

Questions

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

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

Purchases, Sales and Debt Information

- Did you start a new business or purchase rental property during the year?
- Did you sell, exchange, or purchase any assets used in your trade or business?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you purchase or sell a principal residence during the year?
- Did you foreclose or abandon a principal residence or real property during the year?
- Did you acquire or dispose of any stock during the year?
- Did you take out a home equity loan this year?
- Did you refinance a principal residence or second home this year?
- Did you sell an existing business, rental, or other property this year?
- Did you lend money with the understanding of repayment and this year it became totally uncollectable?
- Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?
- Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?

Income Information

- Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?
- Did you receive any income from property sold prior to this year?
- Did you receive any unemployment benefits during the year?
- Did you receive any disability income during the year?
- Did you receive any Medicaid waiver payments as difficulty of care during the year?
- Did you receive tip income not reported to your employer this year?
- Did any of your life insurance policies mature, or did you surrender any policies?
- Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
- Did you receive any income considered to be nonemployee compensation?
- Do you expect a large fluctuation in income, deductions, or withholding next year?
- Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services)?

Retirement Information

- Are you an active participant in a pension or retirement plan?
- Did you receive any Social Security benefits during the year?
- Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?
- If yes, were any withdrawals due to a Federally declared disaster or COVID-19?
- If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2020?
- Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?
- Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

Education Information

- Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?
- Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses
- Did anyone in your family receive a scholarship of any kind during the year?
- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- Did you make any withdrawals from an education savings or 529 Plan account?
- If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?
- Did you make any contributions to an education savings or 529 Plan account?
- Did you pay any student loan interest this year?

- Did you cash any Series EE or I U.S. Savings bonds issued after 1989?
- Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?

Health Care Information

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

Itemized Deduction Information

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

Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?
- Do you have any foreign financial accounts, foreign financial assets, or hold

interest in a foreign entity?

Did you receive correspondence from the State or the IRS?

If yes, explain: _____

Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?

Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.

Personal Information

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

Mark if you were married but living apart all year _____

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

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____	_____
Mark if legally blind	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N)	_____	_____

Present Mailing Address

Address _____

Apartment number _____

City, state postal code, zip code _____

Foreign country name _____

Foreign phone number _____

In care of addressee _____

Dependent Information

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

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____

Social security number of qualifying person _____

Dependent Codes

- | | |
|---|---|
| <p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you due to divorce/separation 3 = Other dependent 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC) 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|---|---|

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) _____

Taxpayer email address _____

Spouse email address _____

Taxpayer

Spouse

Fax telephone number _____

Mobile telephone number _____

Mobile telephone #2 number _____

Pager number _____

Other: _____

 Telephone number _____

 Extension _____

Preferred method of contact: _____

 Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 _____

NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____

Primary account:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #1:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

Secondary account #2:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____

Enter the maximum dollar amount, or percentage of total refund Dollar _____ or Percent (xxx.xx) _____

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ or Percent (xxx.xx) _____

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ or Percent (xxx.xx) _____

Owner's name (First Last) _____

Co-owner or beneficiary (First Last) _____

Mark if the name listed above is a beneficiary _____

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ or Percent (xxx.xx) _____

Owner's name (First Last) _____

Co-owner or beneficiary (First Last) _____

Mark if the name listed above is a beneficiary _____

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

- Refunded _____
- Applied to 2021 estimated tax liability _____

Do you expect a considerable change in your 2021 income? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2021? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2021 withholding? (Y, N) _____

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2021? (Y, N) _____

If yes, please explain any differences:

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____

2020 Federal Estimated Tax Payments

2019 overpayment applied to 2020 estimates + _____

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	7/15/20	_____	+ _____	_____	_____
2nd quarter payment	7/15/20	_____	+ _____	_____	_____
3rd quarter payment	9/15/20	_____	+ _____	_____	_____
4th quarter payment	1/15/21	_____	+ _____	_____	_____
Additional payment		_____	+ _____	_____	_____

***Method of payment indicated in prior year**
EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System
Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Wages and Salaries #1

Please provide all copies of Form W-2.

2020 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Employer name _____

Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____

Mark if this is your current employer _____

Federal wages and salaries (**Box 1**) + _____

Federal tax withheld (**Box 2**) + _____

Social security wages (**Box 3**) (If different than federal wages) + _____

Social security tax withheld (**Box 4**) + _____

Medicare wages (**Box 5**) (If different than federal wages) + _____

Medicare tax withheld (**Box 6**) + _____

SS tips (**Box 7**) + _____

Allocated tips (**Box 8**) + _____

Dependent care benefits (**Box 10**) + _____

Box 13 -

Statutory employee _____

Retirement plan _____

Third-party sick pay _____

State postal code (**Box 15**) _____

State wages (**Box 16**) (If different than federal wages) + _____

State tax withheld (**Box 17**) + _____

Local wages (**Box 18**) + _____

Local tax withheld (**Box 19**) + _____

Name of locality (**Box 20**) _____

	Control Totals+
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Wages and Salaries #2

Please provide all copies of Form W-2.

2020 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Employer name _____

Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard) _____

Mark if this is your current employer _____

Federal wages and salaries (**Box 1**) + _____

Federal tax withheld (**Box 2**) + _____

Social security wages (**Box 3**) (If different than federal wages) + _____

Social security tax withheld (**Box 4**) + _____

Medicare wages (**Box 5**) (If different than federal wages) + _____

Medicare tax withheld (**Box 6**) + _____

SS tips (**Box 7**) + _____

Allocated tips (**Box 8**) + _____

Dependent care benefits (**Box 10**) + _____

Box 13 -

Statutory employee _____

Retirement plan _____

Third-party sick pay _____

State postal code (**Box 15**) _____

State wages (**Box 16**) (If different than federal wages) + _____

State tax withheld (**Box 17**) + _____

Local wages (**Box 18**) + _____

Local tax withheld (**Box 19**) + _____

Name of locality (**Box 20**) _____

	Control Totals+
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Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

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

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

Dividend Income

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

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

	2020 Information	Prior Year Information
State and local income tax refunds	+ _____	_____

	T/S	Agreement Date	2020 Information	Prior Year Information
Alimony received	___	_____	+ _____	_____
	___	_____	+ _____	_____

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

	Taxpayer	Spouse	Prior Year Information
Unemployment compensation**	+ _____	+ _____	_____
Unemployment compensation federal withholding	+ _____	+ _____	
Unemployment compensation state withholding	+ _____	+ _____	
Unemployment compensation repaid	+ _____	+ _____	
Alaska Permanent Fund dividends	+ _____	+ _____	

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

NOTES/QUESTIONS:

Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

2020 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Name of payer _____

State postal code _____

Gross distributions received (Box 1) + _____

Taxable amount received (Box 2a) + _____

Federal withholding (Box 4) + _____

Distribution code (Box 7) _____

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____

State withholding (Box 12) + _____

Local withholding (Box 15) + _____

Amount of rollover + _____

Mark if distribution was due to a pre-retirement age disability _____

Control Totals+

Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

2020 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Name of payer _____

State postal code _____

Gross distributions received (Box 1) + _____

Taxable amount received (Box 2a) + _____

Federal withholding (Box 4) + _____

Distribution code (Box 7) _____

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____

State withholding (Box 12) + _____

Local withholding (Box 15) + _____

Amount of rollover + _____

Mark if distribution was due to a pre-retirement age disability _____

Control Totals+

Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

2020 Information

Prior Year Information

Taxpayer/Spouse (T, S) _____

Name of payer _____

State postal code _____

Gross distributions received (Box 1) + _____

Taxable amount received (Box 2a) + _____

Federal withholding (Box 4) + _____

Distribution code (Box 7) _____

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan _____

State withholding (Box 12) + _____

Local withholding (Box 15) + _____

Amount of rollover + _____

Mark if distribution was due to a pre-retirement age disability _____

Control Totals+

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____

State postal code _____

Social Security Benefits

	2020 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2020 (Box 3 minus Box 4) (Box 5)	+ _____	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____	
Prescription drug (Part D) premiums	+ _____	

Tier 1 Railroad Benefits

	2020 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Portion of Tier 1 Paid in 2020 (Box 5)	+ _____	
Federal Income Tax Withheld (Box 10)	+ _____	
Medicare Premium Total (Box 11)	+ _____	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any prior year benefits in 2020. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

NOTES/QUESTIONS:

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

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			
	Other losses - 1040 Sch 1			
	Section 179			

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			
	Other losses - 1040 Sch 1			
	Section 179			

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of entity _____
 State postal code _____
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1-7	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			
	Other losses - 1040 Sch 1			
	Section 179			

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			

Taxpayer/Spouse/Joint (T, S, J) _____
 Employer identification number _____
 Name of activity _____
 State postal code _____

	Preparer use only Carryovers	Non-QBI & Tax	For QBI & Tax	AMT
Enter on K1T-3	Operating			
	Short-term capital			
	Long-term capital			
	28% rate capital			
	Section 1231 loss			
	Ordinary business gain/loss			

Alimony Paid:

T/S	Date*	2020 Information	Prior Year Information
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		

* Date of divorce/separation agreement

	2020 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:			
	+	+	
	+	+	
Other adjustments:			
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____
 Payer name _____
 State postal code _____
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____
 Final distribution _____

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____
 First name _____
 Last name _____

	2020 Information	Prior Year Information
Amount contributed in current year	+ _____	_____ _____ _____
Basis of this account at 12/31/19	+ _____	
Value of this account at 12/31/20	+ _____	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____	

Payments from Qualified Education Programs

	2020 Information	Prior Year Information
Gross distribution (Box 1)	+ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	+ _____	
Basis (Box 3)	+ _____	
Trustee-to-trustee rollover (Box 4)	_____	
Trustee-to-trustee rollover amount if different than Box 1	+ _____	
Box 5 -		
Private QTP	_____	
State QTP	_____	
Coverdell ESA	_____	
Check if the recipient is not the designated beneficiary (Box 6)	_____	
Qualified education expenses	+ _____	
Elementary and secondary education expenses	+ _____	

NOTES/QUESTIONS:

T/S/J

2020 Information

Prior Year Information

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

Form with 6 rows of lines for 2020 Information, each row preceded by a '+' sign.

Vertical column of 6 rows of lines for Prior Year Information.

Medical insurance premiums you paid:

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

Form with 4 rows of lines for 2020 Information, each row preceded by a '+' sign.

Long-term care premiums you paid:

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

Form with 2 rows of lines for 2020 Information, each row preceded by a '+' sign.

Prescription medicines and drugs:

Form with 3 rows of lines for 2020 Information, each row preceded by a '+' sign.

Miles driven for medical items

Form with 1 row of lines for 2020 Information.

Schedule A - Tax Expenses

T/S/J

2020 Information

Prior Year Information

State/local income taxes paid:

Form with 6 rows of lines for 2020 Information, each row preceded by a '+' sign.

2019 state and local income taxes paid in 2020:

Form with 3 rows of lines for 2020 Information, each row preceded by a '+' sign.

Real estate taxes paid:

Form with 3 rows of lines for 2020 Information, each row preceded by a '+' sign.

Personal property taxes:

Form with 2 rows of lines for 2020 Information, each row preceded by a '+' sign.

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

Form with 3 rows of lines for 2020 Information, each row preceded by a '+' sign.

Sales tax paid on major purchases:

Form with 2 rows of lines for 2020 Information, each row preceded by a '+' sign.

Sales tax paid on actual expenses:

Form with 3 rows of lines for 2020 Information, each row preceded by a '+' sign.

Vertical column of 14 rows of lines for Prior Year Information.

Control Totals+

Interest Expenses

T/S/J	2020 Interest Paid	2020 Points Paid	Type*	2020 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	
—	+	+	—	+	

***Mortgage Types**

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

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

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

— Payer's/Borrower's name _____

— Street Address _____

— City/State/Zip code _____

Refinancing Points paid in 2020 -

— Taxpayer/Spouse/Joint (T, S, J) _____

— Recipient/Lender name _____

— Total points paid at time of refinance _____

— Points deemed as paid in 2020 **(Preparer use only)** + _____

— Date of refinance _____

— Term of new loan (in months) _____

— Reported on Form 1098 in 2020 _____

— Taxpayer/Spouse/Joint (T, S, J) _____

— Recipient/Lender name _____

— Total points paid at time of refinance _____

— Points deemed as paid in 2020 **(Preparer use only)** + _____

— Date of refinance _____

— Term of new loan (in months) _____

— Reported on Form 1098 in 2020 _____

T/S/J	2020 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	
—	+	

Please provide all Forms 5498-SA.

	2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Name of Trustee _____		
State postal code _____		
Indicate type of health or medical savings account:		
HSA	—	
Archer MSA	—	
MA (Medicare Advantage) MSA	—	
Total HSA/MSA contributions made		
for 2020 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	—	
Number of months in qualified high deductible health plan in 2020	—	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	—	
Total HSA/MSA contribution to be made for 2020	+ _____	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____	
Excess contributions for 2019 taken as constructive contributions for 2020	+ _____	
Rollover contribution (Form 5498-SA, Box 4)	+ _____	

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

Amount of annual deductible	+ _____	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____	
If self-employed, enter earned income from business under which plan was established	+ _____	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2020? (Y, N) _____

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

	2020 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	
Name of Trustee _____		
State postal code _____	—	
Gross distributions received (Box 1)	+ _____	
Earnings on excess contributions (Box 2)	+ _____	
Distribution code (Box 3)	—	
Fair Market Value on date of death (Box 4)	+ _____	
Box 5 -		
HSA	—	
Archer MSA	—	
MA MSA	—	
All distributions were used to pay unreimbursed qualified medical expenses	—	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2020	+ _____	
Withdrawal of excess contributions by the due date of the return	+ _____	
Amount of distribution rolled over for 2020	+ _____	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+ _____	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/19	+ _____	
For HSA accounts:		
Was the high deductible health plan coverage started in 2019 and in effect for the month of December 2019? (Y, N)	—	
Was the high deductible health plan coverage ended before 12/31/20? (Y, N)	—	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

	2020 Information	Prior Year Information
Name of the insured chronically ill individual _____		
Social security number of insured _____		
Gross long-term care (LTC) benefits paid (Box 1)	+ _____	
Accelerated death benefits paid (Box 2)	+ _____	
Check one (Box 3)		
Per diem	—	
Reimbursed amount	—	
Qualified contract (Box 4)	—	
Check, if applicable (Box 5)		
Chronically ill	—	
Terminally ill	—	
Are there other individuals who received LTC payments during 2020? (Y, N)	—	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)	—	
Number of days during the long-term care period _____		
Cost incurred for qualified long-term care services during the long-term care period	+ _____	

NOTES/QUESTIONS:

Recovery Rebate Credit (Economic Impact Payment)**Please provide copies of all Notice(s) 1444 and 1444-B**

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

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

	Taxpayer/Joint	Spouse
Economic impact payment (EIP). Enter a zero (0) if none was received:		
EIP no. 1 reported on Notice 1444	+ _____	+ _____
EIP no. 2 reported on Notice 1444-B	+ _____	+ _____

Mark if taxpayer, or spouse (if filing jointly) was a member of the US Armed Forces in 2020

—

NOTES/QUESTIONS:

Child and Dependent Care Expenses

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

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

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2020 _____ + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2020 _____ + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2020 _____ + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2020 _____ + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2020 _____ + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Control Totals+

Residential Energy Credit

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		—
Were the costs incurred made to your main home located in the United States? (Y, N)		—
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		—
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____
Enter the total amount of costs for exterior windows	+	_____
Enter the total amount of costs for exterior doors	+	_____
Enter the total amount of costs for qualified metal roofs	+	_____
Enter the total amount of costs for energy-efficient building property	+	_____
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	_____
Enter the total amount of costs for qualified solar electric property	+	_____
Enter the total amount of costs for qualified solar water heating property	+	_____
Enter the total amount of costs for qualified small wind energy property	+	_____
Enter the total amount of costs for qualified geothermal heat pump property	+	_____
Enter the total amount of costs for qualified fuel cell property	+	_____
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____

NOTES/QUESTIONS: