

## 2020 Tax Organizer

### Personal and Dependent Information

#### Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

#### Marital Status at end of 2020

- ☐ Married  
☐ Married filing separately  
☐ Single  
☐ Widow(er) If spouse died in 2020 enter the date of death \_\_\_\_\_

#### Other information

- Are you blind?  
 Are you disabled?  
 Are you a full-time student?  
 Do you want \$3 to go to the Presidential Election Campaign Fund?

#### Taxpayer

- ☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No

#### Spouse

- ☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No

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

- ☐ Yes ☐ No

#### Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

#### COVID-19 Implications

Yes No

- ☐ ☐ Did you receive an Economic Impact Payment (EIP)? If "Yes," provide Notices 1444 and 1444-B from the IRS.  
                     First EIP amount \_\_\_\_\_ Second EIP amount \_\_\_\_\_  
☐ ☐ Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?  
☐ ☐ Were you unemployed for any portion of the year due to COVID-19?  
☐ ☐ Did you continue to receive wages from your employer even if you were unable to work?  
☐ ☐ Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?

If you own a farm or business:

- ☐ ☐ Did you continue to pay any employee while they were not working?  
☐ ☐ Did you delay withholding FICA taxes from any employee's pay?  
☐ ☐ Did you receive a Paycheck Protection Program (PPP) loan?

If "Yes," was the loan forgiven or have you applied for forgiveness? \_\_\_\_\_

- ☐ ☐ Were you unable to work due to COVID-19 and, if employed by someone other than yourself, would have qualified for sick or family leave?

#### Appointment Information

Your 2020 appointment is scheduled for \_\_\_\_\_

## Additional Taxpayer Information

Name:

SSN:

## Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

## Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

## Identification Information

## Taxpayer

Type of photo ID ☐ Driver's license ☐ State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

## Spouse

Type of photo ID ☐ Driver's license ☐ State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

## Healthcare Coverage Questionnaire

Name:

SSN:

### Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES NO

- ☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
- ☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

- ☐ ☐ Was your previous insurance policy canceled in 2020?
- ☐ ☐ Was coverage offered by your employer or your spouse's employer?
- ☐ ☐ Are you a member of a federally recognized Indian tribe?
- ☐ ☐ Are you eligible for services through an Indian healthcare provider?
- ☐ ☐ Are you a member of a healthcare sharing ministry?
- ☐ ☐ Did you live in the United States the entire year?
- ☐ ☐ Are you enrolled in TRICARE?
- ☐ ☐ Did you apply for CHIP coverage?
- ☐ ☐ Do any of the following apply to you? Do NOT indicate which one.
- ☐ Became homeless
  - ☐ Evicted in the past six months, or facing eviction or foreclosure
  - ☐ Received a shut-off notice from a utility company
  - ☐ Recently experienced domestic violence
  - ☐ Recently experienced the death of a close family member
  - ☐ Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
  - ☐ Filed for bankruptcy in the last six months
  - ☐ Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
  - ☐ Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member



## Income

Name:

SSN:

**Wages & Salaries**

Provide all copies of Form W-2

Employer name	2020 federal wages

**Retirement**

Provide all copies of Form 1099-R

Payer name	2020 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐ Yes ☐ No**Form 1099-Misc and Form 1099-NEC Income**

Provide all copies of Forms 1099-MISC and 1099-NEC

Payer name	2020 amount



## Income

Name: \_\_\_\_\_

SSN:

## Dividend Income

Provide all copies of Form 1099-DIV & other statements that report dividend income

[illegible]

## Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

[illegible]

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address



## Other Income and Adjustments

Name:

SSN:

## Other Income

	2020 Taxpayer	2020 Spouse
Scholarships or grants not reported on Form W-2 . . . . .		
State income tax refund (attach Forms 1099-G) . . . . .		
Social Security Benefits (attach Forms 1099-SSA) . . . . .		
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .		
Alimony received		
Divorce or separation date _____ Amount _____		
Unemployment compensation (attach Forms 1099-G) . . . . .		
Unemployment compensation repaid in 2020 . . . . .		
Gambling winnings (attach Forms W2-G) . . . . .		
Alaska Permanent Fund . . . . .		
ABLE distributions . . . . .		
Other income: _____		
_____		
_____		

## Adjustments

	2020 Taxpayer	2020 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .		
Contributions made to a Health Savings Account (HSA) . . . . .		
Contributions made to a Self-Employed Pension plan (SEP) . . . . .		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .		
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____		
Name _____		
SSN _____ Divorce or separation date _____		
Contributions made to an Individual Retirement Account (IRA) . . . . .		
Contributions made to a Roth IRA . . . . .		
Interest paid on a student loan . . . . .		
Other adjustments: _____		

## Job-related Moving Expenses

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2020

Number of miles from old home to old workplace . . . . .	
Number of miles from old home to new workplace . . . . .	
Expense to move household goods and personal effects and lodging expenses while traveling to your new home . . . . . (Do not include cost of meals)	



## Schedule C - Profit or Loss from Business

Name:

SSN:

## General Business Information

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

☐ This business started or was acquired during 2020☐ Yes ☐ No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

☐ This business was disposed of during 2020☐ Yes ☐ No

You filed Forms 1099 for the individuals

## Income

2020

2020

Gross receipts or sales . . . . . \_\_\_\_\_ Other income . . . . . \_\_\_\_\_

Returns &amp; allowances . . . . . \_\_\_\_\_ \_\_\_\_\_

## Expenses

2020

2020

Advertising . . . . . \_\_\_\_\_ Travel . . . . . \_\_\_\_\_

Car &amp; truck expenses . . . . . \_\_\_\_\_ Total meals . . . . . \_\_\_\_\_

Commissions &amp; fees . . . . . \_\_\_\_\_ Utilities . . . . . \_\_\_\_\_

Contract labor . . . . . \_\_\_\_\_ Wages . . . . . \_\_\_\_\_

Depletion . . . . . \_\_\_\_\_ Other expenses (list) . . . . . \_\_\_\_\_

Employee benefit programs . . . . . \_\_\_\_\_ \_\_\_\_\_

Insurance (other than health) . . . . . \_\_\_\_\_ \_\_\_\_\_

Interest - mortgage . . . . . \_\_\_\_\_ \_\_\_\_\_

Interest - other . . . . . \_\_\_\_\_ \_\_\_\_\_

Legal &amp; professional services . . . . . \_\_\_\_\_ \_\_\_\_\_

Office expenses . . . . . \_\_\_\_\_ \_\_\_\_\_

Pension &amp; profit sharing plans . . . . . \_\_\_\_\_ \_\_\_\_\_

Rent or lease (vehicles, machinery, &amp; equipment) . . . . . \_\_\_\_\_ \_\_\_\_\_

Rent (other business property) . . . . . \_\_\_\_\_ \_\_\_\_\_

Repairs &amp; maintenance . . . . . \_\_\_\_\_ \_\_\_\_\_

Supplies . . . . . \_\_\_\_\_ \_\_\_\_\_

Taxes &amp; licenses . . . . . \_\_\_\_\_ \_\_\_\_\_

## Cost of Goods Sold

2020

2020

Inventory at beginning of year . . . . . \_\_\_\_\_ Materials &amp; supplies . . . . . \_\_\_\_\_

Purchases . . . . . \_\_\_\_\_ Other costs . . . . . \_\_\_\_\_

Cost of personal use items . . . . . \_\_\_\_\_ Inventory at end of year . . . . . \_\_\_\_\_

Cost of labor . . . . . \_\_\_\_\_ ☐ There was a change in inventory method

## Schedule E - Income or Loss from Rental Real Estate &amp; Royalties

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Property Information**

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

**Select the property type**☐ Single family residence☐ Vacation / short-term rental☐ Land☐ Self-rental☐ Multi-family residence☐ Commercial☐ Royalties☐ Other \_\_\_\_\_

Number of days property was rented \_\_\_\_\_

Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

☐ This property is your main home or second home☐ Yes ☐ No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental

☐ This property was disposed of during 2020☐ Yes ☐ No

You filed Forms 1099 for the individuals

☐ This property was owned as a qualified joint venture**Income**

2020

2020

Rent income . . . . . \_\_\_\_\_

Royalties from oil, gas,  
mineral, copyright or patent . . . . . \_\_\_\_\_**Expenses****Rental unit  
expenses****Rental and homeowner  
expenses**

Advertising . . . . . \_\_\_\_\_

Auto &amp; travel . . . . . \_\_\_\_\_

Cleaning &amp; maintenance . . . . . \_\_\_\_\_

Commissions . . . . . \_\_\_\_\_

Insurance . . . . . \_\_\_\_\_

Legal &amp; professional fees . . . . . \_\_\_\_\_

Management fees . . . . . \_\_\_\_\_

Mortgage interest . . . . . \_\_\_\_\_

Other interest . . . . . \_\_\_\_\_

Repairs . . . . . \_\_\_\_\_

Supplies . . . . . \_\_\_\_\_

Taxes . . . . . \_\_\_\_\_

Utilities . . . . . \_\_\_\_\_

Depletion . . . . . \_\_\_\_\_

Other expenses  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

# 2020

### Income or Loss from Partnerships, S corporations, and Fiduciaries

Name:

SSN:

## Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]



## Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

☐ This farm was disposed of during 2020☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm☐ Yes ☐ No You filed Forms 1099 for the individuals**Income**

	2020		2020
Sale of livestock / other items . . . . .	_____	Custom hire income . . . . .	_____
Cost of items bought for resale . . . . .	_____	Beginning inventory for accrual . . . . .	_____
Sale of products you raised . . . . .	_____	Ending inventory for accrual . . . . .	_____
Total cooperative distributions . . . . .	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method	
Total agricultural payments . . . . .	_____	Other income . . . . .	_____
Commodity Credit Corporation (CCC) loans:			
CCC loans reported . . . . .	_____		_____
CCC loans forfeited . . . . .	_____		_____
Crop insurance proceeds:			
Amount received in 2020 . . . . .	_____		_____
<input type="checkbox"/> You elect to defer to 2021			
Amount deferred from 2019 . . . . .	_____		_____

**Expenses**

	2020		2020
Car & truck expenses . . . . .	_____	Repairs & maintenance . . . . .	_____
Chemicals . . . . .	_____	Seeds & plants purchased . . . . .	_____
Conservation expenses . . . . .	_____	Storage & warehousing . . . . .	_____
Custom hire (machine work) . . . . .	_____	Supplies purchased . . . . .	_____
Employee benefit programs . . . . .	_____	Taxes . . . . .	_____
Feed purchased . . . . .	_____	Utilities . . . . .	_____
Fertilizers & lime . . . . .	_____	Veterinary, breeding, & medicine . . . . .	_____
Freight & trucking . . . . .	_____	Other expenses . . . . .	_____
Gasoline, fuel, & oil . . . . .	_____		_____
Insurance (other than health) . . . . .	_____		_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other . . . . .	_____		_____
Non-W-2 labor hired . . . . .	_____		_____
W-2 wages paid . . . . .	_____		_____
Pension & profit-sharing plans . . . . .	_____		_____
Rent - vehicles, machinery, & equipment . . . . .	_____		_____
Rent - other (land, animals, etc.) . . . . .	_____		_____

## Form 4835 - Farm Rental Income and Expenses

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Description \_\_\_\_\_ Employer ID Number \_\_\_\_\_

☐ This farm was disposed of during 2020**Income**

	2020		2020
Income from production of livestock, grains, & other crops . . . . .	_____	Crop insurance proceeds:	
Total cooperative distributions . . . . .	_____	Amount received in 2020 . . . . .	_____
Total agricultural payments . . . . .	_____	<input type="checkbox"/> You elect to defer to 2021	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2019 . . . . .	_____
CCC loans reported . . . . .	_____	Other income . . . . .	_____
CCC loans forfeited . . . . .	_____		_____

**Expenses**

	2020		2020
Car & truck expenses . . . . .	_____	Seeds & plants purchased . . . . .	_____
Chemicals . . . . .	_____	Storage & warehousing . . . . .	_____
Conservation expenses . . . . .	_____	Supplies purchased . . . . .	_____
Custom hire (machine work) . . . . .	_____	Taxes . . . . .	_____
Employee benefit programs . . . . .	_____	Utilities . . . . .	_____
Feed purchased . . . . .	_____	Veterinary, breeding, & medicine . . . . .	_____
Fertilizers & lime . . . . .	_____	Other expenses	
Freight & trucking . . . . .	_____		_____
Gasoline, fuel, & oil . . . . .	_____		_____
Insurance (other than health) . . . . .	_____		_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other . . . . .	_____		_____
Labor hired (less jobs credit) . . . . .	_____		_____
Pension & profit-sharing plans . . . . .	_____		_____
Rent - vehicles, machinery & equip . . . . .	_____		_____
Rent - other (land, animals, etc.) . . . . .	_____		_____
Repairs & maintenance . . . . .	_____		_____

## Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes No

☐ ☐ This vehicle is available for use during off-duty hours☐ ☐ Another vehicle is available for personal use

Yes No

☐ ☐ There is evidence to support your deduction☐ ☐ The evidence is written

### Mileage

Number of miles the vehicle was driven during 2020

Business . . . . . \_\_\_\_\_

Commuting . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

### Expenses

Garage rent . . . . . \_\_\_\_\_ Repairs . . . . . \_\_\_\_\_

Gas . . . . . \_\_\_\_\_ Tires . . . . . \_\_\_\_\_

Insurance . . . . . \_\_\_\_\_ Tolls . . . . . \_\_\_\_\_

Licenses . . . . . \_\_\_\_\_ Lease addback . . . . . \_\_\_\_\_

Oil . . . . . \_\_\_\_\_ Other expenses \_\_\_\_\_

Parking fees . . . . . \_\_\_\_\_ \_\_\_\_\_

Rental fees . . . . . \_\_\_\_\_ \_\_\_\_\_

Interest . . . . . \_\_\_\_\_ \_\_\_\_\_

Property tax . . . . . \_\_\_\_\_ \_\_\_\_\_

### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business \_\_\_\_\_

What is the total square footage of your home \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used \_\_\_\_\_

How many hours per day was the area used \_\_\_\_\_

☐ The daycare facility was in operation for the entire year

### Expenses

#### Office expenses

#### Home expenses

Mortgage interest . . . . . \_\_\_\_\_

Real estate taxes . . . . . \_\_\_\_\_

Excess mortgage interest . . . . . \_\_\_\_\_

Excess real estate taxes . . . . . \_\_\_\_\_

Insurance . . . . . \_\_\_\_\_

Rent . . . . . \_\_\_\_\_

Repairs &amp; maintenance . . . . . \_\_\_\_\_

Utilities . . . . . \_\_\_\_\_

Other expenses . . . . . \_\_\_\_\_

In the "Office expenses" column,  
enter those expenses that  
pertain exclusively to your office;  
in the "Home expenses" column,  
enter those expenses that  
pertain to the entire dwelling.



## Household Employment

Name:

SSN:

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

Yes No

☐☐

Did you pay any one household employee cash wages of \$2,200 or more in 2020?

☐☐

Did you withhold federal income tax during 2020 for any household employee?

☐☐

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?

☐☐

Did you pay unemployment contributions to only one state?

☐☐

Did you pay all state unemployment contributions for 2020 by April 15, 2021?

☐☐

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2020

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax . . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

Yes No

☐☐

Did you pay any one household employee cash wages of \$2,200 or more in 2020?

☐☐

Did you withhold federal income tax during 2020 for any household employee?

☐☐

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?

☐☐

Did you pay unemployment contributions to only one state?

☐☐

Did you pay all state unemployment contributions for 2020 by April 15, 2021?

☐☐

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2020

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax . . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

## Schedule A - Itemized Deductions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Medical and Dental Expenses**

Health insurance premiums (paid by you) . . . . . \_\_\_\_\_

Long-term care premiums (you) . . . . . \_\_\_\_\_

Long-term care premiums (your spouse) . . . . . \_\_\_\_\_

Long-term care premiums (dependents) . . . . . \_\_\_\_\_

Mileage driven for medical purposes . . . . . \_\_\_\_\_

Medical & dental expenses

Doctor, dental, etc . . . . . \_\_\_\_\_

Prescription medicines . . . . . \_\_\_\_\_

Insulin . . . . . \_\_\_\_\_

Glasses & contacts . . . . . \_\_\_\_\_

Hearing aids . . . . . \_\_\_\_\_

Braces . . . . . \_\_\_\_\_

Medical equipment & supplies . . . . . \_\_\_\_\_

Hospital services . . . . . \_\_\_\_\_

Laboratory services . . . . . \_\_\_\_\_

Nursing services . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

**Taxes Paid**

State and local income taxes . . . . . \_\_\_\_\_

Sales tax . . . . . \_\_\_\_\_

Real estate taxes . . . . . \_\_\_\_\_

Personal property taxes . . . . . \_\_\_\_\_

Other taxes (list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Interest Paid**

Mortgage interest paid (attach Form 1098) . . . . . \_\_\_\_\_

☐ Some of your home mortgage loan was not used to buy, build, or improve your home

Mortgage interest paid to an individual . . . . . \_\_\_\_\_

Paid to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

SSN or EIN \_\_\_\_\_

Mortgage insurance premiums . . . . . \_\_\_\_\_

Investment interest . . . . . \_\_\_\_\_

**Charitable Contributions**

Donations to charity	Cash	Noncash	Amount
Church . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
University . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes \_\_\_\_\_

**Other Miscellaneous Deductions**

Amortizable bond premiums . . . . . \_\_\_\_\_

Federal estate tax . . . . . \_\_\_\_\_

Gambling losses . . . . . \_\_\_\_\_

Impairment-related work expenses . . . . . \_\_\_\_\_

Claim repayments . . . . . \_\_\_\_\_

Unrecovered pension investments . . . . . \_\_\_\_\_

Loss from other activities from Schedule K-1 . . . . . \_\_\_\_\_

Ordinary loss debt instrument . . . . . \_\_\_\_\_

Excess deduction on termination . . . . . \_\_\_\_\_

**Job Expenses & Certain Miscellaneous Deductions**

Necessary job expenses you paid that were not reimbursed by your employer

Safety equipment, tools, & supplies . . . . . \_\_\_\_\_

Uniforms . . . . . \_\_\_\_\_

Protective clothing (shoes, hardhats, glasses, etc.) \_\_\_\_\_

Dues to professional organizations . . . . . \_\_\_\_\_

Books & subscriptions . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

Union dues . . . . . \_\_\_\_\_

Tax preparation fees . . . . . \_\_\_\_\_

Other nonpersonal expenses related to taxable income

Safe deposit box fees . . . . . \_\_\_\_\_

Investment expenses not entered elsewhere . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

Home equity interest . . . . . \_\_\_\_\_

## Other Information

Name:

SSN:

**Mortgage Interest**

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employee Business Expenses**

- ☐ You are a qualified performing artist
 ☐ You are a member of the clergy  
☐ You are a fee-based state or local government official
 ☐ You used your personal vehicle for your job during 2020  
☐ You are a disabled employee with impairment-related work expenses  
☐ You are a reservist

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Parking fees, tolls, local transportation . . . . .	_____	_____
Meals . . . . .	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Casualties and Thefts**

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____



## Other Information

Name:

SSN:

## Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

## Education Expenses

Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____