxes and licenses
- Travel
- Meals
- Entertainment (deductible only on some state returns)
- Utilities
- Wages
- Dependent care benefits

2020 Amount	2019 Amount

Other Expenses:

Description	2020 Amount	2019 Amount

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

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

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



Business Expenses - Vehicle and Other Listed Property

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2020:

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

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

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

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

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

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

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

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

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



Business Expenses

Name of Business: _____
Principal Business or Profession: _____

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

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

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

Other Business Expenses:

Description	2020 Amount	2019 Amount

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

Amount received for other expenses

Amount received for meals

Amount received for entertainment

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

2020 Amount	2019 Amount

Yes No

Vehicle:

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

Description of vehicle

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

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

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

Yes No
 Yes No

Total miles

Total business miles

Average daily commuting miles

Total commuting miles for the year

Gasoline and oil

Repairs

Insurance

Interest

Taxes

Value of employer provided vehicle

Temporary vehicle rentals

Fair market value of leased vehicle

Vehicle leases

2020	2019

Other Vehicle Expenses:

Description	2020 Amount	2019 Amount



Business Use of Home

6D

Name of Business:

Principal Business or Profession:

Partial Use of Your Home for Business:

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

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

Yes

No

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

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

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

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

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

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

Seller-Financed Mortgage Interest Information:

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



Sales of Stocks, Securities, Capital Assets & Installment Sales

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

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

Did you have any of the following during the year?

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

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

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

Installment Sales: Do not include interest received in principal amount

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



Sale of Your Home and Moving Expenses

Sale or Exchange of Your Home:

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

Former Home Information:

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

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

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

Moving Expenses:

TSJ _____

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

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

Mileage:

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

Transportation Expenses:

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



Individual Retirement Account (IRA) Information

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

TS

IRA Questions for 2020:

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

Table with 2 columns: Yes, No

IRA Values, Rollovers, and Distributions:

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

Contributions:

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

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

Table with 7 columns: Name of Payer, 2020 Gross Distributions, Taxable Amount, Federal Tax Withheld, State Tax Withheld, Is this a Rollover?, 2019 Gross Distributions



Pension, Annuity and Retirement Plan Information

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

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

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

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?

Do you want to contribute the maximum amount allowed?

Taxpayer		Spouse	
Yes	No	Yes	No

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

2020 Amount	2020 Amount



Rental and Royalty Income

Location of Property: _____

TSJ _____

Type of property _____

Have you prepared or will you prepare all required Forms 1099? Yes No

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

2020	2019

Income:

Rents received _____
Royalties received _____

2020 Amount	2019 Amount

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

Description	2020 Amount	2019 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2020 Amount	2019 Amount

Other income:

Description	2020 Amount	2019 Amount



Rental and Royalty Expenses

Location of Property: _____

Expenses:

- Advertising
- Auto and travel
- Cleaning and maintenance
- Commissions
- Insurance
- Legal and other professional fees
- Management fees
- Mortgage interest paid to banks, etc.
- Mortgage interest paid to individuals
- Other interest
- Repairs
- Supplies
- Taxes
- Utilities
- Dependent care benefits
- Employee benefits
- Other Expenses:

2020 Amount	2019 Amount

Description	2020 Amount	2019 Amount



Rental and Royalty Property and Equipment & Depletion

Location of Property: _____

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

Acquisitions:

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

Dispositions:

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

Percentage Depletion Information:

Production Type	Royalty Income	
	2020 Amount	2019 Amount



Rental and Royalty Vehicle and Other Listed Property

Location of Property: _____

Listed Property Questions for 2020:

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

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

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

Vehicle:

Description of vehicle

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

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

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

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

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

Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc . .

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



Rental and Royalty Business Expenses

Location of Property: _____

Business Expenses: Enter all expenses at 100 percent

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

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

Description	2020 Amount	2019 Amount

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

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

Vehicle:

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

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

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

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

Description	2020 Amount	2019 Amount



Rental - Business Use of Home

Location of Property: _____

Partial Use of Your Home for Business:

2020

Square footage of home used exclusively for business

Total square footage of home

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

Expenses: Enter all expenses at 100 percent

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

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

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

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

Seller-Financed Mortgage Interest Information:

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



Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number



Partnership and S Corporation Business Expenses

Activity Name: _____

Business Expenses: Enter all expenses at 100 percent

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

Table with columns: 2020 Amount, 2019 Amount. Rows: Parking fees and tolls, Local transportation, Travel expenses, Meals, Entertainment (deductible only on some state returns), Other Business Expenses:

Table with columns: Description, 2020 Amount, 2019 Amount

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

Table with columns: 2020 Amount, 2019 Amount. Rows: Amount received for other expenses, Amount received for meals, Amount received for entertainment

Vehicle:

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

Description of vehicle _____

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

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

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

Table with columns: Description, 2020 Amount, 2019 Amount



Passthrough Business Use of Home

11B

Activity Name: _____

Partial Use of Your Home for Business:

2020

Square footage of home used exclusively for business

Total square footage of home

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

Expenses: Enter all expenses at 100 percent

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

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

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

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

Seller-Financed Mortgage Interest Information:

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



Farm Income (Page 1 of 2)

Proprietor's Name: _____

Principal Crop or Activity: _____

TSJ _____
 Employer identification number _____
 Method of accounting _____

Farm Questions for 2020:

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

2020 Amount	2019 Amount

Health insurance premiums paid for yourself and your dependents _____

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

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

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income:

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



Farm Income (Page 2 of 2)

12A

Proprietor's Name:

Principal Crop or Activity: ..

Income:

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

Description	2020 Amount	2019 Amount

Government payments: Include all Forms 1099-G

Description	2020 Amount	2019 Amount

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

Description	2020 Amount	2019 Amount

Other income:

Description	2020 Amount	2019 Amount



Farm Expenses and Property & Equipment

Proprietor's Name:

Principal Crop or Activity:

Expenses:

- Business meals
- Entertainment (deductible only on some state returns)
- Car and truck expenses
- Chemicals
- Conservation expenses
- Custom hire (machine work)
- Employee benefit programs and health insurance (other than pension and profit sharing plans)
- Feed purchased
- Fertilizers and lime
- Freight and trucking
- Gasoline, fuel and oil
- Insurance (other than health)
- Interest - mortgage (paid to banks, etc.)
- Interest - other
- Labor hired
- Pension and profit-sharing plans
- Rent or lease - vehicles, machinery and equipment
- Rent or lease - other (land, animals, etc.)
- Repairs and maintenance
- Seeds and plants purchased
- Storage and warehousing
- Supplies purchased
- Taxes
- Utilities
- Veterinary, breeding and medicine
- Capitalized preproductive period expenses
- Dependent care benefits

2020 Amount	2019 Amount

Other Expenses:

Description	2020 Amount	2019 Amount

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

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

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



Farm Vehicle and Other Listed Property

Proprietor's Name: _____

Principal Crop or Activity: _____

Listed Property Questions for 2020:

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

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

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

Vehicle:

Description of vehicle

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

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

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

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

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



Farm Business Expenses

Proprietor's Name: _____

Principal Crop or Activity: _____

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

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

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

Other Business Expenses:

Description	2020 Amount	2019 Amount

Reimbursements:

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

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

Vehicle:

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

Description of vehicle

Date vehicle was placed in service

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

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

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

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

Other Vehicle Expenses:

Description	2020 Amount	2019 Amount



Farm Business Use of Home

Proprietor's Name: _____

Principal Crop or Activity: _____

Partial Use of Your Home for Business:

2020

Square footage of home used exclusively for business

Total square footage of home

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

Expenses: Enter all expenses at 100 percent

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

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

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

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

Seller-Financed Mortgage Interest Information:

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



Miscellaneous Income, Adjustments and Alimony

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

Miscellaneous Income and Adjustments:

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

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2020 Amount	2019 Amount

Alimony Paid or Received:

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



Miscellaneous Adjustments

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

TS	2020 Amount	2019 Amount

Health Savings Accounts (HSAs)

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

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

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

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

Yes	No

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

TSJ	Nature and Source	2020 Amount	2019 Amount



Ministerial Income

13B

TS

Do you have any expenses associated with a business as a minister?

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

If Yes, enter the name of the business: _____

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

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Yes, enter the occupation: _____

Parsonage:

Fair rental value of parsonage provided by church

Utility allowance of parsonage

Actual expenses for utilities of parsonage

2020 Amount	2019 Amount

Rental or Parsonage Allowance:

Parsonage or rental allowance

Utility allowance

Actual expenses for parsonage

Actual expenses for utilities

Fair rental value of home, plus the cost of utilities

2020 Amount	2019 Amount



Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

Prescription medicines and drugs

Total medical insurance premiums paid *

Long-term care expenses

Total insurance reimbursement

Number of miles traveled for medical care

Lodging

Doctors, dentists, etc.

Hospitals

Lab fees

Eyeglasses and contacts

TSJ	2020 Amount	2019 Amount

2020 Amount	2019 Amount

Taxpayer long-term care insurance premiums paid

Spouse long-term care insurance premiums paid

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

Other Medical Expenses:

TSJ	Description	2020 Amount	2019 Amount

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes)

General sales taxes paid on specified items

TSJ	2020 Amount	2019 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2020 Amount	2019 Amount

Other Taxes Paid:

TSJ	Description	2020 Amount	2019 Amount

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



Mortgage Questions for 2020:

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

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2020 Amount	2019 Amount
	Name	Address			

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2020 Amount	2019 Amount

Investment Interest Expense:

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

TSJ	Paid To	2020 Amount	2019 Amount



Itemized Deductions - Contributions

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

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

TSJ	Organization or Description of Contribution	2020 Amount	2019 Amount

TSJ	Conservation Real Property	2020 Amount	2019 Amount
	100% limit		
	50% limit		

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

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

TSJ	Description of Donated Property	2020 Amount	2019 Amount

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

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

Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A			
B			
C			

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

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

	Donee Organization Name	Donee Organization Address
A		
B		
C		



Itemized Deductions - Miscellaneous

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

Miscellaneous Itemized Deductions:

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

TSJ	2020 Amount	2019 Amount

Other Itemized Deductions:

Examples:

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

TSJ	Description	2020 Amount	2019 Amount

Casualty or Theft Loss:

TSJ _____
 Property description _____

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

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

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

Date acquired (Mo/Da/Yr) _____

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

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement



Itemized Deductions - Business Use of Home

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

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2020	2019

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

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

Yes	No

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

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

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

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

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

Seller-Financed Mortgage Interest Information:

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



Employee Business Expenses (Page 1 of 2)

TS: _____ Occupation: _____

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

Occupation code _____

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

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

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

Other Business Expenses:

Description	2020 Amount	2019 Amount

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

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

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



Employee Business Expenses (Page 2 of 2)

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Vehicle: Include all documentation

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

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

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

2020	2019

Other Vehicle Expenses:

Description	2020 Amount	2019 Amount



Employee Business Expenses- Business Use of Home

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2020	2019

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

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

Yes	No

Expenses: Enter all expenses at 100 percent

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

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

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

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

Seller-Financed Mortgage Interest Information:

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



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

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

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

Expenses incurred in 2019 but paid in 2020

Employer-provided dependent care benefits that were forfeited in 2020

2019 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

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

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

Provider 2:

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

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

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2020 Expenses Incurred	2019 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

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

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2020 Qualified Expenses



Household Employment Taxes

General Information:

TSJ

Employer identification number

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

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

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

Social Security, Medicare and Income Taxes:

	2020 Amount	2019 Amount
Cash wages subject to social security taxes		
Cash wages subject to Medicare taxes (if different than cash wages subject to social security)		
Cash wages subject to additional Medicare tax withholding		
Federal income tax withheld		
State disability plan payments subject to social security taxes		
State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)		

Federal Unemployment (FUTA) Tax:

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

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

State	Total Cash Wages Subject to FUTA	2019 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2021

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2019 Amount



Federal Tax Payments

Refund Application:

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

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

Federal Estimated Tax Payments:

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

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2019 overpayment applied to 2020 estimate

Tax Planning Information for Tax Year 2021:

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

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

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



2020

State and City Tax Payments

20A

State and City Estimated Tax Payments:

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

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

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

2019 overpayment applied to 2020 estimate
 Balance of prior year(s)' tax paid in 2020 plus
 amount paid with 2019 extensions
 Estimated tax payments for 2019 paid in 2020

State and City Estimated Tax Payments:

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

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

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

2019 overpayment applied to 2020 estimate
 Balance of prior year(s)' tax paid in 2020 plus
 amount paid with 2019 extensions
 Estimated tax payments for 2019 paid in 2020

State and City Estimated Tax Payments:

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

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

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

2019 overpayment applied to 2020 estimate
 Balance of prior year(s)' tax paid in 2020 plus
 amount paid with 2019 extensions
 Estimated tax payments for 2019 paid in 2020



2020

Gambling Winnings

Include all of your current year Forms W-2G

TS	Name of Payer	Gross Winnings	Tax Withheld	
			Federal	State



Foreign Employment Information (Page 1 of 3)

General Information:

TS _____

Foreign address _____

Name of employer _____

Employer's U.S. address _____

Employer's foreign address _____

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

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

Type of exclusions revoked in prior years _____

Year exclusion revoked _____

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

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

Country of citizenry or nationality _____

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
 housing expense

Tax Home History:

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



Foreign Employment Information (Page 2 of 3)

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Bona Fide Residence Test Information:

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

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

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

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

Was a statement made to foreign country authorities declaring you were not a resident of their country? Yes No

Were you required to pay income tax in that country? Yes No

Does the foreign country have an income tax? Yes No

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

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

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

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

Address

Street address _____

City _____

State _____

ZIP Code _____

X if rented _____

Occupants			
First Name	MI	Last Name	Relationship



2020

**Foreign Employment Information
(Page 3 of 3)**

30B

Travel Abroad for 12 Month Period:

Name of Country (Including U.S.)	Date Arrived (Mo/Da/Yr)	Date Left (Mo/Da/Yr)	Full Days in Country	Number of Days Present in U.S. on Business



Foreign Housing Expenses Worksheet

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

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

Other Expenses:

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

Total expenses

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

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



Foreign Travel and Workdays Information Worksheet

30D

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

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

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

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

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

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

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



Foreign Wages and Other Income

(Page 1 of 2)

Foreign Questions for 2020:

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

Will any tax due be paid with the extension?

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

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

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

Yes	No

Foreign Source Wages and Salaries:

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

TS _____ Employer name

Employer address

Employer city

Employer state

Employer ZIP

Employer foreign country

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

Allowances and Reimbursements:

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



Foreign Wages and Other Income
(Page 2 of 2)

Allowances and Reimbursements (Continued):

Other Allowances and Reimbursements:

Table with 3 columns: Description, 2020 Amount, 2019 Amount

State and Local Information:

Table with 8 columns: State, Employer's State I.D. No., State Wages, Tips, State Income Tax, Local Wages, Tips, Local Income Tax, City, Locality Name

Other Income and Noncash Income:

Table with 4 columns: TSJ, Nature and Source, 2020 Amount, 2019 Amount

Other Adjustments:

Table with 4 columns: TSJ, Nature and Source, 2020 Amount, 2019 Amount

Miscellaneous Income:

Table with 4 columns: TSJ, 2020 Amount, 2019 Amount. Rows include Unemployment compensation received, Unemployment compensation repaid in 2020, Social security benefits received, Social security benefits repaid in 2020

Enter Any Additional Information:

Large empty table for additional information



Foreign Wages and Other Income Worksheet

You may skip this page if company statements for this information are provided.

NOTE: If you received income in 2020 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, indicate dates of payment and type of currency to the left of the amount boxes.

Compensation: **You must provide the originals of Form W-2**

	Taxpayer	Spouse
Employer:		
Gross base salary		
Tax deferred savings (401K)		
Bonus - 2020		
Bonus - other years		
Indicate year(s) _____		
Cost of living allowance		
Education		
Dependent travel		
Housing		
Group life insurance		
Tax equalization		
Foreign taxes reimbursed - 2020		
- 2019 and prior years		
Moving		

Other Allowances - Description	Taxpayer	Spouse

	Taxpayer	Spouse
Non-cash Remuneration:		
Home (lodging)		
Meals		
Car		

For additional employers, provide details on a continuation sheet.



Foreign Taxes

Country of residence: _____

Foreign Taxes Paid or Accrued:

TS	Country Name	Income Type (Dividends, Rents, Etc.)	Is Tax Accrued?	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (In Foreign Currency)	Tax Amount (In U.S. Dollars)

Prior Year Foreign Taxes Paid in the Current Year:

Year	Date Paid (Mo/Da/Yr)	Amount

Enter Any Additional Foreign Tax Information:



Gifts Made Outright to an Individual

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

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

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

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

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

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

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

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

Gift 1:

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

Gift 2:

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



Gifts Made in Trust

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

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

Name of trust receiving the gift _____

Name of the trustee _____

Address of the trustee _____

Trust identification number _____

Name of the beneficiary of the trust _____

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

Age of the beneficiary _____

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

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

Cost basis of assets gifted if other than cash

Value of assets gifted if other than cash

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

Include a copy of the following:

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

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



2020

Detail Depreciation

DP

Business or Activity: _____

Asset #	Description of Asset	Cost	Date Asset Was Placed in Service (Mo/Da/Yr)	If the Asset Was Sold, Indicate the Following	
				Date (Mo/Da/Yr)	Sales Price



2020 Tax Return Checklist

Client Name: _____

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

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



2020

Itemized Deductions

TSJ	Description	Prior Year Amount	Information Included (X or ✓)
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Medical/Dental Expenses:

Real Estate Taxes:

Property Taxes:

Mortgage Interest:

Charitable Contributions:



2020

Federal, State, and City Tax Payments

Refund Application:

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

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

Federal Estimated Tax Payments:

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

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

State and City Estimated Tax Payments:

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

TSJ _____
 State/City Name _____

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

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

TSJ _____
 State/City Name _____

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

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

TSJ _____
 State/City Name _____

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

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

TSJ _____
 State/City Name _____

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



2020

General Information:

Name and address of present employer:

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

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

Residency Information:

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

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

Education Savings:

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

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

Consumer Use Tax:

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

Voluntary Contributions:

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

- Senior Services Trust Fund, Alabama Arts Development Fund, Alabama Nongame Wildlife Fund, Child Abuse Trust Fund, Alabama Veteran's Program, Alabama State Historic Preservation Fund, Alabama Firefighters Annuity and Benefit Fund, Cancer Research Institute, USS Alabama Battleship Commission, Alabama State Veterans Cemetery at Spanish Fort Foundation, Inc., Foster Care Trust Fund, Mental Health, Alabama Breast & Cervical Cancer Program, Victims of Violence Assistance, Alabama Military Support Foundation, Alabama Veterinary Medical Foundation, Spay-Neuter Program, Alabama Association of Rescue Squads, Children First Trust Fund

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



2020

Enter Any Additional Alabama Information:

Lined area for entering additional Alabama information.



2020

Arkansas Information

General Information:

Number of developmentally disabled individuals

Names of developmentally disabled individuals

Type of disability

Taxpayer		Spouse	
Yes	No	Yes	No

Yes	No	Yes	No
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Do you qualify as being deaf for personal credit purposes?

Early Childhood Program certification number

Residency Information:

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

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

Enter the state names other than Arkansas where you had income

Education Savings:

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

Yes	No
-----	----

If Yes, enter the following:

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

Check-Off Contribution:

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

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

Enter Any Additional Arkansas Information:



2020

General Information:

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

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

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

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

Residency Information:

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

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

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



2020

General Information:

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

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

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

Residency Information:

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

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

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

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

Education Savings:

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

Yes	No
-----	----

If Yes, enter the following:

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

First-Time Home Buyer Savings Account Deduction:

Name of beneficiary _____

SSN of beneficiary _____

Name of bank or institution _____

Account number of the first-time home buyer account _____

Beginning of year balance in account

End of year balance in account



2020

General Information:

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

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

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

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

Residency Information:

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

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

Enter the dates you did live in Connecticut

List the prior/new state of residence

Enter the state names other than Connecticut where you had income

Education Savings:

Yes	No
-----	----

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

If Yes, enter the following:

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

Nonresident and Part-Year Resident Employee Apportionment Worksheet Information:

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

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

Days/sales/miles outside Connecticut

Days/sales/miles inside Connecticut

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

Total income being apportioned

Voluntary Contributions:

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

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



2020

Delaware Information

General Information:

Taxpayer

Spouse

Business telephone number (including area code)

Do you qualify as permanently disabled? Yes No

Yes No

Residency Information:

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

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

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

Enter the state names other than Delaware where you had income

Voluntary Contributions:

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

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

Taxpayer

Spouse

Enter Any Additional Delaware Information:



2020

Residency Information:

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

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

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

Education Savings:

Yes	No
-----	----

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

If Yes, enter the following:

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

Property Tax Credit Information:

TS

Enter the amount of rent paid

What type of property is the property tax credit for?

Landlord's information:

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

Business Credits

Organ and Bone Marrow Donor Credit, Job Growth Incentive Act Credit, Amount of homeownership assistance provided to eligible employees, Number of eligible employees

Voluntary Contributions:

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

Tax-Payer Support for Afterschool Programs for At-Risk Students, DC Statehood Delegation Fund, Anacostia River Cleanup and Protection Fund



2020

Disability Income Exclusion Information:

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

Yes No grid for disability questions

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

Non-Custodial Parent EITC Claim Information:

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

Form for Non-Custodial Parent EITC Claim Information

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

Form for Custodian information

Health Insurance Information

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

Yes No grid for health insurance questions

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

Enter Any Additional District of Columbia Information:

Additional information input field



2020

Foreign Filing Entity Information:

File number _____
Company name _____
Registered agent _____
Registered agent office address _____
City, state and ZIP code _____
Address of principal executive office _____
City, state and ZIP code _____
State or country of organization _____

Company's Manager and Members:

Name	Address

Is this corporation in good standing in state/country where it is organized? Yes No
Name of governor or authorized person _____

Enter Any Additional District of Columbia Foreign Filing Entity Information:



2020

Unincorporated Business Franchise Tax Information:

General Information:

TSJ _____

Number of business locations: _____

 Within DC _____

 Outside DC _____

DC business tax number _____

Sales and use tax account number _____

Federal employer I.D. number _____

Fiscal year begin date _____

Fiscal year end date _____

Business name _____

Business street address _____

Business city, state, and ZIP code _____

Supplemental Information:

Principal business activity _____

Type of ownership _____

Date business began (Mo/Da/Yr) _____

Was the business terminated during 2020? Yes No

 If Yes, enter the termination date and reason below.

 Termination date (Mo/Da/Yr) _____

 Termination reason _____

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

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

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

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

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

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

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

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

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

Did you file an annual ballpark fee return? Yes No

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



2020

General Information:

Taxpayer Disability Information:

Type
Date (Mo/Da/Yr)

Spouse Disability Information:

Type
Date (Mo/Da/Yr)

Residency Information:

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

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

Education Savings:

Yes No

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

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

Voluntary Contributions:

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

Table with 2 columns: Fund Name, Amount

Enter Any Additional Georgia Information:

Large empty rectangular box for additional information.



2020

Hawaii Information

General Information:

County of residence

Jury duty pay returned to employer

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

Do you qualify as deaf or disabled?

Residency Information:

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

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

Enter the state names other than Hawaii where you had income

Voluntary Contributions:

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

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

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

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

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

Low-Income Household Renters:

Address

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

Dates occupied

Owner's name

Owner's address

Owner's tax ID number

Enter total rent paid

Enter Any Additional Hawaii Information:



2020

Idaho Information

General Information:

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

Residency Information:

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

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

Education Savings:

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

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

If Yes, enter the following:

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

Voluntary Contributions:

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

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

Enter Any Additional Idaho Information:



2020

General Information:

County of residence

Enter the total property tax paid applicable to the personal residence

Property index number

County name

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

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

Are you a member, shareholder, partner, beneficiary, or owner of an LLC or other organization that holds a medical cannabis cultivation center or medical cannabis dispensary registration?
Do you or your spouse have income from the sale of assets owned by a gaming licensee?

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

Residency Information:

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

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

Enter the state names other than Illinois where you had income

Education Savings:

Did you or your spouse make any contributions to a Bright Start College Savings Program, Bright Directions College Savings Program, or College Illinois Prepaid Tuition Program?
If Yes, enter the following:

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

ABLE Savings Account:

Did you or your spouse make any contributions to a qualified Illinois ABLE savings account?
If Yes, enter the following:

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

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to the following funds:
Wildlife Preservation Fund
Alzheimer's Disease Research, Care, and Support Fund
Assistance to the Homeless Fund
Diabetes Research Fund
Hunger Relief Fund



2020

General Information:

Taxpayer	Spouse
----------	--------

County of residence

County of employment

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

Residency Information:

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

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

Enter the state names other than Indiana where you had income

Education Savings:

Yes	No
-----	----

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

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

TS	Taxpayer or Spouse is not the Account Owner	Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed

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

TS	Taxpayer or Spouse is not the Account Owner	Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed

Voluntary Contributions:

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

Nongame Wildlife Fund	
Public K-12 Education Fund	
Military Family Relief Fund	

Deductions and Credits:

Taxpayer	Spouse

Enter the amount of Indiana lottery winnings

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

Name of College or University	Date	Amount



2020

General Information:

County of residence

School district number

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

Taxpayer

Spouse

Tuition and textbook expenses for Grades K-12

Residency Information:

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

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

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

you did live in Iowa

Enter the state names other than Iowa where you had income

Education Savings:

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

If Yes, enter the following:

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

Voluntary Contributions:

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

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

Iowa Itemized Deductions:

Taxpayer

Spouse

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

Enter any adoption expenses



2020

Federal Tax Data:

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

Enter Any Additional Iowa Information:



2020

General Information:

County

School district number

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

Residency Information:

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

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

Enter the state names other than Kansas where you had income

Education Savings:

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

If Yes, enter the following:

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

ABLE Savings Account:

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

If Yes, enter the following:

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

Voluntary Contributions:

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

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

Intangibles Tax Information:

City

Township

Do you qualify as being disabled or blind? Yes No

County



2020

Homestead and Food Sales Tax Claim Information:

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

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

Is your property tax delinquent?

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

Yes	No

If you qualify as disabled and are not over 55, enter the date of your disability (Mo/Da/Yr):

Taxpayer

Spouse

Household Income:

2020 Amount

Social security death benefits

SSI and SS disability income

Other veteran's pensions benefits

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

Other Household Income:

Recipient	Source	2020 Amount

Other Exempt Income:

Description	2020 Amount

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

Name	Date of Birth (Mo/Da/Yr)	Relationship	Number of Months in Household	Social Security Number

Enter Any Additional Kansas Information:



2020

Kentucky Information

General Information:

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

Are you a member of the National Guard?

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

Residency Information:

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

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

Enter the state names other than Kentucky where you had income

Voluntary Contributions:

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

Do you wish to contribute to the Political Party Fund?

Democratic

Republican

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

Nature and Wildlife Fund	<input type="text"/>	<input type="text"/>
Child Victims' Trust Fund	<input type="text"/>	<input type="text"/>
Veterans' Program Trust Fund	<input type="text"/>	<input type="text"/>
Breast Cancer Research and Education Trust Fund	<input type="text"/>	<input type="text"/>
Farm to Food Banks Trust Fund	<input type="text"/>	<input type="text"/>
Local History Trust Fund	<input type="text"/>	<input type="text"/>
Special Olympics Kentucky	<input type="text"/>	<input type="text"/>
Pediatric Cancer Research Trust Fund	<input type="text"/>	<input type="text"/>
Rape Crisis Center Trust Fund	<input type="text"/>	<input type="text"/>
Court Appointed Social Advocate Trust Fund	<input type="text"/>	<input type="text"/>
YMCA Youth Association Fund	<input type="text"/>	<input type="text"/>

Enter Any Additional Kentucky Information:



2020

General Information:

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

Residency Information:

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

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

Enter the state names other than Louisiana where you had income

Education Savings:

Yes No

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

If Yes, enter the following:

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

Voluntary Contributions:

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

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

Grid for entering contribution amounts



2020

Disability Credits:

Do you qualify as deaf?

Do you have a loss of limb?

Do you qualify as mentally incapacitated?

Taxpayer		Spouse	
Yes	No	Yes	No

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

LA Hunting and Fishing Licenses Information:

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

School Expenses Information:

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

Enter information for each qualified dependent:

Dependent Name	Name of School	*Deduction Code

Enter qualified expenses for each dependent listed above:

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

Enter Any Additional Louisiana Information:



2020

General Information:

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

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

Residency Information:

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

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

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

Education Savings:

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

If Yes, enter the following:

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

Voluntary Contributions:

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

Endangered and Nongame Wildlife Fund []

Maine Children's Trust []

Companion Animal Sterilization Fund []

Maine Military Family Relief Fund []

Maine Veterans' Memorial Cemetery Maintenance Fund []

Maine Public Library Fund []

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

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

Park Passes:

Number of park passes to be purchased:

Individual park pass? []

Vehicle park pass? []

Number of Passes []



2020

Property Tax Fairness Credit

Rent paid on your home

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

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

Landlord's name and telephone number

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

Enter Any Additional Maine Information:

Large empty rectangular box for entering additional information.



2020

General Information:

Political subdivision

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

County of residence on December 31, 2020

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

Taxpayer Spouse

Yes No Yes No

Do you qualify as totally disabled?

Are you or your spouse a member of the military?

Residency Information:

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

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

Enter the dates you did live in Maryland

Enter the other state of residence

Enter the state names other than Maryland where you had income

Pennsylvania residents:

What is the name of your township?

What is the name of your county?

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

Education Savings:

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

If Yes, enter the following:

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

Voluntary Contributions:

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

Table with 2 columns: Fund Name, Amount

Long-Term Care Insurance Information:

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



2020

General Information:

Has your address changed from 2019?
Are you or your spouse a noncustodial parent?
Would you like to choose the optional 5.85% tax rate?
Did you or your spouse make voluntary paid family and medical leave contributions from self-employment income?

Yes No
Yes No
Yes No
Yes No

If Yes, enter the amount

[Input box]

Total purchases in 2020 subject to Massachusetts use tax

[Input box]

Sales/use tax paid to other state or jurisdiction

[Input box]

Taxpayer Spouse

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

Yes No Yes No
Yes No Yes No

Total paid for weekly/monthly commuter passes and FastLane tolls

[Input box] [Input box]

Residency Information:

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

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

Enter the state names other than Massachusetts where you had income

Voluntary Contributions:

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

Yes No
Yes No
Yes No

Taxpayer
Spouse

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

Organ Transplant Fund
Endangered Wildlife Conservation
Massachusetts Public Health HIV and Hepatitis Fund
Massachusetts United States Olympic Fund
Massachusetts Military Family Relief Fund
Homeless Animal Prevention and Care Fund

[Input box]
[Input box]
[Input box]
[Input box]
[Input box]
[Input box]

Rental Deduction Information:

Name of landlord

Rent paid

[Input box]



2020

Schedule HC Health Insurance Provider Information

Private or Other Government Provider

Taxpayer

Spouse

Name of Insurance Company or Administrator or Other Provider

Federal Identification Number of Insurance Company

Subscriber Number

Schedule HC Government - Subsidized Health Insurance

Taxpayer

Spouse

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

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

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

Other Information

Taxpayer

Spouse

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

Enter Any Additional Massachusetts Information:

Four horizontal lines for entering additional information.



General Information:

Enter your school district name

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

Residency Information:

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

Education Savings:

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

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



2020

Voluntary Contributions:

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

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

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

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

Property Tax Credit Information:

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

Farmland Preservation Tax Credit Information:

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



2020

Home Heating Credit:

County

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

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

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

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

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

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

If Yes, provide the following:

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

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

Household Resources:

Enter the amount you received for:

Child support and foster care payments
Worker's compensation, veteran's disability compensation and veteran's pension benefits
Strike pay, SUB pay, long-term disability benefits and income protection insurance benefits
Trade Act of 1974 (TRA) benefits
Gifts or expenses paid on your behalf

Table with 2 columns: Other Household Resources, Amount

Enter Any Additional Michigan Information:

Multiple empty lines for entering additional information.



2020

Residency Information:

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

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

Enter the state names other than Minnesota where you had income

Education Savings:

Yes	No
-----	----

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

If Yes, enter the following:

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

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to the Nongame Wildlife Fund

If you or your spouse wish to contribute \$5.00 to a political party, select one party:

Taxpayer: Republican Democratic/Farmer-Labor Independence Grassroots - Legalize Cannabis
 Green Libertarian Legal Marijuana Now General Campaign Fund

Spouse: Republican Democratic/Farmer-Labor Independence Grassroots - Legalize Cannabis
 Green Libertarian Legal Marijuana Now General Campaign Fund

Qualified School Expenses for Dependents:

	Dependent 1	Dependent 2
Dependent's name		
Dependent's grade		
Qualified expenses	<input type="text"/>	<input type="text"/>
Type of school (public, private, home)		
Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument)		
Type of Instruction (Class or Individual)		
Instructor or organization or Transportation provider		
Type of class		
Type of musical instrument		



2020

Credit for Parents of Stillborn Children:

Did you or your spouse experience a stillbirth during the year? [] Yes [] No

If Yes, include the Minnesota Certificate of Birth for each stillborn child.

Long Term Care Insurance:

If you had long term care insurance, list the policy owner, policy company name and policy number below.

Table with 3 columns: Policy Owner (Taxpayer, Spouse, Joint), Policy Company Name, Policy Number. Two rows for listing policies.

Property Tax Refund Information:

Include all Certificates of Rent Paid and/or Statements of Property Taxes Payable in 2021

County of residence

Were you or your spouse disabled on or before December 31, 2020?

Are you living in a nursing home or other health care facility?

Did you own AND occupy your homestead on BOTH January 2, 2020 and January 2, 2021?

Are you a mobile home owner who paid rent for property on which it was located?

Yes/No grid for disability, nursing home, homestead, and mobile home questions.

Enter the percent of your home that is NOT used for business or rented to others %

Enter the amount of property tax refund received

Employer Transit Pass Credit:

Did your business buy Transit passes to resell or give to your employees? [] Yes [] No

If Yes, what was the original cost of the passes?

What amount was charged to employees for the passes?

What is your Minnesota ID number?

Student Loan Credit

Enter the total amount paid toward your or your spouse's qualified student loans during the year (Taxpayer/Spouse)

Enter the amount of interest paid on your or your spouse's qualified student loans during the year (Taxpayer/Spouse)

Enter the original balance of your or your spouse's qualified student loans (Taxpayer/Spouse)



2020

General Information:

County of residence

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

Residency Information:

If you had income from a state other than Mississippi during 2020, enter the name of the other state(s)

Education Savings:

Did you or your spouse make any contributions to a Mississippi Prepaid Affordable College Tuition Program (MPACT) or Mississippi Affordable College Savings (MACS) account?

If Yes, enter the following:

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

TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2020 Amount Contributed

Voluntary Contributions:

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

- Mississippi Military Family Relief Fund
- Mississippi Wildlife Heritage Fund
- Mississippi Educational Fund
- Mississippi Commission for Volunteer Service Fund
- Mississippi Burn Care Fund
- Mississippi Wildlife Fisheries and Parks Foundation

Enter Any Additional Mississippi Information:



2020

General Information:

County of residence

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

Do you qualify as disabled?

Do you or your spouse qualify as a 100 percent disabled veteran?

Are you 60 years of age or older and did you receive surviving spouse social security benefits?

Did you make contributions to a health care sharing ministry?

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

Residency Information:

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

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

Enter the dates you did live in Missouri

Enter the dates you lived in the other state

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

Education Savings:

Did you or your spouse make any contributions to a Missouri Savings for Tuition Program (MOST) account?

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

If Yes, enter the following:

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

Voluntary Contributions:

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

Children's Trust Fund	<input type="text"/>	Pediatric Cancer Research Trust Fund	<input type="text"/>
Veteran's Trust Fund	<input type="text"/>	American Heart Association Fund	<input type="text"/>
Elderly Home Delivered Meals Trust Fund	<input type="text"/>	American Lung Association of Missouri Fund	<input type="text"/>
Missouri National Guard Trust Fund	<input type="text"/>	Amyotrophic Lateral Sclerosis (ALS) Fund	<input type="text"/>
Workers' Memorial Fund	<input type="text"/>	Arthritis Foundation Fund	<input type="text"/>
Childhood Lead Testing Fund	<input type="text"/>	March of Dimes Fund	<input type="text"/>
American Cancer Society Heartland Division Inc., Fund	<input type="text"/>	Muscular Dystrophy Association Fund	<input type="text"/>
American Diabetes Association Gateway Area	<input type="text"/>	National Multiple Sclerosis Society Fund	<input type="text"/>
Breast Cancer Awareness Fund	<input type="text"/>	Missouri Military Family Relief Fund	<input type="text"/>
Foster Care and Adoptive Recruitment and Retention Fund	<input type="text"/>	General Revenue Fund	<input type="text"/>
Missouri National Guard Foundation Fund	<input type="text"/>	Donate Life Organ Donor Program Fund	<input type="text"/>



General Information:

Taxpayer Spouse

Enter the number of exemptions for handicapped dependent children

Residency Information:

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

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

Education Savings:

Did you or your spouse make any contributions to a Montana Family Education Savings Program or other state's qualified tuition (Section 529) plan that is not a prepaid tuition plan?
If Yes, enter the following:

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

Voluntary Contributions:

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

- Nongame Wildlife Program
Agriculture in Schools
Child Abuse Prevention
Military Family Relief Fund

Taxpayer Spouse

College Contribution Credit:

Table with 3 columns: TSJ, Donation(s) Made To, Total Amount

Elderly Homeowner/Renter Credit if Over Age 62:

Number of months occupied Montana residence
Rent paid
Public assistance received

Federal Tax Data:

Federal estimated tax payment paid in 2020
Federal income taxes paid in 2020 for 2019 and prior years

Taxpayer Spouse



Nebraska Information

General Information:

County of residence
School district name
Are you on active duty in the military? Yes No

Residency Information:

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

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

Education Savings:

Did you or your spouse make any contributions to a Nebraska College Savings Program account? Yes No
If Yes, enter the following:

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

Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax
Local jurisdiction to which use tax is owed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:
Wildlife Conservation Fund Donation

Enter Any Additional Nebraska Information:

Multiple empty lines for additional information entry



2020

New Hampshire Information (Page 1 of 2)

General Information:

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

Do you qualify as disabled?

If the IRS has made adjustments to your federal income tax return that have not been previously reported to New Hampshire, indicate which years

Residency Information:

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

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

Enter the state names other than New Hampshire where you had income

Passthrough Distributions Subject to Interest and Dividends Tax

Payer's Name	Payer's ID	Entity Type	Amount	FSO

Other Nontaxable Interest and Dividends

TSJ

Payer's Name

Payer's Identification Number

Tax-Exempt Type

Tax-Exempt Interest



2020

Business General Information:

Single Member LLC Name _____

Department Identification Number _____

Has the name changed since last year
If Yes, enter the former name _____

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

Is this a final return? _____

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Business Activity Information:

In what city and state are the books kept? _____

What is the principal business activity? _____

What country are the records kept in if not the U.S.? _____

What is the state of incorporation? _____

What year was your first New Hampshire business return filed? _____

What year was the business registered with the New Hampshire
Secretary of State? _____

Business Locations:

In New Hampshire:

City/Town Location of Factories, Sales Offices, Warehouses, Construction Sites

Outside New Hampshire:

Location City and State	Factory, Sales Office, Warehouse, Construction Site, Etc.

Enter Any Additional New Hampshire Information:



2020

General Information:

County or municipality of residence

How many dependents do you have attending college?

Do you qualify as disabled?

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

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

Did you, your spouse, and all household members have insurance coverage for the entire year? Yes No

Attach all Forms 1095 received and/or any applicable exemption information.

Residency Information:

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

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

Enter the state names other than New Jersey where you had income

Voluntary Contributions:

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

Endangered and Nongame Species of Wildlife Conservation Fund	
Children's Trust Fund	
Breast Cancer Research Fund	
Vietnam Veterans' Memorial Fund	
USS New Jersey Educational Museum Fund	

Other contributions. Choose one fund from the list below and enter the amount you wish to contribute on your 2020 tax return:

Fund

Amount

Other contribution funds:

Drug Abuse Education Fund	American Red Cross - NJ Fund
Korean Veterans' Memorial Fund	Girl Scouts Councils in New Jersey Fund
Organ and Tissue Donor Awareness Education Fund	New Jersey Homeless Veterans Fund
NJ - AIDS Services Fund	Leukemia and Lymphoma Society Fund
Literacy Volunteers of America - New Jersey Fund	Northern New Jersey Veterans Memorial Cemetery Development Fund
New Jersey Prostate Cancer Research Fund	Local Library Support Fund
World Trade Center Scholarship Fund	Fund for the Support of New Jersey Nonprofit Veterans Organization
New Jersey Veterans Haven Support Fund	Yellow Ribbon Fund
Community Food Pantry Fund	Autism Program Fund
New Jersey Farm to School and School Garden Fund	Boy Scouts Councils in New Jersey Fund
ALS Association Support Fund	NJ Memorials to War Veterans Maintenance Fund
Cat and Dog Spay/Neuter Fund	Jersey Fresh Program Fund
New Jersey Lung Cancer Research Fund	NJ World War II Veterans Memorial Fund
Boys and Girls Club in New Jersey Fund	
New Jersey National Guard Fund	

Do you want \$1 to go to the Gubernatorial Election Fund?

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



2020

General Information:

Enter the name of your Indian nation, tribe or pueblo for taxpayer

Enter the name of your Indian nation, tribe or pueblo for spouse

Enter the amount of income earned on your reservation or pueblo by enrolled member

Residency Information:

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

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

Enter the state names other than New Mexico where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a New Mexico Education Trust Fund account?

If Yes, enter the following:

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

Voluntary Contributions:

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

Table listing various funds like New Mexico Housing Trust Fund, Share with Wildlife, etc., with corresponding input boxes.

If you or your spouse wish to contribute \$2.00 to a political party, specify a party:

Taxpayer [] Democratic [] Republican [] Libertarian [] Green [] Better for America [] Constitution

Spouse [] Democratic [] Republican [] Libertarian [] Green [] Better for America [] Constitution



2020

General Information:

Resident county

School district name

School district code number

Taxpayer Spouse

Driver's license document ID (if issued by NY)

Did you make out of state, Internet or catalog purchases on which no sales tax was paid? Yes No

If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY

Did you receive a property tax freeze credit? Yes No

If Yes, enter the amount

Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government? Yes No

.....

Permanent Home Address if Different from Mailing Address:

Street

Apartment number

City

ZIP code

Foreign country

Residency Information:

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

If you did not live in New York state for all of 2020, enter the dates you did live in New York

If you were not a resident of New York state for any of 2020, enter the number of days spent in the state

Were you a part-year resident and received New York State income during nonresidency period? Yes No

If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse

Did you maintain living quarters in New York state? If Yes, enter address(es) below:

.....

Do you still maintain these living quarters in New York? Yes No

Were New York State living quarters maintained for the entire year? Yes No

Were you a New York City resident for only part of the taxable year? Yes No

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

If Yes, enter the dates you did live in New York City

Were you a Yonkers resident for only part of the taxable year? Yes No

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

If Yes, enter the dates you did live in Yonkers

Did you live in a nursing home during 2020? Yes No

Did you reside in public housing or other residence completely exempted from real property taxes in 2020? Yes No



2020

Education Savings:

Did you or your spouse make any contributions to a New York 529 College Savings Program or New York State College Choice Tuition Savings Program account? Yes No

If Yes, enter the following:

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

Would you like to allocate some or all of your refund to a New York 529 College Savings Program? Yes No

Plan code: 552 - College Savings Program Direct Plan 553 - Advisor Guided College Savings Program

Table with 5 columns: Routing Number, Plan Code, Account Number, 2020 Amount to Contribute

Voluntary Gifts/Contributions:

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

Table listing various charitable organizations such as Return a Gift to Wildlife, Autism Fund, Veterans' Homes, etc., with corresponding input boxes for contribution amounts.

Enter Any Additional New York Information:

Large empty rectangular box for entering additional information.



2020

New York - Worksheet

Wages and Salaries Earned in New York State or Yonkers:

If you worked in and out of New York State or Yonkers, please complete the following information for each job worked while a nonresident.

Wages earned

Total days employed if less than full year

Saturdays and Sundays (not worked)

Holidays (not worked)

Sick leave

Vacation

Other nonworking days

Days worked outside state/city

Days worked at home

Select state/city: NY, Yonkers or NY/Yonkers

Job #1
T/S ____
<input type="text"/>

Job #2
T/S ____
<input type="text"/>

Wages earned

Total days employed if less than full year

Saturdays and Sundays (not worked)

Holidays (not worked)

Sick leave

Vacation

Other nonworking days

Days worked outside state/city

Days worked at home

Select state/city: NY, Yonkers or NY/Yonkers

Job #3
T/S ____
<input type="text"/>

Job #4
T/S ____
<input type="text"/>



General Information:

School district name

Residency Information:

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

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

Enter the state names other than North Dakota where you had income

Nonresident and part-year only:

Enter the date you first received North Dakota income (Mo/Da/Yr)

Education Savings:

Yes No

Did you or your spouse make any contributions to a North Dakota College SAVE account?

If Yes, enter the following:

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

Voluntary Contributions:

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

Watchable Wildlife Fund

Trees for North Dakota Program Trust Fund

Enter Any Additional North Dakota Information:

Multiple empty lines for additional information



2020

General Information:

Public school district name

County of residence

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

Residency Information:

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

Enter the state names other than Ohio where you had income

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

Education Savings:

Did you or your spouse make any contributions to an Ohio Tuition Trust Authority CollegeAdvantage
 529 Savings Plan account? **Yes** **No**

If Yes, enter the following:

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

Voluntary Contributions:

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

Breast and Cervical Cancer Project

Wishes for sick children

Wildlife species

Military injury relief fund

Ohio Historical fund

State nature preserves

Enter Any Additional Ohio Information:



2020

Oklahoma Information

General Information:

Qualifying disability deduction	
Qualified adoption expenses paid	
Enter the amount of Internet or out of state purchases for which you did not pay sales tax	

Residency Information:

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

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

Enter the state names other than Oklahoma where you had income

Education Savings:

Did you or your spouse make any contributions to an Oklahoma 529 College Savings Plan or
OklahomaDream 529 account? Yes No

If Yes, enter the following:

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

Voluntary Contributions:

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

Support of Programs for Volunteers to Act as Court Appointed Special Advocates for Abused or Neglected Children	
Support Programs for Regional Food Banks	
Indigent Veteran Burial Program	
General Revenue Fund	
Oklahoma Emergency Responders Assistance Program	
Support of Folds of Honor Scholarship Program	
Support the Wildlife Diversity Fund	
Public School Classroom Support Fund	
Oklahoma Pet Overpopulation Fund	
Support the Oklahoma AIDS Care Fund	

Enter Any Additional Oklahoma Information:



2020

General Information:

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

Do you qualify as disabled?

If you are a retired U.S. Government employee receiving a federal pension, enter the payer's name and dates you worked for the U.S. Government.

TSJ	Payer's Name	From (Mo/Da/Yr)	To (Mo/Da/Yr)

Residency Information:

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

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

Enter the state names other than Oregon where you had income

Education Savings:

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

Did you or your spouse make any contributions to a 529 Oregon College Savings Network account?

If Yes, enter the following:

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

Voluntary Contributions:

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

American Red Cross	<input type="text"/>	Alzheimer's Disease Research	<input type="text"/>
Oregon Historical Society	<input type="text"/>	OR Head Start Association	<input type="text"/>
Child Abuse Prevention	<input type="text"/>	Albertina Kerr Centers	<input type="text"/>
Habitat for Humanity	<input type="text"/>	Stop Domestic and Sexual Violence ..	<input type="text"/>
Oregon Food Bank	<input type="text"/>	OR Military Financial Assistance	<input type="text"/>

Other Charity (Choose up to two of the following):

American Diabetes Association	<input type="text"/>	Oregon Coast Aquarium	<input type="text"/>
SMART	<input type="text"/>	SOLVE	<input type="text"/>
St. Vincent de Paul	<input type="text"/>	The Nature Conservancy	<input type="text"/>
Doernbecher Children's Hospital	<input type="text"/>	Oregon Humane Society	<input type="text"/>
The Salvation Army	<input type="text"/>	Oregon Veteran's Home	<input type="text"/>
Planned Parenthood of OR	<input type="text"/>	LIONS	<input type="text"/>
Shriner's Hospital for Children	<input type="text"/>	Special Olympics Oregon	<input type="text"/>
Susan G. Komen for the Cure	<input type="text"/>	Cascade AIDS project	<input type="text"/>
Oregon Nongame Wildlife	<input type="text"/>	Veterans Suicide Prevention	<input type="text"/>
ALS Association	<input type="text"/>		

If you or your spouse wish to contribute \$3.00 to a political party, specify a party.

Taxpayer: Constitution Democratic Independent Libertarian
 Republican Pacific Green Progressive Working Families

Spouse: Constitution Democratic Independent Libertarian
 Republican Pacific Green Progressive Working Families



2020

General Information:

Taxpayer

Spouse

Daytime telephone number (including area code)

Gambling and lottery winnings

Name of county

School district name

Note: If your school district has changed, update the school district shown above.

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

Residency Information:

From (Mo/Da/Yr)

To (Mo/Da/Yr)

If you did not live in Pennsylvania for all of 2020, enter the date you moved into or out of Pennsylvania:

Taxpayer

Spouse

Education Savings:

Did you or your spouse make any contributions to a Pennsylvania 529 College Savings Program or other state's qualified tuition (Section 529) account?

Yes

No

If Yes, enter the following:

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

Voluntary Contributions:

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

Taxpayer

Spouse

- PA Breast Cancer Coalition's Refunds for Breast and Cervical Cancer Research Fund
Wild Resource Conservation Fund
Military Family Relief Assistance Program
Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund
Juvenile (Type 1) Diabetes Cure Research Fund
American Red Cross
PA Children's Trust Fund
Pediatric Cancer Research Fund
Pennsylvania 529 College Savings Program Account:

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



2020

General Information:

City or town of legal residence

Residency Information:

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

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

Enter the state names other than Rhode Island where you had income

Consumer Use Tax:

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

Enter the amount of use tax paid to another state

Did you or your spouse make any individual purchases over \$1,000 for which you did not pay Rhode Island sales tax? Yes No

If Yes, enter the following:

Description	Amount	Sales Tax Paid

Education Savings:

Did you or your spouse make any contributions to a Tuition Savings Program account? Yes No

If Yes, enter the following:

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

Voluntary Contributions:

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

Drug Program Account	
Organ Transplant Fund	
Council on the Arts	
Nongame Wildlife Appropriation	
Childhood Disease Victim's Fund and Substance Use and Mental Health Leadership Council	
Military Family Relief Fund	

Do you want to contribute to the Olympics? Yes No

If you wish to contribute \$2.00 to a political party, specify a party or select to contribute to the nonpartisan general fund.

Democrat
 Republican
 Moderate
 Nonpartisan



2020

South Carolina Information

General Information:

County

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

Residency Information:

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

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

Enter the state names other than South Carolina where you had income

Education Savings:

Did you or your spouse make any contributions to a South Carolina College Investment Program or South Carolina Tuition Prepayment Program account? Yes No

If Yes, enter the following:

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

Voluntary Contributions:

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

Endangered Wildlife Fund	<input type="text"/>	Litter Control Enforcement Program ..	<input type="text"/>
Children's Trust Fund	<input type="text"/>	K-12 Public Education Fund	<input type="text"/>
Eldercare Trust Fund	<input type="text"/>	State Parks Fund	<input type="text"/>
Veterans' Trust Fund	<input type="text"/>	Military Family Relief Fund	<input type="text"/>
Donate Life South Carolina	<input type="text"/>	Conservation Bank Trust Fund	<input type="text"/>
First Steps to School Readiness Trust Fund ..	<input type="text"/>	Financial Literacy Trust Fund	<input type="text"/>
War Between States Heritage Trust Fund ..	<input type="text"/>	Association of Habitat Affiliates	<input type="text"/>
Law Enforcement Assistance Program	<input type="text"/>	Department of Natural Resources Fund	<input type="text"/>
State Forests Fund	<input type="text"/>		

Classroom Teacher Expenses Credit:

Amount spent on teacher supplies and materials

Amount reimbursed from school or district

Enter Any Additional South Carolina Information:



2020

Utah Information

General Information:

If you are a member of an Indian nation or tribe, enter the name of the Indian nation or tribe - Taxpayer

- Spouse

Tribal enrollment or census number - Taxpayer

- Spouse

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

Residency Information:

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

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

Enter the state names other than Utah where you had income

Education Savings:

Yes	No
-----	----

Did you or your spouse make any contributions to a my529 account?

If Yes, include all Forms TC-675H and enter the following:

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

Voluntary Contributions:

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

Pamela Atkinson Homeless Account

Kurt Oscarson Children's Organ Transplant Account

School District and Nonprofit School District Foundation

Name of School District

Clean Air Fund

Governor's Suicide Prevention Fund

If you or your spouse wish to contribute to the Election Campaign Fund, please specify a party:

Taxpayer: Democratic Republican Constitution Libertarian Independent American
 Green United Utah

Spouse: Democratic Republican Constitution Libertarian Independent American
 Green United Utah

Enter Any Additional Utah Information:



2020

General Information:

911 street address at end of 2020, if different than mailing address

School district name

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

Residency Information:

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

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

Enter the Canadian provinces or state names other than Vermont where you had income

Education Savings:

Yes No

Did you or your spouse make any contributions to a Vermont Higher Education Investment Plan account?

If Yes, enter the following:

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

Voluntary Contributions:

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

Vermont Nongame Wildlife Fund, Vermont Children's Trust Fund, Vermont Veterans' Fund, Green Up Vermont Fund

Payments:

If you sold real estate in Vermont and the buyer withheld Vermont income tax, enter the amount withheld and include Form RW-171

2020 nonresident estimated payments made on your behalf by a partnership, limited liability company, or S corporation. Include Schedule K-1VT

Income Adjustments:

Military pay when on active duty outside Vermont, Months on active military duty

Bond/note interest from VSAC, Bond/note interest from Build America, Bond/note interest from VT Telecommunication Authority, Bond/note interest from VT Public Power Supply Authority



2020

Tax Credits:

Charitable Housing Credit	<input type="text"/>
Qualified Sale of Mobile Home Park Credit	<input type="text"/>
Research & Development Credit	<input type="text"/>
Affordable Housing Credit	<input type="text"/>
Rehabilitation of Certified Historic Buildings Credit	<input type="text"/>
Historic Rehabilitation Credit	<input type="text"/>
Facade Improvement Credit	<input type="text"/>
Code Improvements Credit	<input type="text"/>
Entrepreneur's Seed Capital Fund Credit	<input type="text"/>

Household Income Information:

Enter household income information if claiming either the Renter Rebate or Property Tax Adjustment.

	Taxpayer	Spouse	All Others
Enter the amount you received from:			
Cash public assistance/welfare	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veterans' benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Workers' compensation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Support money/child support	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gifts of cash or cash equivalent	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter the amount you paid for child support	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of person paid	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social security number of person paid	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Name	Social Security Number
Others contributing to household income	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Renter Rebate Claim Information:

Include all Forms LC-142.

Location of rental property if not current address

Total rent from Form LC-142

Percent of rented property used for home if not 100%



2020

Homestead Declaration Information:

Location of homestead if not current address _____

SPAN (School Property Account Number) _____

Percent of business use of dwelling _____ %

Percent of rental use of dwelling _____ %

Are improvements of other buildings located on your parcel, other than the dwelling used for business or rented out? Yes No

Are you the grantor and sole beneficiary of a revocable trust owning the property?

Are you the life estate holder of the property?

Are you the owner of homestead property crossing town boundaries?

Are you residing in a dwelling owned by a related farmer?

Property Tax Adjustment Information:

Enclose a copy of your property tax bill and/or Lister's Certification of the homestead value and proof of payment. Enclose statement of school property tax allocable to your homestead from your land trust, cooperative or non-profit mobile home park.

Were you domiciled in VT all year? Yes No

Do you anticipate selling your housesite on or before April 1, 2021?

From 2020/2021 property tax bill:
Housesite value _____
Housesite education tax _____
Housesite municipal tax _____

Percent of ownership interest if not 100% _____ %

Mobile home lot rent from Form LC-142 _____

Allocated property tax from land trust, cooperative, or non-profit mobile home park:
Allocated education tax _____
Allocated municipal tax _____

Property tax from contiguous property if housesite has less than 2 acres:
Contiguous property education tax _____
Contiguous property municipal tax _____

Enter Any Additional Vermont Information:



2020

General Information:

City or county of residence on January 1, 2021:

Taxpayer

Spouse

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

Table with 2 columns: Taxpayer, Spouse

Residency Information:

Table with 4 columns: Taxpayer (From, To), Spouse (From, To)

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

Enter the state names other than Virginia where you had income

Education Savings:

Yes No

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

If Yes, enter the following:

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

Voluntary Contributions:

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

- Virginia Nongame Wildlife Program
Virginia Democratic Party political contribution
Virginia Republican Party political contribution
Virginia Housing Program
Elderly and Disabled Transportation Fund
Virginia Arts Foundation
Open Space Recreation and Conservation Fund
Chesapeake Bay Restoration Fund
Family and Children's Trust Fund (FACT)
Virginia State Forests Fund
Virginia Federation of Humane Societies
Spay and Neuter Fund
Cancer Centers of Virginia
Children of America Finding Hope
Virginia Military Family Relief Fund
Federation of Virginia Food Banks
Public School Foundation Contribution
Foundation name(s)

Table with 2 columns: Taxpayer, Spouse

Public Library Foundation Contribution
Foundation name(s)



2020

General Information:

County of residence

Do you qualify as permanently and totally disabled?

Yes No
Taxpayer
Spouse

Consumer Use Tax:

Enter the amount of Internet or out of state purchases for which you did not pay sales tax
Enter the amount of use tax paid to another state
Enter the amount of purchase subject to municipal use tax
Enter the amount of use tax paid to another municipality
Enter the name of the municipality to which use tax was paid

Residency Information:

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

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

Education Savings:

Did you or your spouse make any contributions to a West Virginia College Savings Plan and Prepaid Tuition Trust Funds Account?
If Yes, enter the following:

Yes No

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

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:
Children's Trust Fund

Tax Credits:

Table listing various tax credits such as Non-family adoption credit, General economic opportunity tax credit, etc.



2020

General Information:

Enter the following information pertaining to where you live:

City
Village
Town
County
School district number
Date entered nursing home
Name of nursing home

Enter the amount of adoption fees, court costs, and legal fees relating to the adoption of a child
Enter the amount of human organ donation expenses relating to the donation of a human organ
Enter the amount of Internet or out of state purchases for which you did not pay sales tax
Amount of rent paid on your primary residence during 2020:
To a landlord who paid for heat
To a landlord who did not pay for heat

Residency Information:

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

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

Are you a former resident moving back to Wisconsin? Yes No

Education Savings:

Yes No

Did you or your spouse make any contributions to a Wisconsin State-Sponsored College Savings Program account?

If Yes, enter the following:

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

Voluntary Contributions:

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

Endangered Resources
Cancer Research
Veterans Trust Fund
Multiple Sclerosis
Military Family Relief
Second Harvest/Feeding America
Red Cross WI Disaster Relief
Special Olympics

Homestead Information:

Yes No

Was your home used for nonhomestead or nonfarm purposes during the year?

Is your home part of a farm?

If No, enter the number of acres your home is located on (to the nearest tenth)

How many months during 2020 did you receive a Wisconsin Works payment of any amount for a community service job or a transitional placement or county relief of \$400 or more?



2020

General Information:

Name of city

Township

Other township

Provide your present employer's:

Name

Address

Provide your spouse's present employer's:

Name

Address

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you qualify as deaf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you qualify as disabled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Residency Information:

Did you reside in this city for all of 2020?

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

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

If you did not reside in this city for all of 2020, enter the dates you did reside in this city

Former address

Wages Earned in Other Cities:

Name/Address Where Work Performed	Gross Wages	Total Number of Days Worked	Number of Days Worked in City



2020

Ohio Cities Information

General Information:

Name of city

Daytime telephone number (including area code)

If you moved during 2020, enter the date you moved (Mo/Da/Yr)

Principal business activity

Taxpayer's account number

Taxpayer's account type

2019 filing address

	Yes	No
Are you an employee?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a proprietor?	<input type="checkbox"/>	<input type="checkbox"/>
Did you file a return for 2019?	<input type="checkbox"/>	<input type="checkbox"/>
Did the IRS increase your tax liability for any prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you file an amended city return?	<input type="checkbox"/>	<input type="checkbox"/>
Is your city of residence the same as your city of employment?	<input type="checkbox"/>	<input type="checkbox"/>
Is this your final return?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, why?		

Voluntary Contributions (Akron Only):

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

Police equipment	
Fire and EMS equipment	
Parks and recreation equipment	

Enter Any Additional Ohio City Information:
