

Yes No

Purchases, Sales, Gains and Losses

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you exchange any securities or investments for something other than cash? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Do you have any short sales, commodity sales, or straddles? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive Form 2439? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you buy or sell any bonds? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive stock from a stock bonus plan with your employer? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you sell any other personal assets at a gain? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you sell any real estate (other than your home) during the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you sell any assets using the installment method? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive proceeds from a prior year installment sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase a rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you exchange any property for other property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you purchase a new vehicle, aircraft or boat? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did any security become worthless during 2020? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did any debts become uncollectible during 2020? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you purchase any items acquired out of state, online or by mail order that did not include sales tax? |

Yes No

Business and Rental Property Income & Deductions

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If you own rental property, do you qualify as a Real Estate Professional? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you start or acquire a new business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you sell any part of an existing business, or sell business assets? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you cease operating any business or rental property? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you remove any of your business assets for personal use? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you use part of your home for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to a Keogh or a self-employed SEP plan for 2020? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Do you pay for any health or long term care insurance through your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | If you or your spouse are self-employed, are either of you covered under an employer's health plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you purchase any furniture or equipment for your business? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you make any improvements to your rental properties? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you receive income from raising animals or crops? |

Yes No

Other Deductions

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you use your car on the job (other than to and from work)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you incur any travel and entertainment expenses for business purposes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you pay expenses for the care of your child or other dependent so you could work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you purchase a 'clean fuel' or electric hybrid vehicle in 2020? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make energy efficient improvements to your home or purchase any energy-saving property during 2020? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you contribute less than an entire interest in any property to charity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you refinance a mortgage or take out a home equity loan during 2020? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Did you incur moving expenses during the year due to a military order and incident to a permanent change in station? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Did you or your spouse pay any educational expenses for yourselves? |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Did you pay any student loan interest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you make any federal or state estimated payments? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you pay alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you donate non-cash donations? |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you donate a vehicle? |

Yes No

Miscellaneous

- | | | | |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you make gifts of more than \$15,000 to any one person? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you engage the service of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2020? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you claim a First-time Homebuyer Credit for a home purchased in 2008? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit? |

Yes **No** **Return preparation and filing**

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

Check sent to you in the mail

Other quick refund via a bank product

Apply to next year's estimates

Direct deposit (please provide voided blank check)

Type of account: Checking Savings

If you owe taxes, how do you want to pay them?

Paper check sent with my return Credit card

Installment Agreement

Direct debit (please provide a voided blank check)

Type of account: Checking Savings

3 Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's
name _____

Phone
Number _____

Personal identification
Number (5 digit PIN) _____

ACCOUNTS SERVICE

Name _____

SSN _____

Federal, State and Local Estimated Taxes Paid

Federal Estimates

Enter Payment Information	Filer and/or Joint Payments			Spouse Only Payments	
	Date Paid	Amount		Date Paid	Amount
1 Overpayment from last year			1		
2 First quarter payment			2		
3 Second quarter payment			3		
4 Third quarter payment			4		
5 Fourth quarter payment			5		
6 _____			6		
7 _____			7		

State Estimates

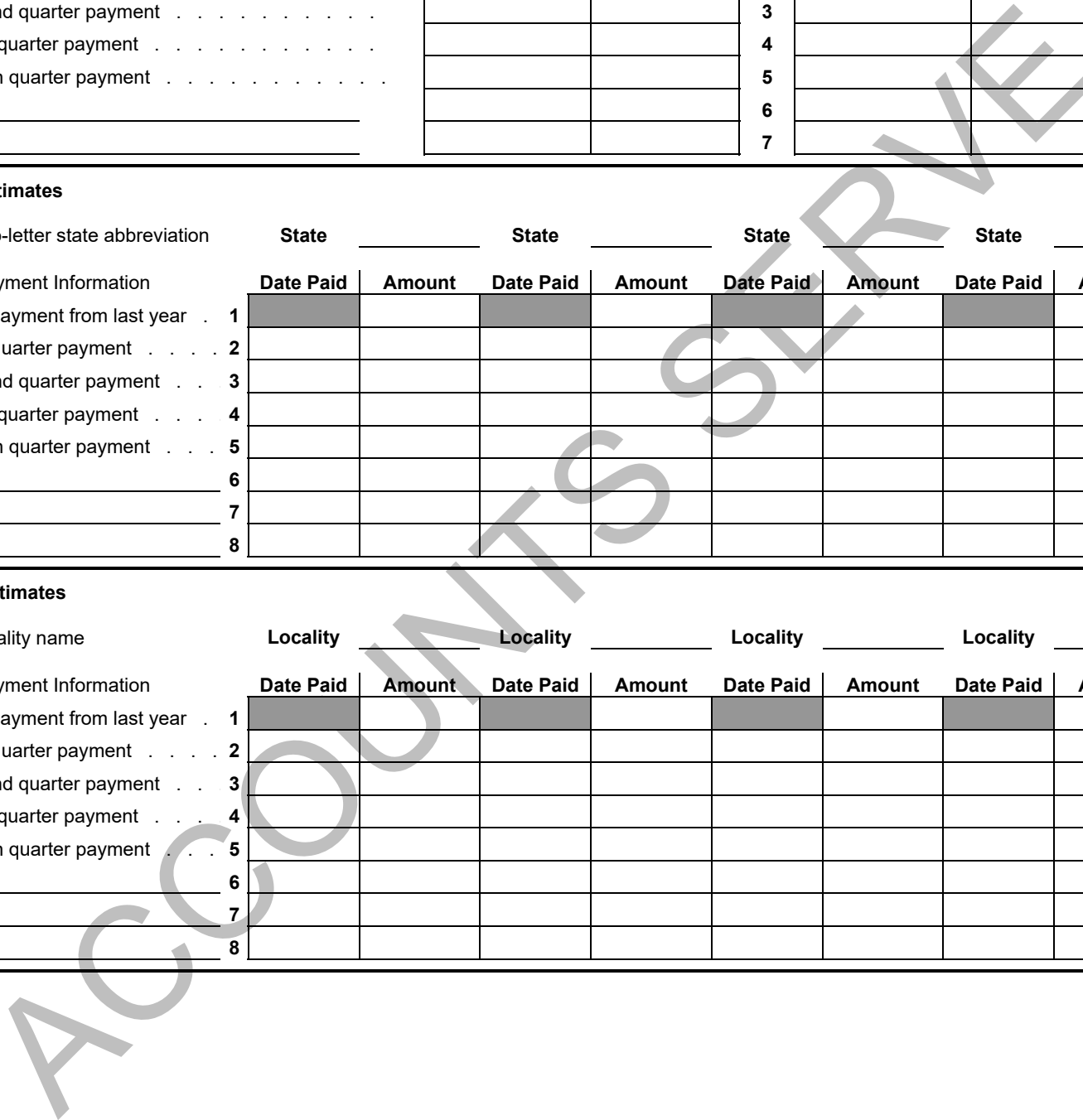
Enter two-letter state abbreviation State State State State

Enter Payment Information		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year	1								
2 First quarter payment	2								
3 Second quarter payment	3								
4 Third quarter payment	4								
5 Fourth quarter payment	5								
6 _____	6								
7 _____	7								
8 _____	8								

Local Estimates

Enter locality name Locality Locality Locality Locality

Enter Payment Information		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1 Overpayment from last year	1								
2 First quarter payment	2								
3 Second quarter payment	3								
4 Third quarter payment	4								
5 Fourth quarter payment	5								
6 _____	6								
7 _____	7								
8 _____	8								



Name _____

SSN _____

Wages

W-2 Information

"X" if spouse	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
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22					
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24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method Cash Accrual Other - (Specify) _____
- 2 Did you "materially participate" in this business? Yes No
- 3 Check ('X') if you started or acquired this business in 2020.
- 4 Did you make any payments in 2020 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

- 5 _____ 5
- 6 _____ 6
- 7 _____ 7
- 8 _____ 8
- 9 _____ 9
- 10 _____ 10
- 11 _____ 11
- 12 _____ 12
- 13 _____ 13
- 14 _____ 14
- 15 Income reported on 1099 MISC 15
- 16 Gross amount of payment card/third party network transactions from Form 1099-K 16
- 17 Professional gambler winnings from Form W2-G 17
- 18 Gross installment sales less cost of goods sold 18
- 19 Returns and allowances 19
- 20 Other income 20

	Current Year Amount	Prior Year Amount
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory Cost Lower of cost or market Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 23 Inventory at the beginning of year 23
- 24 Purchases less cost of items withdrawn for personal use 24
- 25 Cost of labor 25
- 26 Materials and supplies 26
- 27 Other Costs 27
- 28 Inventory at end of year 28

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		

Assets Placed in Service This Year

Description:

- A _____ A
- B _____ B
- C _____ C
- D _____ D
- E _____ E
- F _____ F
- G _____ G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
29	Advertising	29	
30	Contract labor	30	
31	Commissions and fees	31	
32	Depletion	32	
33	Employee benefit programs (other than on line 30)	33	
34	Insurance (other than health)	34	
Interest:			
35	Mortgage (paid to banks, etc.)	35	
36	Other	36	
37	Legal and professional services	37	
38	Office expense	38	
39	Pension and profit-sharing plans	39	
Rent or Lease:			
40	Machinery rental or lease	40	
41	Equipment rental or lease	41	
42	_____	42	
43	_____	43	
44	_____	44	
	Other business property rental or lease		
45	_____	45	
46	_____	46	
47	_____	47	
48	Repairs and maintenance	48	
49	Supplies (not included in inventory cost of goods sold)	49	
50	Taxes and licenses	50	
Travel and Meals:			
Travel			
51	_____	51	
52	_____	52	
53	_____	53	
54	_____	54	
Meals			
55	Enter "X" in the box if subject to DOT hours of service limits	55	<input type="checkbox"/>
56	_____	56	
57	_____	57	
58	_____	58	
59	_____	59	
60	Utilities	60	
61	Wages	61	
Other Expenses:			
62	_____	62	
63	_____	63	
64	_____	64	
65	_____	65	
66	_____	66	
67	_____	67	
68	_____	68	
69	_____	69	
70	_____	70	

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest 7				
8	Vehicle Personal Property tax 8				
Actual Expenses					
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance 10				
11	Vehicle registration fees 11				
12	Vehicle lease or rental 12				
13	_____ 13				

Name _____

SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: Daycare

Home Office Expenses

Area of Home

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1

2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

3 Multiply days used for daycare during year by hours used per day 3

4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

5 Casualty losses 5

6 Excess mortgage interest 6

7 Excess real estate taxes 7

8 Insurance 8

9 Rent 9

10 Repairs and maintenance 10

11 Utilities 11

12 Other Expenses:

a _____ 12a

b _____ 12b

c _____ 12c

d _____ 12d

e _____ 12e

Business Allocation:

Business 1: _____

Business 2: _____

Business 3: _____

Business 4: _____

Current Year Amount	Prior Year Amount

Current Year Allocation %	Prior Year Allocation %

Business:

Additional expenses related to business portion only (Direct)

13 Casualty losses 13

14 Excess mortgage interest 14

15 Excess real estate taxes 15

16 Insurance 16

17 Rent 17

18 Repairs and maintenance 18

19 Utilities 19

20 Other Expenses:

a _____ 20a

b _____ 20b

c _____ 20c

d _____ 20d

e _____ 20e

Current Year Amount	Prior Year Amount

Name _____

SSN _____

IRA and Other Contribution Information

Traditional IRA Contributions

Filer

- 1 Enter total traditional IRA contributions made for 2020 1
- 2 Enter contributions, on line 1, made after 12/31/2020 and before 04/15/2021 2
- 3 Enter value of all traditional IRAs on 12/31/2020 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2021 4

Current Year Amount	Prior Year Amount

Spouse

- 5 Enter total traditional IRA contributions made for 2020 5
- 6 Enter contributions, on line 5, made after 12/31/2020 and before 04/15/2021 6
- 7 Enter value of all traditional IRAs on 12/31/2020 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2021 8

Roth IRA Contributions

Filer

- 1 Enter 2020 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2020 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2020 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2020 4

SIMPLE IRA

Filer

- 1 Enter value of all SIMPLE IRAs on 12/31/2020 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2020 2

--	--

Education (Coverdell ESA)

Filer

- 1 Enter 2020 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2020 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2020 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2020 4

Other

Filer

- 1 Repayment of qualified reservist distributions 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Repayment of qualified reservist distributions 2

--	--

Name _____

SSN _____

Medical and Dental - Itemized Deductions

		Current Year Amount	Prior Year Amount
1	Prescription medications	1	
2	Fees for doctors, dentists, etc.	2	
3	Fees for hospitals, clinics, etc.	3	
4	Lab and X-ray fees	4	
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc.	5	
6	Medical equipment and supplies	6	
7	Medical mileage (number of miles driven)	7	
8	Medical parking, tolls and local transportation	8	
9	Lodging for medical purposes (up to \$50 per night per person)	9	
10	Health/Dental/Other ins. premiums (do not include self-employed plans)	10	
11	Long Term Care insurance premiums (taxpayer)	11	
12	Long Term Care insurance premiums (spouse)	12	
13	Expenses to stop smoking	13	
14	Health insurance premiums - coverage established under your business (1)	14	
15	Health insurance premiums - coverage established under your business (2)	15	
16	Long Term Care insurance premiums - coverage est. under your business (1)	16	
17	Long Term Care insurance premiums - coverage est. under your business (2)	17	
18	_____	18	
19	_____	19	
20	_____	20	
21	_____	21	
22	Insurance reimbursement for any medical and dental expense listed above	22	

ACCOUNTS SERVE

Name _____

SSN _____

Noncash Charitable Contributions (Total of Contributions more than \$500)

Information on Donated Property

(a) Name and Address of the Donee Organization		(b) Description of Donated Property
1	Name Address City State Zip Code	
2	Name Address City State Zip Code	
3	Name Address City State Zip Code	
4	Name Address City State Zip Code	
5	Name Address City State Zip Code	

Note: If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
1						
2						
3						
4						
5						

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2019 and paid in 2020 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.

Filer and/or Spouse Who Is a Student or Disabled

Check one box for each month or partial month that the filer or spouse was a full-time student or disabled.

		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse	Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January	_____
<input type="checkbox"/>	<input type="checkbox"/>	February	_____
<input type="checkbox"/>	<input type="checkbox"/>	March	_____
<input type="checkbox"/>	<input type="checkbox"/>	April	_____
<input type="checkbox"/>	<input type="checkbox"/>	May	_____
<input type="checkbox"/>	<input type="checkbox"/>	June	_____
<input type="checkbox"/>	<input type="checkbox"/>	July	_____
<input type="checkbox"/>	<input type="checkbox"/>	August	_____
<input type="checkbox"/>	<input type="checkbox"/>	September	_____
<input type="checkbox"/>	<input type="checkbox"/>	October	_____
<input type="checkbox"/>	<input type="checkbox"/>	November	_____
<input type="checkbox"/>	<input type="checkbox"/>	December	_____

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2020
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2020
1	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
2	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
3	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
4	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			
5	First: _____	City: _____ State: _____ Zip: _____	SSN: _____	
	Last: _____		EIN: _____	
	Business: _____			

Name _____

SSN _____

Adoption Expenses

1 Provide the Following Information on Each Eligible Child

	First Name Last Name		Child's Year of Birth	Enter "X" if Child Was:			Child's Identifying Number (SSN or ATIN)
				Born BEFORE 2003 and Disabled	A Child With Special Needs	A Foreign Child	
1st Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2nd Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3rd Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4th Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 2 Expenses you paid in 2019.
- 3 Expenses you paid in 2020, if the adoption was final in 2020.
- 4 Expenses you paid in 2020, if the adoption was final before 2020.

	1st Child	2nd Child	3rd Child	4th Child

Enter "X" in the appropriate box

5 Did you receive Employer-Provided-Adoption-Benefits in a prior year? Yes No

