



**GRAD &  
SHOEMAKER**

35951 Five Mile Road  
Livonia, Michigan 48154

Telephone: (734) 462-6161  
Fax: (734) 462-6059

Dear Client,

**IMPORTANT 2020 CHANGES**

- **IF YOU RECEIVED A STIMULUS PAYMENT, PLEASE PROVIDE US WITH TAX FORM 1444-A (FIRST PAYMENT) AND FORM 1444-B (SECOND PAYMENT). IF YOU DO NOT HAVE THESE TAX FORMS AVAILABLE, THEN PLEASE PROVIDE US WITH THE AMOUNTS YOU RECEIVED FOR EACH PAYMENT. THESE WILL BE REQUIRED TO COMPLETE YOUR RETURN. IF YOU RECEIVED STIMULUS PAYMENTS, PLEASE ENTER THE AMOUNTS BELOW.**

**1st Payment** \_\_\_\_\_

**2nd Payment** \_\_\_\_\_

- **THE IRS HAS ADDED A NEW \$300 DEDUCTION FOR CASH CHARITABLE CONTRIBUTIONS MADE DURING 2020. NON-CASH DONATIONS DO NOT COUNT. IF YOU MADE ANY CASH DONATIONS, PLEASE PROVIDE US WITH THE CHARITABLE ORGANIZATION AND AMOUNT OF THE DONATION. IF YOU'RE CLAIMING THIS DEDUCTION, YOU SHOULD KEEP GOOD RECORDS, SUCH AS OBTAINING A RECEIPT OR ACKNOWLEDGEMENT LETTER FROM THE CHARITY.**

Due to the current circumstances, we will only be taking appointments via phone or video chat for the 2020 tax year. If you think you need an appointment, then please call our office at (734) 462-6161 to schedule a date and time. If you choose to have a phone or video appointment, then please provide us with your tax documents at least 1 week prior to your appointment.

Our goal is to provide you with an accurate tax return while also making sure you receive all entitled tax credits and deductions, so please take your time to fill out the questionnaire with care. These questions will help determine if you may be eligible for certain deductions and credits. We will contact you for additional information as needed.

Please provide us with your tax documents in any of the following manners:

- Drop off your tax documents in a sealed envelope during office hours. You can also put the sealed envelope through the mail slot in our front door outside our regular office hours.
- Mail your tax documents to our office.
- E-mail your scanned tax documents to your tax preparer. You can contact us at (734) 462-6161 if you are unsure of your tax preparer's e-mail address.

We date each drop-off as it comes in. Tax returns are completed in the order in which drop-offs are received.

Make sure to include the best phone number for us to contact you. If you have any questions or concerns, please include them with your tax documents. We will contact you regarding these questions or concerns when we begin preparation of your tax return. We will also contact you if we have additional questions related to your tax return or if we believe that information may be missing. Please verify we have the correct bank information for direct deposit of any refunds. You can find this information in the attached organizer.

**Our office hours will expand from February 1 through April 15<sup>th</sup> as follows:**

**Monday, Wednesday, Friday: 8:00 am to 4:30 pm**

**Tuesday, Thursday: 8:00 am to 8:00 pm**

**Saturday: 9:00 am to 3:00 pm**

When your return is complete, we can either mail, e-mail, or print a hard copy of your tax return that will be available for pick up. If you choose to pick up your return in person, please call our office when you arrive and our staff will bring your return out to your vehicle.

Our fees will be based on the amount of time spent gathering information and preparing your tax return. As in the past, payments for our services are made at the time you pick-up your completed tax return or before the completed return can be emailed to you, as applicable. You and your spouse, if applicable, will need to sign and return tax form 8879 before we can e-file the return on your behalf. We accept cash, check, and all major credit cards, including Visa, Master Card, American Express and Discover.

Please note there is a charge of \$10 to mail your tax return. Also, If you need more than one copy of your tax return or request an additional copy during the year, there will be a \$10 charge.

**The deadline for guaranteed completion of your tax return without extension is April 1.**

To keep your sensitive data as confidential as possible, our staff will not be permitted to provide you any tax information over the phone.

Thank you for your continued support and trust in our firm and all our employees!

**From:**

**To:**

GRAD & SHOEMAKER PC  
35951 5 MILE RD  
LIVONIA, MI 48154-1999



## **2020 Client Organizer**

This information is complete and correct to the best of my (our) knowledge.

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

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_

**GRAD & SHOEMAKER PC**  
**35951 5 MILE RD**  
**LIVONIA, MI 48154-1999**  
**734-462-6161**

Dear Client:

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 state income tax returns from information which you will furnish to 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 worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled 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 and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

GRAD & SHOEMAKER PC

Taxpayer Signature:

\_\_\_\_\_

Date: \_\_\_\_\_



**GRAD &  
SHOEMAKER**

35951 Five Mile Road  
Livonia, Michigan 48154

Telephone: (734) 462-6161  
Fax: (734) 462-6059

Dear Client,

**IMPORTANT 2020 CHANGES**

- **IF YOU RECEIVED A STIMULUS PAYMENT, PLEASE PROVIDE US WITH TAX FORM 1444-A (FIRST PAYMENT) AND FORM 1444-B (SECOND PAYMENT). IF YOU DO NOT HAVE THESE TAX FORMS AVAILABLE, THEN PLEASE PROVIDE US WITH THE AMOUNTS YOU RECEIVED FOR EACH PAYMENT. THESE WILL BE REQUIRED TO COMPLETE YOUR RETURN. IF YOU RECEIVED STIMULUS PAYMENTS, PLEASE ENTER THE AMOUNTS BELOW.**

**1st Payment** \_\_\_\_\_

**2nd Payment** \_\_\_\_\_

- **THE IRS HAS ADDED A NEW \$300 DEDUCTION FOR CASH CHARITABLE CONTRIBUTIONS MADE DURING 2020. NON-CASH DONATIONS DO NOT COUNT. IF YOU MADE ANY CASH DONATIONS, PLEASE PROVIDE US WITH THE CHARITABLE ORGANIZATION AND AMOUNT OF THE DONATION. IF YOU'RE CLAIMING THIS DEDUCTION, YOU SHOULD KEEP GOOD RECORDS, SUCH AS OBTAINING A RECEIPT OR ACKNOWLEDGEMENT LETTER FROM THE CHARITY.**

Due to the current circumstances, we will only be taking appointments via phone or video chat for the 2020 tax year. If you think you need an appointment, then please call our office at (734) 462-6161 to schedule a date and time. If you choose to have a phone or video appointment, then please provide us with your tax documents at least 1 week prior to your appointment.

Our goal is to provide you with an accurate tax return while also making sure you receive all entitled tax credits and deductions, so please take your time to fill out the questionnaire with care. These questions will help determine if you may be eligible for certain deductions and credits. We will contact you for additional information as needed.

Please provide us with your tax documents in any of the following manners:

- Drop off your tax documents in a sealed envelope during office hours. You can also put the sealed envelope through the mail slot in our front door outside our regular office hours.
- Mail your tax documents to our office.
- E-mail your scanned tax documents to your tax preparer. You can contact us at (734) 462-6161 if you are unsure of your tax preparer's e-mail address.

We date each drop-off as it comes in. Tax returns are completed in the order in which drop-offs are received.

Make sure to include the best phone number for us to contact you. If you have any questions or concerns, please include them with your tax documents. We will contact you regarding these questions or concerns when we begin preparation of your tax return. We will also contact you if we have additional questions related to your tax return or if we believe that information may be missing. Please verify we have the correct bank information for direct deposit of any refunds. You can find this information in the attached organizer.

**Our office hours will expand from February 1 through April 15<sup>th</sup> as follows:**

**Monday, Wednesday, Friday: 8:00 am to 4:30 pm**

**Tuesday, Thursday: 8:00 am to 8:00 pm**

**Saturday: 9:00 am to 3:00 pm**

When your return is complete, we can either mail, e-mail, or print a hard copy of your tax return that will be available for pick up. If you choose to pick up your return in person, please call our office when you arrive and our staff will bring your return out to your vehicle.

Our fees will be based on the amount of time spent gathering information and preparing your tax return. As in the past, payments for our services are made at the time you pick-up your completed tax return or before the completed return can be emailed to you, as applicable. You and your spouse, if applicable, will need to sign and return tax form 8879 before we can e-file the return on your behalf. We accept cash, check, and all major credit cards, including Visa, Master Card, American Express and Discover.

Please note there is a charge of \$10 to mail your tax return. Also, If you need more than one copy of your tax return or request an additional copy during the year, there will be a \$10 charge.

**The deadline for guaranteed completion of your tax return without extension is April 1.**

To keep your sensitive data as confidential as possible, our staff will not be permitted to provide you any tax information over the phone.

Thank you for your continued support and trust in our firm and all our employees!

Dear Client:

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

To protect your privacy, your Tax Organizer contains masked data. Masked data displays as asterisks. For example, a Social Security number could display as \*\*\*-\*\*-6789, an account number as \*\*\*\*\*6789, and a date of birth as \*\*/\*\*/2000. If you would like to confirm the masked data or make a change to your data, please contact this office. Do not indicate any changes to your data on your Tax Organizer. When you receive your completed tax return(s), make sure you review all Social Security numbers, bank account numbers, and dates of birth for accuracy.

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

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

You will also need to provide the following information:

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

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this

requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing.

Thank you for the opportunity to serve you.

Sincerely,

GRAD & SHOEMAKER PC



## Questions

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

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

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

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

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

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

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

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

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

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

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

Did you take out a home equity loan this year?

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

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

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

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

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

### **Income Information**

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

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

Did you receive any unemployment benefits during the year?

Did you receive any disability income during the year?

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

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

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

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

Did you receive any income considered to be nonemployee compensation?

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

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

### **Retirement Information**

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

Did you receive any Social Security benefits during the year?

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

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

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

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

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

### **Education Information**

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

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

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

- If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?
- 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?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any individual as a household employee during the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make energy efficient improvements to your main home this year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive correspondence from the State or the IRS?<br>If yes, explain: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.  | <input type="checkbox"/> | <input type="checkbox"/> |

## Client Organizer Topical Index

**This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.**

Topic	Page	Topic	Page
ABLE account distributions	73	Fuel tax credit	87, 88, 89
Adoption expenses	86	Gambling winnings	10, 18, 20
Affordable Care Act Health Coverage	69, 70	Gambling losses	59
Alaska Permanent Fund dividends	18, 77	Health savings account (HSA)	71, 72
Alimony paid	51	Household employee taxes	78
Alimony received	18	Identity authentication	7
Annuity payments received	10, 24	Installment sales	41, 42
Automobile information -		Interest income, including foreign	11, 13, 17b
Business or profession	68	Interest paid	58
Employee business expense	50	Investment expenses	57
Farm, Farm Rental	68	Investment interest expenses	58
Rent and royalty	68	IRA, Roth IRA contributions	26
Bank account information	3	IRA distributions	10, 24
Broker Statement - Consolidated	17b	Like-kind exchange of property	43
Business income and expenses	28, 29, 30	Long-term care services and contracts (LTC)	72
Business use of home	67	Medical and dental expenses	57
Cancellation of debt	19	Medical savings account (MSA)	71, 72
Casualty and theft losses, business	63, 65	Minister earnings and expenses	28, 49, 75
Casualty and theft losses, personal	64, 66	Miscellaneous income	18, 18a, 18b, 18c
Child and dependent care expenses	81	Miscellaneous adjustments	51
Children's interest and dividend	76, 77	Miscellaneous itemized deductions	59, 59a
Charitable contributions	59, 61, 62	Mortgage interest expense	58, 60
Contracts and straddles	22	Moving expenses - Active Military	48
Credit for Sick Leave and Family Leave due to COVID-19	32	Nonresident Alien	4, 5
Dependent care benefits received	12	Partnership income	10, 38
Dependent information	1	Payments from Qualified Education Programs (1099-Q)	10, 55
Depreciable asset acquisitions and dispositions -		Pension distributions	10, 24
Business or profession	94, 95	Railroad retirement benefits	25
Employee business expense	94, 95	Real estate taxes, personal property and other taxes paid	57
Farm, Farm Rental	94, 95	Recovery Rebate (Economic Impact Payment)	80
Rent and royalty	94, 95	REMIC's	16
Direct deposit information	3	Rent and royalty, vacation home, income and expenses	31, 32
Disability income	24, 83	Residential energy credit	84
Dividend income, including foreign	11, 14, 17b	S corporation income	10, 21, 38
Early withdrawal penalty	13	Sale of business property	41, 42
Education Credits and tuition and fees deduction	54	Sale of personal residence	40
Education Savings Account & Qualified Tuition Programs	55	Sale of stock, securities, and other capital assets	17, 17a, 17b
Electronic filing	6	Self-employed health insurance premiums	28, 33, 69
Email address	2	Self-employed Keogh, SEP and SIMPLE plan contributions	27
Employee business expenses	49	Seller-financed mortgage interest received	15
Estate income	10, 39	Social security benefits received	25
Farm income and expenses	33, 34, 35	State and local income tax refunds	18
Farm rental income and expenses		State & local estimate payments	9
Federal estimate payments	8	State & local withholding	12, 20, 24
Federal student aid application information (FAFSA)	56	Statutory employee	12, 28
Federal withholding	12, 20, 24, 25	Student loan interest paid	53
First-time homebuyer credit repayment	79	Trust income	39
Foreign bank accounts & financial assets	44, 45	Unemployment compensation	18
Foreign earned income & housing deduction	46, 47	Unreported tip or unreported wage income	74
Foreign employer compensation	23	U.S. savings bonds educational exclusion	52
Foreign taxes paid	85	Wages and salaries	10, 12

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

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_[1]  
 Mark if you were married but living apart all year \_\_\_\_\_[2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_[3]

	<b>Taxpayer</b>	<b>Spouse</b>
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [14]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	_____ [17]
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ <b>Y</b> [34]	

**Present Mailing Address**

Address \_\_\_\_\_ [40]  
 Apartment number \_\_\_\_\_ [41]  
 City, state postal code, zip code \_\_\_\_\_ [42] \_\_\_\_\_ [43] \_\_\_\_\_ [44]  
 Foreign country name \_\_\_\_\_ [46]  
 Foreign phone number \_\_\_\_\_ [49]  
 In care of addressee \_\_\_\_\_ [50]

**Dependent Information**

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

First Name <sup>51]</sup>	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 \_\_\_\_\_ [52]  
 Social security number of qualifying person \_\_\_\_\_ [53]

**Dependent Codes**

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

**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Mobile telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone #2 number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

    Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

    Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact: \_\_\_\_\_ [18] \_\_\_\_\_ [26]  
    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.  [1]

Primary account:

Financial institution routing transit number \_\_\_\_\_ [3]

Name of financial institution \_\_\_\_\_ [4]

Your account number \_\_\_\_\_ [5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [9]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [10]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [11] or Percent (xxx.xx) \_\_\_\_\_ [12]

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_ [27]

Name of financial institution \_\_\_\_\_ [28]

Your account number \_\_\_\_\_ [29]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [30]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [31]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [32]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [13] or Percent (xxx.xx) \_\_\_\_\_ [14]

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_ [33]

Name of financial institution \_\_\_\_\_ [34]

Your account number \_\_\_\_\_ [35]

Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_ [36]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_ [37]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_ [38]

Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ [17] or Percent (xxx.xx) \_\_\_\_\_ [18]

\*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 \_\_\_\_\_ [15] or Percent (xxx.xx) \_\_\_\_\_ [16]

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 \_\_\_\_\_ [19] or Percent (xxx.xx) \_\_\_\_\_ [20]

Owner's name (First Last) \_\_\_\_\_ [40] \_\_\_\_\_ [41]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [42] \_\_\_\_\_ [43]

Mark if the name listed above is a beneficiary \_\_\_\_\_ [44]

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 \_\_\_\_\_ [23] or Percent (xxx.xx) \_\_\_\_\_ [24]

Owner's name (First Last) \_\_\_\_\_ [45] \_\_\_\_\_ [46]

Co-owner or beneficiary (First Last) \_\_\_\_\_ [47] \_\_\_\_\_ [48]

Mark if the name listed above is a beneficiary \_\_\_\_\_ [49]



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

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

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

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

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

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

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

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

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

---

## NOTES/QUESTIONS:

**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [1]  
Identification number \_\_\_\_\_ [2]  
Issue date \_\_\_\_\_ [3]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [4]  
Location of issuance (State issued only) \_\_\_\_\_ [5]  
Document number (New York only) \_\_\_\_\_ [6]

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [9]  
Identification number \_\_\_\_\_ [10]  
Issue date \_\_\_\_\_ [11]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [12]  
Location of issuance (State issued only) \_\_\_\_\_ [13]  
Document number (New York only) \_\_\_\_\_ [14]

---

**NOTES/QUESTIONS:**

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

Refunded \_\_\_\_\_ [52]

Applied to 2021 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2021 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2021? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2021 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences:

\_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2021? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences:

\_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_ [74]

**2020 Federal Estimated Tax Payments**

2019 overpayment applied to 2020 estimates \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

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.

	<b>Date Due</b>	<b>Date Paid if After Date Due</b>	<b>Amount Paid</b>	<b>Calculated Amount</b>	<b>Method*</b>
1st quarter payment	7/15/20	_____ [6]	_____ [7]	_____	_____
2nd quarter payment	7/15/20	_____ [8]	_____ [9]	_____	_____
3rd quarter payment	9/15/20	_____ [10]	_____ [11]	_____	_____
4th quarter payment	1/15/21	_____ [12]	_____ [13]	_____	_____
Additional payment		_____ [14]	_____ [15]	_____	_____

**\*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:**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
**State postal code** \_\_\_\_\_ [2]

Amount paid with 2019 return \_\_\_\_\_ [3]  
 2019 overpayment applied to '20 estimates \_\_\_\_\_ [4]  
 Treat calculated amounts as paid \_\_\_\_\_ [8]

	<b>Date Paid</b>	<b>Amount Paid</b>	<b>Calculated Amount</b>
1st quarter payment	_____ [9]	_____ [10]	
2nd quarter payment	_____ [11]	_____ [12]	
3rd quarter payment	_____ [13]	_____ [14]	
4th quarter payment	_____ [15]	_____ [16]	
Additional payment	_____ [17]	_____ [18]	

**2020 City Estimated Tax Payments**

<p><b>City #1</b></p> <p>City name _____ [28]                  Amount paid with 2019 return _____ [31]                  2019 overpayment applied to '20 estimates _____ [32]                  Treat calculated amounts as paid _____ [36]</p>	<p><b>City #2</b></p> <p>City name _____ [50]                  Amount paid with 2019 return _____ [53]                  2019 overpayment applied to '20 estimates _____ [54]                  Treat calculated amounts as paid _____ [58]</p>
---	---

<b>City #1</b>		<b>City #2</b>	
<b>Date Paid</b>	<b>Amount Paid</b>	<b>Date Paid</b>	<b>Amount Paid</b>
1st quarter payment	_____ [37]	_____ [38]	_____ [59]
2nd quarter payment	_____ [39]	_____ [40]	_____ [61]
3rd quarter payment	_____ [41]	_____ [42]	_____ [63]
4th quarter payment	_____ [43]	_____ [44]	_____ [65]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

<p><b>City #3</b></p> <p>City name _____ [72]                  Amount paid with 2019 return _____ [75]                  2019 overpayment applied to '20 estimates _____ [76]                  Treat calculated amounts as paid _____ [80]</p>	<p><b>City #4</b></p> <p>City name _____ [94]                  Amount paid with 2019 return _____ [97]                  2019 overpayment applied to '20 estimates _____ [98]                  Treat calculated amounts as paid _____ [102]</p>
---	--

<b>City #3</b>		<b>City #4</b>	
<b>Date Paid</b>	<b>Amount Paid</b>	<b>Date Paid</b>	<b>Amount Paid</b>
1st quarter payment	_____ [81]	_____ [82]	_____ [103]
2nd quarter payment	_____ [83]	_____ [84]	_____ [105]
3rd quarter payment	_____ [85]	_____ [86]	_____ [107]
4th quarter payment	_____ [87]	_____ [88]	_____ [109]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____



### Wages and Salaries #1

Please provide all copies of Form W-2.

2020 Information

Prior Year Information

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


Control Totals

### Wages and Salaries #2

Please provide all copies of Form W-2.

2020 Information

Prior Year Information

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


Control Totals

**Interest Income**

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

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

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

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

Control Totals

**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.

<b>T</b> <b>S</b> Type <b>J</b> Code (**See codes below)	Ordinary <sup>[2]</sup> 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										

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee





State and local income tax refunds	2020 Information _____ [5]	Prior Year Information _____
------------------------------------	-------------------------------	---------------------------------

Alimony received	T/S	Agreement Date	2020 Information _____ [3] _____ [3]	Prior Year Information _____ _____
------------------	-----	----------------	--	--

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

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

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

**NOTES/QUESTIONS:**

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

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]  
 State postal code \_\_\_\_\_ [2]

**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) <b>(Box 5)</b>	_____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	_____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	_____ [12]	
Prescription drug (Part D) premiums	_____ [14]	

**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 <b>(Box 5)</b>	_____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	_____ [25]	
Medicare Premium Total <b>(Box 11)</b>	_____ [27]	

**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

\_\_\_\_\_  
 \_\_\_\_\_ [40]  
 \_\_\_\_\_ [41]  
 \_\_\_\_\_ [42]  
 \_\_\_\_\_ [43]  
 \_\_\_\_\_ [44]

**NOTES/QUESTIONS:**

	<b>Taxpayer</b>	<b>Spouse</b>
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2020	_____ [5]	_____ [6]
	<b>Taxpayer</b>	<b>Spouse</b>
Enter the nondeductible contribution amount made for use in 2020	_____ [5]	_____ [6]
Enter the nondeductible contribution amount made in 2021 for use in 2020	_____ [7]	_____ [8]
Traditional IRA basis	_____ [17]	_____ [18]
Value of all your traditional IRA's on December 31, 2020:	_____ [19]	_____ [20]
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Roth IRA**

**Please provide copies of any 1998 through 2019 Form 8606 not prepared by this office**

	<b>Taxpayer</b>	<b>Spouse</b>
Mark if you want to contribute the maximum Roth IRA contribution	__ [29]	__ [30]
Enter the total Roth IRA contributions made for use in 2020	_____ [31]	_____ [32]
Enter the amount a 2020 Roth IRA conversion should be adjusted by	_____ [39]	_____ [40]
Enter the total contribution Roth IRA basis on December 31, 2019	_____ [43]	_____ [44]
Enter the total Roth IRA contribution recharacterizations for 2020	_____ [45]	_____ [46]
Enter the Roth conversion IRA basis on December 31, 2019	_____ [47]	_____ [48]
Value of all your Roth IRA's on December 31, 2020:	_____ [49]	_____ [50]
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTES/QUESTIONS:**

Alimony Paid:

T/S	Date*	2020 Information	Prior Year Information
		[4]	
	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:	[6]	[7]	
Other adjustments:	[9]	[10]	

NOTES/QUESTIONS:

### Schedule A - Medical and Dental Expenses

T/S/J

2020 Information

Prior Year Information

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

[1]	_____	[2]	
	_____		
	_____		
	_____		
	_____		

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.**

[4]	_____	[5]	
	_____		
	_____		
	_____		

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.)**

[7]	_____	[8]	
	_____		

Prescription medicines and drugs:

[10]	_____	[11]	
	_____		
	_____		

[13]	Miles driven for medical items	[14]	
------	--------------------------------	------	--

### Schedule A - Tax Expenses

T/S/J

2020 Information

Prior Year Information

State/local income taxes paid:

[18]	_____	[19]	
	_____		
	_____		
	_____		
	_____		

2019 state and local income taxes paid in 2020:

[21]	_____	[22]	
	_____		

Real estate taxes paid:

[24]	_____	[25]	
	_____		

Personal property taxes:

[27]	_____	[28]	
	_____		

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

[30]	_____	[31]	
	_____		
	_____		

Sales tax paid on major purchases:

[36]	_____	[37]	
	_____		

Sales tax paid on actual expenses:

[39]	_____	[40]	
	_____		
	_____		

Control Totals

ITEMIZED DEDUCTIONS

## Interest Expenses

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

**\*Mortgage Types**

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

T/S/J	Payee's Name	SSN or EIN	2020 Information	Prior Year Information
	Other, such as: Home mortgage interest paid to individuals			

[4]				
<b>Address</b>				
<b>City, state and zip code</b>				
<b>Address</b>				
<b>City, state and zip code</b>				

**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 \_\_\_\_\_<sup>[7]</sup>  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2020 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_<sup>[11]</sup>  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2020 (**Preparer use only**) \_\_\_\_\_<sup>[12]</sup>  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2020 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2020 (**Preparer use only**) \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2020 \_\_\_\_\_

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

[15] _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Charitable Contributions

T/S/J		2020 Information	Prior Year Information
	Contributions made by cash or check (including out-of-pocket expenses)		
	Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.		
	Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.		
[2]	_____	[3]	_____
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
[5]	Volunteer miles driven	[6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
[8]	_____	[9]	_____
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	

### Miscellaneous Deductions

T/S/J		2020 Information	Prior Year Information
	Other expenses		
[12]	_____	[13]	_____
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
—	_____	_____	
	Gambling losses: (Enter only if you have gambling income)		
[15]	_____	[16]	_____
—	_____	_____	
—	_____	_____	
—	_____	_____	

**NOTES/QUESTIONS:**



Miscellaneous Itemized Deductions (State Use Only)

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J

2020 Information

Prior Year Information

Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses

[1] [Blank lines for entry]

[2] [Blank lines for entry]

[Blank shaded area for Prior Year Information]

Union dues, other than amounts reported on Form W-2:

[4] [Blank lines for entry]

[5] [Blank lines for entry]

Tax preparation fees

[7] [Blank line for entry]

[8] [Blank line for entry]

Other expenses, subject to 2% AGI limit, such as: Legal/accounting/custodial fees

[10] [Blank lines for entry]

[11] [Blank lines for entry]

Safe deposit box rental

[13] [Blank line for entry]

[14] [Blank line for entry]

Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT:

[16] [Blank lines for entry]

[17] [Blank lines for entry]

NOTES/QUESTIONS:

	2020 Information		Prior Year Information
	Taxpayer	Spouse	
Self-employed health insurance premiums: (Not entered elsewhere)			
_____	_____ [2]	_____ [3]	
_____	_____	_____	
Self-employed long-term care premiums: (Not entered elsewhere)			
_____	_____ [5]	_____ [6]	
_____	_____	_____	

**NOTES/QUESTIONS:**