

2020	1040	US	Tax Organizer
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**MARK S. YOUNG, C.P.A., A.P.C.****5151 SHOREHAM PL STE 170****SAN DIEGO CA 92122**Telephone number: **(858) 450-3200**Fax number: **(858) 568-9092**E-mail address: **mark@markyoungcpa.com**

## Tax Return Appointment

Date:

Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2020 tax return. Please enter all pertinent 2020 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

## CLIENT INFORMATION

Taxpayer

Spouse

First name and initial.....		
Last name.....		
Title/suffix.....		
Social security number.....		
Occupation.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
1=blind.....		
Home phone.....		
Work phone.....		
Work extension.....		
Cell phone.....		
E-mail address.....		

Address

In care of.....

Street address.....

Apartment number.....

City.....

State.....

ZIP code.....

## DEPENDENTS

Dependent No.

Dependent No.

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
Date of adoption (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		

Dependent No.

Dependent No.

First name.....		
Last name.....		
Title/suffix.....		
Date of birth (m/d/y).....		
Date of death (m/d/y).....		
Date of adoption (m/d/y).....		
Social security number.....		
Relationship.....		
Months lived at home.....		

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Please enter all pertinent 2020 information. If you have attached  
a government form for an item, check the box and do not enter a 2020 amount.

**WAGES, SALARIES AND TIPS**

Employer name:

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

2020 Amount

2019 Amount

Attach Forms W-2	

**INTEREST INCOME**

Payer name:

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

Attach Forms 1099-INT	

**DIVIDEND INCOME**

Payer name:

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

Attach Forms 1099-DIV	

**PENSIONS, IRA AND GAMBLING INCOME**

Payer name:

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

Attach Forms 1099-R & W-2G	

Winnings not reported on W-2G.....

Total gambling losses.....

**OTHER GOVERNMENT FORMS - INCOME**

<input type="checkbox"/>	Form 1099-B - Sales of stock (also include transaction history) .....
<input type="checkbox"/>	Form 1099-MISC - Miscellaneous income .....
<input type="checkbox"/>	Form 1099-K - Merchant card and third party network payments .....
<input type="checkbox"/>	Form 1099-S - Sales of real estate (also include closing statements) .....

Attach Forms 1099	
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<input type="checkbox"/>	Form 1099-G - State tax refunds .....
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Attach Forms 1099	
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Taxpayer:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

Attach Forms 1099	
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Spouse:

<input type="checkbox"/>	Form SSA-1099 - Social security benefits .....
<input type="checkbox"/>	Form 1099-G - Unemployment compensation .....
<input type="checkbox"/>	Form 1099-Q (529 Plan) .....
<input type="checkbox"/>	Form 1099-QA/5498-QA (ABLE Accounts) .....

Attach Forms 1099	
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**MISCELLANEOUS INCOME**

Taxpayer: Alimony received .....

Spouse: Alimony received .....

Other: .....


**RETIREMENT PLAN CONTRIBUTIONS**

Taxpayer: Traditional IRA contributions (1=maximum) .....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, &amp; qualified plan contributions (1=maximum) .....

Spouse: Traditional IRA contributions (1=maximum) .....

Roth IRA contributions (1=maximum) .....

Self-employed, SEP, SIMPLE, &amp; qualified plan contributions (1=maximum) .....

2020 Amount	2019 Amount

**OTHER GOVERNMENT FORMS - DEDUCTIONS**☐ Form 1098-E - Student loan interest .....☐ Form 1098-T - Tuition and related expenses .....

Attach Forms 1098

**AFFORDABLE CARE ACT**☐ Form 1095-A - Health Insurance Marketplace Statement .....☐ Form 1095-B - Health Coverage .....☐ Form 1095-C - Employer-Provided Health Insurance Offer and Coverage .....

Attach Forms 1095

**ADJUSTMENTS TO INCOME**

Taxpayer:

Self-employed health insurance premiums .....

Educator expenses .....

Other adjustments to income:

.....

.....

Alimony paid - Recipient name &amp; SSN .....

.....

.....


Spouse:

Self-employed health insurance premiums .....

Educator expenses .....

Other adjustments to income:

.....

.....

Alimony paid - Recipient name &amp; SSN .....

.....

.....


**MEDICAL AND DENTAL EXPENSES**

Prescription medicines and drugs .....

Doctors, dentists and nurses .....

Hospitals and nursing homes .....

Insurance premiums .....

Long-term care premiums - taxpayer .....

Long-term care premiums - spouse .....

Insurance reimbursement .....

Out-of-pocket lodging and transportation expenses .....

Number of medical miles .....

Other: .....

.....


**TAXES PAID**

State income taxes - 1/20 payment on 2019 state estimate .....

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2020	1040	US	Client Information	1
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## Tax Return Appointment

Date:

Time:

Location:

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

## CLIENT INFORMATION

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

## Filing Status

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

2020

1040

US/CA

## Client Information (continued)

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Please add, change or delete information for 2020.

## CLIENT INFORMATION

Taxpayer Contact Information	Home phone .....		<b>Daytime Phone</b>  1 = Work 2 = Home 3 = Mobile  <b>RDP Filing Status</b>  1 = Not applicable 2 = Joint 3 = Separate
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Fax number .....		
	E-mail address .....		
Spouse Contact Information	Home phone .....		
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....		
	Mobile phone .....		
	Fax number .....		
	E-mail address .....		
Taxpayer Authentication	Driver's license no. ....		
	Driver's license state .....		
	Issue date (m/d/y) .....		
	Expiration date (m/d/y) .....		
	Theft protection PIN .....		
Spouse Authentication	Driver's license no. ....		
	Driver's license state .....		
	Issue date (m/d/y) .....		
	Expiration date (m/d/y) .....		
	Theft protection PIN .....		
CA State Information	Registered domestic partner filing status (see table) .....		
	1=PMB no. in address .....		
	NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information.		

1 p2

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>																																																																																																																												
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2020	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

YES

NO

**PERSONAL INFORMATION**☐☐

Did your marital status change during the year?

☐☐

Did your address change during the year?

☐☐

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

**DEPENDENTS**☐☐

Were there any changes in dependents?

☐☐

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2020?

☐☐

Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

**HEALTH CARE COVERAGE**☐☐

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

**INCOME**☐☐

Did you receive unreported tip income of \$20 or more in any month?

☐☐

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

☐☐

Did you receive any disability income?

☐☐

Did you have any foreign income or pay any foreign taxes?

**PURCHASES, SALES AND DEBT**☐☐

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

☐☐

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

☐☐

Did you buy or sell any stocks, bonds or other investment property in 2020?

☐☐

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

☐☐

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

☐☐

Did you have any debts cancelled or forgiven?

☐☐

Does anyone owe you money which has become uncollectible?



2020	1040	US	Miscellaneous Questions (continued)
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If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

YES	NO	
<b>RETIREMENT PLANS</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
<b>EDUCATION</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<b>ITEMIZED DEDUCTIONS</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<b>ESTIMATED TAXES</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Did you apply an overpayment of 2019 taxes to your 2020 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect your 2021 taxable income and withholdings to be different from 2020?
<b>MISCELLANEOUS</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2020

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US

## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

YES

NO

**MISCELLANEOUS (continued)**☐☐

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

☐☐

Was your home rented out or used for business?

☐☐

Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

☐☐

Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?

☐☐

Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?

☐☐

Did you engage the services of any household employees?

☐☐

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

☐☐

Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?

☐☐

Did your bank account information change within the last twelve months?

☐☐

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

**CORONA VIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (CARES ACT)**☐☐

Did you receive an economic impact payment? If so, how much?

☐☐

Did your business have any PPP loan amounts forgiven?

☐☐

Did you receive a distribution from your retirement plan because of COVID?

<b>2020</b>	<b>1040</b>	<b>US/CA</b>	<b>Direct Deposit &amp; Estimates (Form 1040 ES)</b>	<b>3, 6</b>
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Please enter all pertinent 2020 information.

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

1=direct deposit of federal tax refund into bank account .....

1=electronic payment of balance due .....

1=electronic payment of estimated tax .....

1=direct deposit CA refund to one account, 2=split deposit between two accounts .....

1=electronic payment of CA state tax balance due .....

1=electronic payment of CA estimated tax .....

18		
34		
36		
103		
876		
982		

**BANK INFORMATION**

	Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)
19		24	20	21	22	71
44		45	47	48	49	72
50		51	67	68	69	73

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

	Amount Paid	Date Paid	TS	2020 Voucher Amount
Overpayment applied from 2019 .....	1			
1st quarter payment .....	2	3		13
2nd quarter payment .....	4	5		14
3rd quarter payment .....	6	7		15
4th quarter payment .....	8	9		16
Additional Estimated Tax Payments	38	39		
	40	41		
	42	43		
	44	45		
Paid with extension .....	10	11		802
Former spouse SSN if joint estimates .....	12			

**State**

	Amount Paid	Date Paid	TS	2020 Voucher Amount
Overpayment applied from 2019 .....	101			
1st quarter payment .....	102	103		113
2nd quarter payment .....	104	105		114
3rd quarter payment .....	106	107		115
4th quarter payment .....	108	109		116
Additional Estimated Tax Payments	138	139		
	140	141		
	142	143		
	144	145		
Paid with extension .....	110	111		804

**1****Type of Account**

1 = Savings  
2 = Checking

**2****Type of Investment**

1 = Checking or savings (default)  
2 = Taxpayer's IRA (next year limits)  
3 = Spouse's IRA (next year limits)  
4 = Health savings account (HSA)  
5 = Archer MSA

6 = Coverdell savings account (ESA)  
7 = Other  
8 = Taxpayer's IRA (current year limits)  
9 = Spouse's IRA (current year limits)

**3, 6**

2020

1040

US

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

7.1

Please enter all pertinent 2020 information.

**APPLICATION OF 2020 OVERPAYMENT (7.1)**

If you have an overpayment of 2020 taxes, do you want the excess refunded? ☐

or applied to 2021 estimate? ☐

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

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**2021 ESTIMATED TAX INFORMATION**

Do you expect your 2021 taxable income to be different from 2020? .....

Yes ☐

No ☐

If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_

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Do you expect your 2021 withholding to be different from 2020? .....

Yes ☐

No ☐

If "yes" explain any differences: \_\_\_\_\_

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7.1

2020	1040	US/CA	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
------	------	-------	------------------------------------	----------------

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

### WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2019 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	SDI (Box 14)	
		1	2							
	800			3	4	6	8	14	15	

### PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2						Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAS at 12/31/20	2019 Distribution
		Distribution code #1								Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE											
		1=spouse											
	800	1	2	810	196		3	4	6	9	34		

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

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2019 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	
				800	1	3	

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

	2020 Amount	TS	2019 Amount
Total gambling losses.....	12		
Winnings not reported on Form W-2G.....	10		

10, 13.1, 13.2

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

**INTEREST INCOME (11)**

## DIVIDEND INCOME (12)

[illegible]

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Income</b>	<b>14.1</b>
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Please enter all pertinent 2020 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

### MISCELLANEOUS INCOME

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....	2	52		
Medicare premiums paid (SSA-1099) .....	13	63		
1=treat Medicare premiums paid as SE health ins. ....	34	84		
Tier 1 RR retirement benefits (RRB-1099, box 5) ....	3	53		
1=lump-sum election for SS benefits .....	12	62		
Alimony received .....	5	55		
Taxable scholarships and fellowships .....	8	58		
Jury duty pay .....	28	78		
Household employee income not on W-2 .....	9	59		
Excess minister's allowance .....	24	74		
Alaska permanent fund dividends .....	21	71		
Income from rental of personal property .....	23	73		
Income subject to S/E tax:				
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
Other income (1099-MISC, box 3, 8)				
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		

### TAX WITHHELD (not entered elsewhere)

Federal income tax withheld .....	14	64		
State income tax withheld .....	15	65		
Local income tax withheld .....	16	66		

	<b>14.1</b>
--	-------------

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>State &amp; Local Tax Refunds / Unemployment Compensation</b>	<b>14.2</b>
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Please add, change or delete 2020 information as appropriate.  
Be sure to attach all 1099-G forms.

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

2020 1099-G Amount

No. <input style="width: 40px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1).....	2	
	.....	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) ..	4	
	1=city or local income tax refund .....	9	
	Tax year for box 2 if not 2019 (Box 3) .....	5	
	Federal income tax withheld (Box 4) .....	6	
	RTAA payments (Box 5) .....	25	
	Taxable grants:		
	Federal taxable amount (Box 6) .....	12	
	State taxable amount, if different .....	17	
	Farm amounts:		
	Agriculture payments (Box 7) .....	13	
	1=agriculture payments are from conservation reserve program .....	24	
	Market gain (Box 9) .....	26	
	Number of farm .....	15	
	1=box 2 is trade or business income (Box 8) .....	14	
State income tax withheld (Box 11) .....	11		

No. <input style="width: 40px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Unemployment compensation:		
	Total received (Box 1).....	2	
	.....	3	
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2) ..	4	
	1=city or local income tax refund .....	9	
	Tax year for box 2 if not 2019 (Box 3) .....	5	
	Federal income tax withheld (Box 4) .....	6	
	RTAA payments (Box 5) .....	25	
	Taxable grants:		
	Federal taxable amount (Box 6) .....	12	
	State taxable amount, if different .....	17	
	Farm amounts:		
	Agriculture payments (Box 7) .....	13	
	1=agriculture payments are from conservation reserve program .....	24	
	Market gain (Box 9) .....	26	
	Number of farm .....	15	
	1=box 2 is trade or business income (Box 8) .....	14	
State income tax withheld (Box 11) .....	11		

**14.2**



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

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

		2020 Amount	2019 Amount
No. <input style="width: 50px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....	143	
	Elementary & secondary education (net of nontaxable benefits) .....	307	
	Form 1099-Q:		
	Gross distributions (Box 1) .....	301	
	Earnings (Box 2) .....	302	
	Basis (Box 3) .....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .....	2	
	ESA's only:		
Value of this account at 12/31/20 (plus outstanding rollovers)	144		
Basis in this ESA as of 12/31/19 .....	165		
No. <input style="width: 50px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....	143	
	Elementary & secondary education (net of nontaxable benefits) .....	307	
	Form 1099-Q:		
	Gross distributions (Box 1) .....	301	
	Earnings (Box 2) .....	302	
	Basis (Box 3) .....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .....	2	
	ESA's only:		
Value of this account at 12/31/20 (plus outstanding rollovers)	144		
Basis in this ESA as of 12/31/19 .....	165		
No. <input style="width: 50px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....	143	
	Elementary & secondary education (net of nontaxable benefits) .....	307	
	Form 1099-Q:		
	Gross distributions (Box 1) .....	301	
	Earnings (Box 2) .....	302	
	Basis (Box 3) .....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .....	2	
	ESA's only:		
Value of this account at 12/31/20 (plus outstanding rollovers)	144		
Basis in this ESA as of 12/31/19 .....	165		

2020

1040

US/CA

Business Income (Schedule C)

No. 

16

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

## GENERAL INFORMATION

Principal business/profession .....	800	
Principal business code .....	801	
Business name, if different from Form 1040 .....	802	
Business address, if different from Form 1040 .....	803	
City, if different from Form 1040 .....	804	
State, if different from Form 1040 .....	828	
ZIP code, if different from Form 1040 .....	829	
Foreign region .....	830	
Foreign postal code .....	831	
Foreign country .....	832	
Employer identification number .....	805	
Other accounting method .....	806	

Accounting method: 1=cash, 2=accrual .....

Inventory method: 1=cost, 2=lower cost/market, 3=other .....

1=change of inventory method .....

1=spouse, 2=joint .....

1=first Schedule C filed for this business .....

If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....

1=not subject to self-employment tax .....

1=did not "materially participate" .....

1=personal services is not a material income producing factor .....

1=investment .....

1=minister's Schedule C .....

1=single member limited liability company .....

1=trader in financial instruments or commodities .....

CA FTB Form 3805V:

1=eligible small business .....

Qualified new business year: 1=1st, 2=2nd, 3=3rd .....

Principle business code (SIC 1987) .....

7		
6		
8		
10		
44		
112		
39		
22		
220		
37		
302		
418		
95		

114		
117		
826		

## INCOME

Gross receipts or sales (Form 1099-MISC, box 7) .....

Returns and allowances .....

Other income:

\_\_\_\_\_

\_\_\_\_\_

	2020 Amount	2019 Amount
51		
52		
54		
54		

## COST OF GOODS SOLD

Inventory at beginning of the year .....

Purchases .....

Cost of items for personal use .....

Cost of labor .....

Materials and supplies .....

Other costs:

\_\_\_\_\_

\_\_\_\_\_

Inventory at end of the year .....

14		
15		
16		
17		
18		
19		
19		
20		

16

2020

1040

US/CA

Business Income (Schedule C) (cont.)

No. 

16 p2

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

**EXPENSES**

	2020 Amount	2019 Amount
Accounting.....	201	
Advertising.....	56	
Answering service.....	202	
Bad debts from sales or service.....	57	
Bank charges.....	203	
Car and truck expenses (not entered elsewhere).....	59	
Commissions.....	60	
Contract labor.....	87	
Delivery and freight.....	204	
Dues and subscriptions.....	205	
Employee benefit programs.....	64	
Insurance (other than health).....	66	
Mortgage interest (paid to banks, etc.).....	12	
Other interest (not entered elsewhere).....	67	
Janitorial.....	206	
Laundry and cleaning.....	207	
Legal and professional.....	69	
Miscellaneous.....	208	
Office expense.....	70	
Outside services.....	209	
Parking and tolls.....	210	
Pension and profit sharing plans - contributions.....	71	
Pension and profit sharing plans - admin. and education costs.....	53	
Postage.....	211	
Printing.....	212	
Rent - vehicles, machinery, & equipment (not entered elsewhere).....	58	
Rent - other.....	72	
Repairs.....	73	
Security.....	213	
Supplies.....	74	
Taxes - real estate.....	45	
Taxes - payroll.....	41	
Taxes - sales tax included in gross receipts.....	43	
Taxes - other (not entered elsewhere).....	75	
Telephone.....	214	
Tools.....	215	
Travel.....	76	
Total meals in full (50%).....	81	
Department of Transportation meals in full (80%).....	86	
Entertainment expenses in full.....	845	
Uniforms.....	216	
Utilities.....	77	
Wages.....	78	

Other expenses:

_____	90	
_____	90	
_____	90	
_____	90	
_____	90	

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

16 p2

Series: 52 Capital Gains & Losses (Schedule D)

2020

1040

US

Sale of Home &amp; Moving Expenses

17, 27

If you sold your home or moved in 2020, please complete the information below.  
For the sale of home, please provide Form 1099-S and closing statements from  
the purchase and sale of your home.

**SALE OF HOME (17)**

Description of property (Box 3) .....	800	
Date acquired (m/d/y) .....	25	
Date sold (m/d/y) (Box 1) .....	26	
Sales price (Box 2) .....	27	
1=sale of home .....	46	
1=owned and used property as main home for at least 2 of 5 years before sale .....	145	
1=first-time homebuyer credit was previously taken on this home .....	366	
1=business use in year of sale .....	167	
Number of days after December 31, 2008 that home was not used as principal residence .....	367	

**Adjusted Basis**

Original cost.....		
Improvements:		
_____		
_____		
_____		
_____		
Adjusted basis.....	29	

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

Total expenses of sale.....	28	

**Reduced Exclusion**

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

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y) ..	152	
1=sale due to change in health, employment or unforeseen circumstances .....	161	
Days used as main home - taxpayer .....	148	
Days used as main home - spouse .....	149	
Days property owned - taxpayer .....	150	
Days property owned - spouse .....	151	

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

1=spouse, 2=joint .....	1	
1=armed forces move due to permanent change of station .....	14	
Miles from old home to new work place .....	2	
Miles from old home to old work place .....	3	
Expenses for transportation and storage of household goods and personal effects .....	4	
Lodging and travel (excluding meals):		
Lodging and travel (excluding automobile) .....	5	
Parking fees and tolls .....	15	
Gas and oil .....	16	
Miles driven to new home .....	17	

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

17, 27

2020

1040

US/CA

Rental &amp; Royalty Income (Schedule E)

No. 

18

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

**GENERAL INFORMATION**

		2020 Amount	2019 Amount
Description of property	800		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address	801		
City	820		
State	821		
ZIP code	822		
Type of property (see table)	802		
Other type of property	803		
Number of days rented		34	

Percentage of ownership if not 100% (.xxxx)	500		1=did not actively participate	38	
Percentage of tenant occupancy if not 100% (.xxxx)	503		1=real estate professional	32	
1=spouse, 2=joint	33		1=rental other than real estate	71	
1=qualified joint venture	108		1=investment	48	
1=nonpassive activity, 2=passive royalty	39		1=single member limited liability company	418	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no				112	

CA FTB Form 3805V:

1=eligible small business	105		
Qualified new business year: 1, 2 or 3	107		
Principle business code (SIC 1987)	826		

**INCOME**

	2020 Amount	2019 Amount
Rents or royalties received	110	

**DIRECT EXPENSES**

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

Advertising	4		
Association dues	16		
Auto and travel (not entered elsewhere)	5		
Cleaning and maintenance	6		
Commissions	7		
Gardening	18		
Insurance	8		
Legal and professional fees	10		
Licenses and permits	23		
Management fees	19		
Miscellaneous	24		
Mortgage interest (paid to banks, etc.)	9		
Qualified mortgage insurance premiums	62		
Excess mortgage interest	67		
Other interest (not entered elsewhere)	29		
Painting and decorating	20		
Pest control	21		
Plumbing and electrical	17		
Repairs	11		
Supplies	12		
Taxes - real estate	13		
Taxes - other (not entered elsewhere)	25		
Telephone	22		
Utilities	14		
Wages and salaries	15		
Other:			
	27		

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

18

2020

1040

US

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

No. 

18 p2

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

**GENERAL INFORMATION**

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

823	
824	
825	

**OIL AND GAS**

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

	2020 Amount	2019 Amount
42		
43		
502		
76		
506		

**PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)**

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

35		
53		

**INDIRECT EXPENSES**

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

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

204		
216		
205		
206		
207		
218		
208		
210		
223		
219		
224		
209		
262		
267		
229		
220		
221		
217		
211		
212		
213		
225		
222		
214		
215		

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

227		
227		
227		
227		
227		
227		

18 p2

2020

1040

US/CA

Farm Income (Schedule F/Form 4835)

No. 

19

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

## GENERAL INFORMATION

Principal product .....	800	
Employer ID number .....	801	

Agricultural activity code .....	1		
Accounting method: 1=cash, 2=accrual .....	2		
1=spouse, 2=joint .....	5		
1=farm rental (Form 4835) .....	84		
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other .....	966		
1=crop insurance proceeds election .....	64		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no .....	112		
1=did not "materially participate" (Schedule F only) .....	65		
1=did not actively participate (Farm rental only) .....	85		
1=real estate professional (farm rental only) .....	3		
1=single member limited liability company .....	418		
% of ownership if not 100% (.xxxx) (Farm rental only) .....	504		
CA FTB Form 3805V:			
1=eligible small business .....	113		
Qualified new business year: 1=1st, 2=2nd, 3=3rd .....	103		
Principle business code (SIC 1987) .....	826		

## FARM INCOME

	2020 Amount	2019 Amount
Cash method:		
Sales of livestock and other resale items .....	6	
Cost or basis of livestock or other resale items .....	7	
Sales of products raised .....	8	
Accrual method:		
Sales of livestock, produce, etc. ....	17	
Beginning inventory of livestock, etc. ....	23	
Cost of livestock, etc. purchased .....	24	
Ending inventory of livestock, etc. ....	25	
Other farm income:		
Total cooperative distributions .....	9	
Taxable cooperative distributions .....	10	
Total agricultural program payments (other than CRP) .....	11	
Taxable agricultural program payments (other than CRP) .....	12	
Total conservation reserve program payments .....	141	
Taxable conservation reserve program payments .....	142	
Commodity credit loans reported under election .....	13	
Total commodity credit loans forfeited or repaid .....	73	
Taxable commodity credit loans forfeited or repaid .....	74	
Total crop insurance proceeds received in 2020 .....	14	
Taxable crop insurance proceeds received in 2020 .....	75	
Taxable crop insurance proceeds deferred from 2019 .....	76	
Custom hire (machine work) income not included above .....	15	

19



2020

1040

US

Farm Income (Sch. F/Form 4835) (cont.)

No. 

19 p2

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

### FARM INCOME (continued)

Other income:

_____
_____
_____
_____
_____
_____
_____
_____
_____

	2020 Amount	2019 Amount
16		
16		
16		
16		
16		
16		
16		
16		
16		

### FARM EXPENSES

Car and truck expenses (not entered elsewhere) .....  
 Chemicals .....  
 Conservation expenses .....  
 Custom hire (machine work) .....  
 Employee benefit programs .....  
 Feed purchased .....  
 Fertilizers and lime .....  
 Freight and trucking .....  
 Gasoline, fuel, and oil .....  
 Insurance (other than health) .....  
 Mortgage interest (paid to banks, etc.) .....  
 Other interest (not entered elsewhere) .....  
 Labor hired .....  
 Pension and profit sharing - contributions .....  
 Pension and profit sharing plans - admin. and education costs .....  
 Rent - vehicles, machinery, and equipment (not entered elsewhere) .....  
 Rent - other (land, animals, etc.) .....  
 Repairs and maintenance .....  
 Seeds and plants purchased .....  
 Storage and warehousing .....  
 Supplies purchased .....  
 Taxes (not entered elsewhere) .....  
 Utilities .....  
 Veterinary, breeding, and medicine .....  
 Capitalized preproductive period expenses (also enter below) .....  
 Other expenses:

60		
27		
28		
40		
31		
32		
33		
34		
35		
36		
41		
42		
37		
43		
57		
39		
44		
45		
46		
47		
48		
49		
50		
51		
77		

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53		
53		
53		
53		
53		
53		
53		
53		
53		
53		

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

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2020

1040

US

Vehicle Expenses

No. 

22 p3

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

**GENERAL INFORMATION**

	2020 Amount	2019 Amount
Description of vehicle .....	800	
1=no evidence to support your deduction .....	30	
1=no written evidence to support your deduction .....	31	
1=vehicle is available for off-duty personal use .....	39	
1=no other vehicle is available for personal use .....	40	
1=vehicle used primarily by more than 5% owner .....	41	
Number of months of business use if changed from 100% personal use .....	333	

**AUTOMOBILE MILEAGE**

Total mileage (for the tax year) .....	36	
Business mileage .....	37	
Commuting mileage (for the tax year) .....	38	
Average daily round-trip commute .....	334	

**ACTUAL EXPENSES**

Parking fees and tolls (business portion only) .....	335	
Gasoline, lube, oil .....	338	
Repairs .....	339	
Tires .....	340	
Insurance .....	341	
Miscellaneous .....	342	
Auto license (other than personal property taxes) .....	343	
Personal property taxes (based on car's value) .....	344	
Interest (car loan) (for Schedule C, E & F) .....	345	
Vehicle rent or lease payments .....	350	
Inclusion amount (enter as positive) .....	351	
Value of employer-provided vehicle on Form W-2 (2106) .....	346	

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<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Adjustments to Income</b>	<b>24</b>
-------------	-------------	-----------	------------------------------	-----------

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

### TRADITIONAL IRA CONTRIBUTIONS

2020 Amount

2019 Amount

Taxpayer

Spouse

Taxpayer

Spouse

IRA contributions you made or expect to make  
(1=maximum) (\$6,000/\$7,000 if 50 or older) .....

Contributions made to date .....

1=covered by plan, 2=not covered .....

1		51	
3		53	
5		55	
8		58	


### ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make  
(1=maximum) (\$6,000/\$7,000 if 50 or older) .....

Contributions made to date .....

27		77	
30		80	


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

Profit-sharing (25%/1.25) contributions you  
made or expect to make (1=maximum) .....

10		60	
----	--	----	--

--	--

Money purchase (25%/1.25) contributions you  
made or expect to make (1=maximum) .....

11		61	
----	--	----	--

--	--

Defined benefit contributions you expect to make .....

13		63	
----	--	----	--

--	--

Self-employed SEP (25%/1.25) contributions you  
made or expect to make (1=maximum) .....

12		62	
----	--	----	--

--	--

Plan contribution rate if not .25 (.xxxx) .....

501		551	
-----	--	-----	--

--	--

Individual 401k: SE elective deferrals (except Roth) (1=max.) .....

44		94	
----	--	----	--

--	--

Individual 401k: SE designated Roth contributions (1=max.) .....

144		194	
-----	--	-----	--

--	--

SIMPLE contributions:

Self-employed SIMPLE contributions you  
made or expect to make (1=maximum) .....

22		72	
----	--	----	--

--	--

Employer matching rate if not .03 (.xxxx) .....

502		552	
-----	--	-----	--

--	--

1=nonelective contributions (2%) .....

24		74	
----	--	----	--

--	--

Contributions made to date .....

14		64	
----	--	----	--

--	--

### ADJUSTMENTS TO INCOME

Self-employed health insurance:

Total premiums (excluding long-term care) .....

16		66	
----	--	----	--

--	--

Long-term care premiums .....

26		76	
----	--	----	--

--	--

Student loan interest paid (1098-E, box 1) .....

23		73	
----	--	----	--

--	--

Educator expenses (kindergarten thru grade 12) .....

28		78	
----	--	----	--

--	--

Jury duty pay given to employer .....

43		93	
----	--	----	--

--	--

Expenses from rental of personal property .....

37		87	
----	--	----	--

--	--

Other adjustments to income:


19		69	
19		69	
19		69	


Alimony paid:

Date of divorce or sep. agreement

Taxpayer

Spouse

Recipient's first name ....

Recipient's last name ....

Recipient's SSN .....

Amount paid .....

102.____	
39.____	
40.____	
41.____	
18.____	

103.____	
89.____	
90.____	
91.____	
68.____	

2019 amt:

2019 amt:

24

2020

1040

US

Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2020, please complete the information below for each donee using the following guidelines:

\* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.

\* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

### DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee) .....		800	
	Street address .....		801	
	City .....		802	
	State .....		831	
	ZIP code .....		832	
	1=spouse, 2=joint .....		1	
	Property description (other than vehicle) .....		803	
	Vehicle	Identification number (VIN) .....	204	
		Year (yyyy) .....	14	
		Make and model .....	829	
		Condition and mileage .....	830	
	Date of contribution (m/d/y) .....		5	
	Date acquired by donor (m/y) .....		6	
	How acquired by donor (Table 1 or describe) .....		804	
	Donor's cost or basis .....		7	
Fair market value .....		8		
Method used to determine FMV (Table 2 or describe) .....		805		

No. <input type="text"/>	Name of charitable organization (donee) .....		800	
	Street address .....		801	
	City .....		802	
	State .....		831	
	ZIP code .....		832	
	1=spouse, 2=joint .....		1	
	Property description (other than vehicle) .....		803	
	Vehicle	Identification number (VIN) .....	204	
		Year (yyyy) .....	14	
		Make and model .....	829	
		Condition and mileage .....	830	
	Date of contribution (m/d/y) .....		5	
	Date acquired by donor (m/y) .....		6	
	How acquired by donor (Table 1 or describe) .....		804	
	Donor's cost or basis .....		7	
Fair market value .....		8		
Method used to determine FMV (Table 2 or describe) .....		805		

<p><b>1</b></p> <p style="text-align: center;"><b>How Property was Acquired</b></p> <div style="display: flex; justify-content: space-between;"> <div> <p>1 = Purchase</p> <p>2 = Gift</p> </div> <div> <p>3 = Inheritance</p> <p>4 = Exchange</p> </div> </div>	<p><b>2</b></p> <p style="text-align: center;"><b>Method Used to Determine FMV</b></p> <div style="display: flex; justify-content: space-between;"> <div> <p>1 = Appraisal</p> <p>2 = Thrift shop value</p> </div> <div> <p>3 = Catalog</p> <p>4 = Comparable sales</p> </div> </div> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>
--	---

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US

Business Use of Home (Form 8829)

No. 

29

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

**BUSINESS USE OF HOME**

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

	2020 Amount	2019 Amount
45		
46		
2		
1		
3		
9		
89		
502		
503		

**INDIRECT EXPENSES**

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

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

11		
12		
13		
14		
15		
16		
17		
18		
19		
54		

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

20		
20		
20		
20		

**DIRECT EXPENSES**

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

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

21		
22		
23		
24		
25		
26		
27		
28		
29		
55		
30		
31		

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

32		
32		
32		
32		

29

2020

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No. 

30

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

**GENERAL INFORMATION**

Occupation, if different from Form 1040 .....

800

Form .....

13

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

14

1=spouse .....

1

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

8

1=minister's expenses .....

226

**EMPLOYEE BUSINESS EXPENSES**

Meal and entertainment expenses .....

44

Reimbursements for meals and entertainment not on W-2, box 1 .....

45

1=Department of Transportation (80% meal allowance) .....

50

Local transportation (bus, taxi, train, etc.) .....

7

Travel expenses while away from home overnight .....

9

Reimbursements not included on Form W-2, box 1 .....

12

Other business expenses:


	2020 Amount	2019 Amount
44		
45		
50		
7		
9		
12		
10		
10		
10		
10		
10		
10		
10		
10		
10		
10		
10		

30

2020

1040

US

## Vehicle Expenses (Form 2106) (cont.)

No. 

30 p2

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

## VEHICLE INFORMATION

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

	2020 Amount	2019 Amount
11		
4		
2		
5		
6		

## VEHICLE 1

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

801		
15		
16		
17		
19		
18		
80		
70		

## Actual expenses:

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

51		
52		
53		
54		
22		
55		
56		
57		
23		
20		
24		

## VEHICLE 2

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

802		
29		
30		
31		
33		
32		
112		
71		

## Actual expenses:

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

61		
62		
63		
64		
36		
65		
66		
67		
37		
34		
38		

30 p2

2020

1040

US

Health Savings Accounts (8889)

32.1

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

## HSA CONTRIBUTIONS

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

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage .....	3	53		
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum) .....	5	55		
Contributions included above that were made after you became eligible for Medicare .....	32	82		
Contributions made to date .....	39	89		

## HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1) ...	15	65		
Distributions included above that were rolled over to another HSA .....	16	66		
Total unreimbursed qualified medical expenses ....	17	67		

32.1



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

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

**DEPENDENT CARE EXPENSES (33.1)**

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2020	3	53		
Employer-provided benefits forfeited in 2020	6	56		

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

No. <input style="width: 40px;" type="text"/>	First name .....	17	
	Last name .....	18	
	Title or suffix .....	24	
	Date of birth (m/d/y) .....	22	
	Social security number .....	19	
	Qualified dependent care expenses incurred and paid in 2020 .....	20	2019 amt:
	1=disabled .....	23	
	1=spouse, 2=joint .....	21	

No. <input style="width: 40px;" type="text"/>	First name .....	17	
	Last name .....	18	
	Title or suffix .....	24	
	Date of birth (m/d/y) .....	22	
	Social security number .....	19	
	Qualified dependent care expenses incurred and paid in 2020 .....	20	2019 amt:
	1=disabled .....	23	
	1=spouse, 2=joint .....	21	

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

No. <input style="width: 40px;" type="text"/>	Name of provider .....	10	
	Street address .....	11	
	City .....	12	
	State .....	26	
	ZIP code .....	27	
	Address where care provided (if different):		
	Street address .....	107	
	City, state, ZIP code .....	108	
	Telephone number .....	103	
	Identification number (SSN or EIN) .....	104	
	1=organization is tax-exempt .....	106	
	1=care provider is a person .....	27	
	Foreign region .....	28	
	Foreign postal code .....	29	
	Foreign country .....	30	
	Amount paid to care provider in 2020 .....	14	2019 amt:
1=spouse, 2=joint .....	15		

2020

1040

US

Education Credits / Tuition Deduction

No. 

38

Please complete the information below if you paid qualified education expenses in 2020 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution.  
Last year's amounts are provided for your reference.

**STUDENT INFORMATION**

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

First name.....

Last name.....

Social security number.....

Number of years hope credit claimed.....

Number of prior years AOC claimed.....

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

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

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

17		
12		
13		
14		
23		
35		
41		
32		
42		

**EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name.....

Street address.....

City.....

State.....

ZIP code.....

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

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

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

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

950		
951		
952		
953		
954		
243		
245		
244		
958		

**EDUCATIONAL INSTITUTION ATTENDED (#2)**

Name.....

Street address.....

City.....

State.....

ZIP code.....

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

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

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

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

850.____		
851.____		
852.____		
853.____		
854.____		
43.____		
45.____		
44.____		
858.____		

**QUALIFIED EDUCATION EXPENSES**

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

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

Books &amp; supplies not entered above.....

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

	2020 Amount	2019 Amount
16		
27		
28		
20		

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

38

2020

1040

US

Parent's Election to Report Child's Inc.

No. 

44

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

**CHILD'S INFORMATION**

First name.....	800	
Last name.....	803	
Social security number.....	801	
Date of birth (m/d/y).....	26	
1=nontaxable to federal.....	19	
1=nontaxable to state.....	18	

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

Banks, credit unions, etc. (Box 1):

2020 Amount

2019 Amount

	3		
	3		

U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):

	17		
	17		

Tax-exempt interest:

Total municipal bonds.....

In-state municipal bonds.....

	16		
	4		

Adjustments:

Nominee distribution.....

Accrued interest.....

Tax-exempt interest (1099-INT in error).....

OID adjustment.....

ABP adjustment.....

	5		
	6		
	22		
	7		
	8		

Foreign:

1=interest in or authority over foreign account.....

Name of foreign country.....

1=grantor/transferor or received distribution from foreign trust.....

	9		
	802		
	10		
	20		

Post 8/7/86 private activity bond interest (included above) (6251) .....

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

Total ordinary dividends (Box 1a):

	11		
	11		
	29		

Qualified dividends (Box 1b) .....

Total capital gain distributions (Box 2a):

	13		
	13		
	24		

Unrecaptured section 1250 gain (Box 2b) .....

Section 1202 gain (Box 2c) .....

Collectibles (28%) gain (Box 2d) .....

Nontaxable distributions (Box 3) .....

	2		
	23		
	12		

Tax-exempt interest:

Total municipal bonds.....

In-state municipal bonds.....

	15		
	21		

Nominee distributions:

Ordinary dividends.....

Qualified dividends.....

Capital gain distributions.....

	14		
	31		
	25		

Alaska permanent fund dividends included above .....

	27		
--	----	--	--

44