



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2020 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2020 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2019 information is included for your reference. You do not need to make any 2019 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2019 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, or Form 1099-NEC.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

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General Questions

ORG3

PERSONAL INFORMATION			Yes	No
1	Did you receive an Economic Impact (Stimulus) Payment?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, how much did you receive?			
2	Did your marital status change during 2020?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If yes , explain			
3	Do you want to allow your tax preparer to discuss this year's return with the IRS?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy.			
	Designee's Name			
	Phone Number	Personal Identification Number (5 digit PIN)		
4	Do you or your spouse plan to retire in 2021?		<input type="checkbox"/>	<input type="checkbox"/>
5	Were you or your spouse permanently and totally disabled in 2020?		<input type="checkbox"/>	<input type="checkbox"/>
6	Enter date of death for taxpayer or spouse (if during 2020 or 2021): Taxpayer: _____ Spouse: _____			
7	Were you or your spouse a member of the U.S. Armed Forces during 2020?		<input type="checkbox"/>	<input type="checkbox"/>
DEPENDENT INFORMATION				
			Yes	No
8 a	Do you have dependents who must file?		<input type="checkbox"/>	<input type="checkbox"/>
	b If yes , do you want us to prepare the return(s)?		<input type="checkbox"/>	<input type="checkbox"/>
9 a	Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200?		<input type="checkbox"/>	<input type="checkbox"/>
	b If yes , do you want to include your child's income on your return?		<input type="checkbox"/>	<input type="checkbox"/>
10	Are any of your dependents not U.S. citizens or residents?		<input type="checkbox"/>	<input type="checkbox"/>
11	Did you provide over half the support for any other person during 2020?		<input type="checkbox"/>	<input type="checkbox"/>
12	Did you incur adoption expenses during 2020?		<input type="checkbox"/>	<input type="checkbox"/>
IRA, PENSION AND EDUCATION SAVINGS PLANS				
			Yes	No
13	Did you take a retirement account distribution related to the corona virus or a natural disaster?		<input type="checkbox"/>	<input type="checkbox"/>
14	Did you receive payments from a pension or profit-sharing plan?		<input type="checkbox"/>	<input type="checkbox"/>
15	Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution?		<input type="checkbox"/>	<input type="checkbox"/>
16 a	Did you convert all or part of a regular IRA into a Roth IRA?		<input type="checkbox"/>	<input type="checkbox"/>
	b Did you roll over all or part of a qualified plan into a Roth IRA?		<input type="checkbox"/>	<input type="checkbox"/>
17	Did you contribute to a Coverdell Education Savings Account?		<input type="checkbox"/>	<input type="checkbox"/>
ITEMS RELATED TO INCOME/LOSSES				
			Yes	No
18	Did you receive any disability payments in 2020?		<input type="checkbox"/>	<input type="checkbox"/>
19	Did you receive tip income not reported to your employer?		<input type="checkbox"/>	<input type="checkbox"/>
20 a	Did you buy, sell, refinance, or abandon a principal residence or other real property in 2020? (Attach copies of any escrow statements or Forms 1099.)		<input type="checkbox"/>	<input type="checkbox"/>
	b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home?		<input type="checkbox"/>	<input type="checkbox"/>
	c Are you planning to purchase a home soon?		<input type="checkbox"/>	<input type="checkbox"/>
21	Did you incur any casualty or theft losses during 2020?		<input type="checkbox"/>	<input type="checkbox"/>
22	Did you incur any non-business bad debts?		<input type="checkbox"/>	<input type="checkbox"/>
PRIOR YEAR TAX RETURNS				
			Yes	No
23	Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return?		<input type="checkbox"/>	<input type="checkbox"/>
	If yes , enclose agent's report or notice of change.			
24	Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return?		<input type="checkbox"/>	<input type="checkbox"/>

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

- | | Yes | No |
|--|--------------------------|--------------------------|
| 25 Did you have foreign income or pay any foreign taxes in 2020 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 a At any time during 2020, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2020? Report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 Did you at any time during 2020, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | Yes | No |
|---|--------------------------|--------------------------|
| 29 Did you receive Form 1095-A (Health Coverage)? If so, please attach | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 a Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 33 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2020? If yes, please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 Did you start paying mortgage insurance premiums in 2020? If yes, please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 Did you purchase a motor vehicle or boat during 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, attach documentation showing sales tax paid. | | |
| 36 Did you purchase an energy efficient vehicle in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, enter year, make, model, and date purchased: _____ | | |
| 37 Did you donate a vehicle in 2020? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 What was the sales tax rate in your locality in 2020? _____ % State ID _____ | | |
| 39 Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach details. | | |
| 42 Did you or your spouse participate in a medical savings account in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 43 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you pay any individual for domestic services in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you, your spouse, or your dependents attend post-secondary school in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47 Did a lender cancel any of your debt in 2020? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach information. | | |
| 49 At any time during 2020, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| 50 a Did you obtain a Paycheck Protection Program (PPP) loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes, has any portion of that loan been forgiven? | <input type="checkbox"/> | <input type="checkbox"/> |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | Yes | No |
|--|--------------------------|--------------------------|
| 51 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |

Caution: Review transferred information for accuracy.

- 53 If yes, please provide the following information:
- a Name of your financial institution
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32)
- c Account number
- d What type of account is this?
- Checking Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:														
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Business/Investment Questions

ORG4

	Yes	No
1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you buy or sell any stocks or bonds in 2020 ? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you surrender any U.S. savings bonds during 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations?	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)?	<input type="checkbox"/>	<input type="checkbox"/>
8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
9 Did you sell property or equipment on installment in 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
10 Did you have any business related educational expenses?	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you do a 'like-kind' exchange of property in 2020 ?	<input type="checkbox"/>	<input type="checkbox"/>
12 Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient Do you have records to support expenses?	<input type="checkbox"/>	<input type="checkbox"/>
13 Did you purchase special fuels for non-highway use?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please list the type of use and the number of gallons for each fuel.		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	_____	_____
First name	_____	_____
Middle initial and suffix	MI _____ Suffix _____	MI _____ Suffix _____
Social security number	_____	_____
Occupation.....	_____	_____
Work phone/extension	_____	_____
Cell phone	_____	_____
E-mail address.....	_____	_____
Driver's License/Id issuing state	_____	_____
License /Id number.....	_____	_____
License/Id issue date	_____	_____
License/Id expiration date.....	_____	_____
Birthdate	MM/DD/YYYY	MM/DD/YYYY
Blind	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund.....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number
City.....	_____ State..... _____	ZIP code..... _____
Home phone.....	_____	Foreign country
Fax.....	_____	Foreign phone

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year

Check this box if you are eligible to claim spouse's exemption

Check this box if your spouse itemizes deductions.....

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

5 Qualifying widow(er)

Check the box for the year the spouse died 2018 2019

DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Not qualified credit Other dep	Date of Birth *Not Citizen	2020 Child Care Expense
					+Months in U.S.
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

** For the Dependent Code, enter the following:

- L = dependent child who lived with you
- N = dependent child who didn't live with you due to divorce or separation
- O = other dependent
- Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION

Attach all copies of your W-2 forms here.

1	Employer's name	Check if not applicable for 2020	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		_____
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....		_____
	c Check SE tax on: (a) housing or parsonage allowance..... <input type="checkbox"/>	(b) W-2 wages..... <input type="checkbox"/>	(c) both..... <input type="checkbox"/>

2	Employer's name	Check if not applicable for 2020	<input type="checkbox"/>
	Employer's name	Check if for spouse	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account		_____
	3 Check if the income reported is from a foreign source		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance		_____
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value.....		_____
	c Check SE tax on: (a) housing or parsonage allowance..... <input type="checkbox"/>	(b) W-2 wages..... <input type="checkbox"/>	(c) both..... <input type="checkbox"/>

1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC

Attach all copies of your 1099-R forms here.

1	Payer's name.....	Check if not applicable for 2020	<input type="checkbox"/>
	Payer's name.....	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	2 a If a partial rollover, enter the amount rolled over		_____
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		_____
	3 Health insurance premiums deductible on Schedule A.....		_____
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
	b If only part of distribution is RMD, enter the part that is RMD.....		_____

2	Payer's name.....	Check if not applicable for 2020	<input type="checkbox"/>
	Payer's name.....	Check if for spouse	<input type="checkbox"/>
	1 Check if either box applies: Rollover	Conversion to Roth IRA	<input type="checkbox"/>
	2 a If a partial rollover, enter the amount rolled over		_____
	b If a partial conversion to a Roth IRA, enter the amount converted to Roth IRA		_____
	3 Health insurance premiums deductible on Schedule A.....		_____
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box		<input type="checkbox"/>
	b If only part of distribution is RMD, enter the part that is RMD.....		_____

W-2G – GAMBLING OR LOTTERY WINNINGS

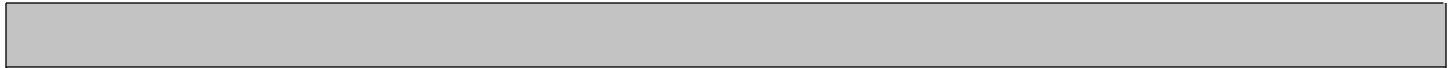
Attach all copies of your W-2G forms here.

Name of Payer	Check if Spouse	Reportable Winnings (Box 1)	Federal Tax Withheld (Box 4)	State Tax Withheld (Box 15)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

1099-R Amounts

ORG7B

Source From: 1099-R CSA-1099-R CSF-1099-R RRB-1099-R.....



Payer's name.....

Box	Description	2020	2019
		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Federal income tax withheld.....		
	▶	<input type="checkbox"/>	<input type="checkbox"/>
	▶	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Check if a qualified Roth IRA distribution, but box 7 code is J or T, not code Q	<input type="checkbox"/>	<input type="checkbox"/>
	▶ If a fully taxable disability pension, check if recipient is under the minimum retirement age	<input type="checkbox"/>	<input type="checkbox"/>
	State tax withheld – State 1.....		
	State tax withheld – State 2.....		
	State/Payer's state number – State 1		
	State/Payer's state number – State 2		
	State distribution – State 1		
	State distribution – State 2.....		
	Local tax withheld – Locality 1.....		
	Local tax withheld – Locality 2.....		
	Name of locality – Locality 1		
	Name of locality – Locality 2.....		
	Local distribution – Locality 1		
	Local distribution – Locality 2.....		
	Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of		
	▶ Spouse and treat as recipient's own (treat as rollover).....	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Recipient, but originally was inherited from spouse's (own IRA).....	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Spouse and not treat as recipient's own (taxable amount in box 2a)	<input type="checkbox"/>	<input type="checkbox"/>
	▶ Someone other than a spouse (taxable amount in box 2a)	<input type="checkbox"/>	<input type="checkbox"/>

1099-MISC Income and 1099-NEC Income

ORG8

MISCELLANEOUS INCOME

Attach all copies of 1099-MISC and 1099-NEC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if you did not receive income from this payer in 2020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name			
	Payer's federal identification number or			
	Payer's social security number			
1	Rents			
2	Royalties			
3	Other income			
4	Federal income tax withheld			
5	Fishing boat proceeds			
6	Medical/health care payments			
1	Nonemployee compensation (Form 1099-NEC)			
8	Substitute payments			
10	Crop insurance proceeds			
13	Excess golden parachute payments			
14	Gross proceeds paid to an attorney			
15a	Section 409A deferrals			
15b	Section 409A income			
16	State tax withheld – 1st state			
17	State name – two letters – 1st state			
	Payer's state number – 1st state			
18	State income – 1st state			
16	State tax withheld – 2nd state			
17	State name – two letters – 2nd state			
	Payer's state number – 2nd state			
18	State income – 2nd state			
	FATCA filing requirement	<input type="checkbox"/>		

ORG8

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

**Type of Interest blank = Regular taxable interest ME1 = ME bond interest in federal income MD1 = MD nontaxable interest — taxable federal	MA1 = MA bank interest NH1 = NH nontaxable interest — taxable federal NJ1 = NJ nontaxable interest — taxable federal	OK1 = OK bank interest TN1 = TN nontaxable interest — taxable federal WV1 = WV bond interest in federal income
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TSJ	X*	Payer Name	2020 Box 1 Interest	Type of Interest**	2020 Box 3 US/Treasury Interest	2020 Box 8 Tax Exempt	State	2019 Box 1 + 3

X* Check if you did not receive income from this account in 2020 .

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2020 Box 1a Ordinary Dividends	2020 Box 1b Qualified Dividends	2020 Box 2a Capital Gains	State	2019 Box 1a + 2a

X* Check if you did not receive income from this account in 2020 .

Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES	2020	2019
1 Prescription medications		
2 Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
3 Qualified long-term care premiums		
a Taxpayer's gross long-term care premiums		
b Spouse's gross long-term care premiums		
c Dependent's gross long-term care premiums		
4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
5 Insurance reimbursement.....		
6 Doctors, dentists, etc		
7 Hospitals, clinics, etc		
8 Lab and X-ray fees.....		
9 Expenses for qualified long-term care.....		
10 Eyeglasses and contact lenses		
11 Medical equipment and supplies		
12 Miles driven for medical purposes.....		
13 Ambulance fees and other medical transportation costs.....		
14 Lodging.....		
15 Other medical and dental expenses:		
a _____		
b _____		
c _____		
d _____		
e _____		
f _____		
g _____		
h _____		
i _____		
j _____		
TAXES	2020	2019
Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40.		
16 Real estate taxes paid on principal residence		
17 Real estate taxes paid on additional homes or land		
18 Auto registration fees based on the value of the vehicle.....		
19 Other personal property taxes		
20 Other taxes:		

Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2020	2019
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2020
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address
	
	

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2019 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

QUALIFIED MORTGAGE INSURANCE PREMIUMS		
	2020	2019
Premiums paid in 2020 for qualified mortgage insurance not from Form 1098 import		

Interest Paid and Cash Contributions (continued)

ORG14

INVESTMENT INTEREST		
	2020	2019
Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc)		

LIMITED HOME MORTGAGE DEDUCTION					
If the mortgage meets the following reasons during 2020 complete the following: - The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan					
	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
1a Interest paid in 2020					
Points paid in 2020					
Months loan outstanding					
Principal pd on loan in 2020					
b Was all proceeds of this loan used to buy, build, or substantially improve the home? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>					
2 Home Debt Origination on or after December 15, 2017					
Beginning of year balance ..					
Additional borrowed in 2020					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
3 Home Debt Origination after October 13, 1987 and Before December 15, 2017					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					
4 Grandfathered debt: (before 10/14/1987)					
Beginning of year balance ..					
Enter the amount of debt not used to buy, build, or substantially improve the home:					

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2020	2019
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven			
Miles driven to deliver noncash contributions			
Parking fees, tolls, and local transportation			

Noncash Contributions

ORG14A

Copy 1

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A _____			
B _____			
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A _____		
B _____		
C _____		
D _____		
E _____		
F _____		
G _____		
H _____		
I _____		

Method for Fair Market Value*	Date of Contribution	Complete these columns only for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A _____				
B _____				
C _____				
D _____				
E _____				
F _____				
G _____				
H _____				
I _____				

***Methods of determining FMV:**

- | | | | |
|---------------|--------------------------|-------------------|-------------|
| Appraisal | Capitalization of income | Present value | Thrift shop |
| Average share | Comparative sales | Replacement cost | |
| Catalog | Consignment shop | Reproduction cost | |

****Type of Donated Property**

- | | | |
|---------------------------------|-----------------------------------|--|
| Household/clothing items | Business equipment | Intellectual property |
| Motor vehicle, boat or airplane | Business inventory | Real property, conservation property |
| Art, other than self-created | Stock, publicly traded | Real property, other than conservation |
| Art, self-created | Stock, other than publicly traded | Other personal property |
| Collectibles | Securities, other than stock | Other intangible property |

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Sales of Stocks and Securities Basic Info

ORG21

Name	Social Security Number
------	------------------------

	Yes	No
1 Did you exchange any securities for other securities or any other property held for investment?	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you engage in any transactions involving traded options?	<input type="checkbox"/>	<input type="checkbox"/>
4 Did you engage in any transactions involving commodity future contracts and straddle positions?	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you engage in any transactions involving <i>employee</i> stock options?	<input type="checkbox"/>	<input type="checkbox"/>
6 Schedule D included in the 2019 Federal income tax return?	<input type="checkbox"/>	<input type="checkbox"/>

Enter details of specific security sales on Sales of Stocks and Securities (ORG21A)
 Use Installment Sales Income (ORG23) to report installment sales.

Adjustments to Income

ORG28

TRADITIONAL IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Traditional IRA contributions made for 2020		
2 Check if you were covered by a retirement plan at work.....	<input type="checkbox"/>	<input type="checkbox"/>
3 Check if you wish to make an additional contribution to your traditional IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
4 If line 3 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
5 Or enter the amount you wish to contribute		
If you (a) received traditional IRA distributions during 2020 and you have made nondeductible IRA contributions to any of your traditional IRAs, including SIMPLE IRAs, OR (b) choose to make any nondeductible traditional IRA contributions for 2020, please provide this information:		
6 Enter the value of all of your IRAs on 12/31/2020		
7 Enter the value of all recharacterizations after 12/31/2020		
8 Enter the amount of any outstanding rollovers as of 1/1/2021		
If you received IRA distributions during 2020, please complete ORG7.		
ROTH IRA CONTRIBUTIONS	Taxpayer	Spouse
1 Roth IRA contributions made for 2020		
2 Check if you wish to make an additional contribution to your Roth IRA before the due date of your return.....	<input type="checkbox"/>	<input type="checkbox"/>
3 If line 2 is checked, check this box to contribute the maximum allowable amount.....	<input type="checkbox"/>	<input type="checkbox"/>
4 Or enter the amount you wish to contribute		
SELF-EMPLOYED PENSION CONTRIBUTIONS	Taxpayer	Spouse
Money Purchase Plan Keogh and Multiple Plans:		
1 a Payments made and/or expected to be made to a money purchase Keogh plan for 2020		
b Check this box if you wish to contribute the maximum amount to your money purchase Keogh for 2020	<input type="checkbox"/>	<input type="checkbox"/>
Profit Sharing Plan Keogh:		
2 a Payments made and/or expected to be made to a profit sharing Keogh for 2020		
b Check this box if you wish to contribute the maximum amount to your profit sharing Keogh for 2020	<input type="checkbox"/>	<input type="checkbox"/>
Defined Benefit Plan Keogh:		
3 Payments made and/or expected to be made to a defined benefit Keogh plan for 2020		
SEP:		
4 a Payments made and/or expected to be made to a SEP for 2020		
b Check this box if you wish to contribute the maximum amount to your SEP for 2020	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed SIMPLE Plan:		
5 a Payments made and/or expected to be made to a self-employed SIMPLE plan for 2020		
b Enter matching contributions only to report on Form 1040 to a self-employed SIMPLE plan for 2020		
Individual 401(k):		
6 a Elective deferrals made and/or expected to be made to an Individual 401(k) plan for 2020		
b Catch-up contributions made and/or expected to be made to an Individual 401(k) for 2020		
c Employer matching profit-sharing contribution made and/or expected to be made to an Individual 401(k) plan for 2020.....		
d Check this box if you wish to contribute the maximum amount to your Individual 401(k) for 2020	<input type="checkbox"/>	<input type="checkbox"/>
Roth 401(k):		
7 a Elective deferrals made or expected to be made to a designated Roth 401(k) plan for 2020		
b Catch-up contributions made or expected to be made to a designated Roth 401(k) plan for 2020		
ALIMONY PAID		
Recipient's name	Recipient's SSN	Alimony paid
1		
2		

Tax Payments

ORG40

2020 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 07/15/20.....								
2 Qtr 2 due by 07/15/20.....								
3 Qtr 3 due by 09/15/20.....								
4 Qtr 4 due by 01/15/21								
5 a Additional payments ...								
b Additional payments ...								
c Additional payments ...								
d Additional payments ...								

OTHER TAX PAYMENTS

	Federal	State	Local
6 2019 overpayment applied to 2020			
7 Balance due paid with 2019 return			
8 a 2019 Quarter 4 payments paid in 2020			
b 2019 extension payments paid in 2020			
9 Other taxes paid in 2020 for prior years (include explanation)			

2021 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2021, please enter the increase or decrease below.

Income

10 Wages	Taxpayer	<input type="text"/>
	Spouse.....	<input type="text"/>
11 Self-Employment Income	Taxpayer	<input type="text"/>
	Spouse.....	<input type="text"/>
12 Capital Gains (sale of stock, real estate, etc).....		<input type="text"/>
13 Other Income:		
Description		<input type="text"/>

Deductions

14 Allowable Itemized Deductions	<input type="text"/>
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description	<input type="text"/>
16 Federal Withholding.....	<input type="text"/>
17 Number of personal exemptions expected for 2021	<input type="text"/>

ADDITIONAL INFORMATION

18 Check to use your 2020 tax amount for your 2021 estimate.....	<input type="checkbox"/>
19 If you have an overpayment of 2020 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess	<input type="checkbox"/>
20 Amount to apply if not entire overpayment.....	<input type="text"/>
21 Number of installments for estimated tax (1 - 4)	<input type="text"/>