

# F.C. TAX AND ACCOUNTING, INC.

## CHECKLIST & DEDUCTIONS WORKSHEET

888-202-0022

[www.fctaxes.com](http://www.fctaxes.com)

F.C. Tax and Accounting, Inc.  
3641 Moline Court  
Monrovia, MD 21770

Thank you for choosing our firm to prepare your income tax returns. This letter confirms the services we will provide.

We will prepare your federal and state returns based on information you provide. Although our work will not include procedures to discover irregularities or inaccuracies in the tax data you provide, we may ask for clarification of certain information, or additional information, so that we can prepare accurate and complete returns for you.

It is your responsibility to provide all necessary information related to income and deductions, and to respond to our inquiries in a timely manner so that we are able to accurately complete your returns by the appropriate due dates.

You are responsible for maintaining appropriate records, such as official tax documents you receive, receipts and substantiation for your deductions, and purchase and sales information for assets.

It is your responsibility to review your returns before they are filed to determine that all income has been correctly reported and that you have substantiation for your deductions. Filing your returns by the due dates is your responsibility.

If your returns are later selected for review or audit by taxing authorities, we will be glad to assist or represent you if you desire. Our fees for preparing your returns do not include time that might be necessary to assist you during a taxing authority review.

Our fees for preparation of your returns are based upon our standard billing rates plus out-of-pocket expenses. Our invoices are due and payable upon presentation.

If this letter accurately summarizes your understanding of our agreement relating to the preparation of your tax returns, please sign the enclosed copy in the space indicated and return it to us.

Thank you again for choosing our firm to prepare your tax return. We appreciate your business.

Sincerely,

F.C. Tax and Accounting, Inc.

Accepted by:

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Credit Card Payment Information:

For your convenience we are pleased to accept

Discover

MasterCard

Visa

American Express

Account Number\_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV Code\_\_\_\_\_

Signature\_\_\_\_\_

Today's Date\_\_\_\_\_

## General Information

	Taxpayer	Spouse
First Name . . . . .	<input type="text"/>	<input type="text"/>
Middle Initial . . . . .	<input type="text"/>	<input type="text"/>
Last Name . . . . .	<input type="text"/>	<input type="text"/>
Suffix . . . . .	<input type="text"/>	<input type="text"/>
Social Security Number . . . . .	<input type="text"/>	<input type="text"/>
Date of Birth . . . . .	<input type="text"/>	<input type="text"/>
Date of Death . . . . .	<input type="text"/>	<input type="text"/>
Check ("X") which phone number to list on return.		
Home Phone . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Work Phone . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Cell Phone . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Fax Number . . . . .	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>
Legally Blind . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Totally Disabled . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Claimed as a Dependent . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Presidential Election Fund (\$3) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
Occupation . . . . .	<input type="text"/>	<input type="text"/>
E-mail address . . . . .	<input type="text"/>	<input type="text"/>
State of Residence as of 12/31 . . . . .	<input type="text"/>	<input type="text"/>
County of Residence as of 12/31 . . . . .	<input type="text"/>	<input type="text"/>
School District as of 12/31 . . . . .	<input type="text"/>	<input type="text"/>
Sales tax rate of locality in 2020 . . . . .	<input type="text"/> %	<input type="text"/> %
If Part Year, Period of Residency . . . . .	<input type="text"/> to <input type="text"/>	<input type="text"/> to <input type="text"/>

Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.

ID type . . . . .	<input type="checkbox"/> Driver's license OR <input type="checkbox"/> State Issued ID	<input type="checkbox"/> Driver's license OR <input type="checkbox"/> State Issued ID
ID number . . . . .	<input type="text"/>	<input type="text"/>
ID issuing state . . . . .	<input type="text"/>	<input type="text"/>
ID issue date . . . . .	<input type="text"/>	<input type="text"/>
ID expiration date . . . . .	<input type="text"/>	<input type="text"/>

## Filing Status

Status on 2019 return : ☐

Status as of 12/31/2020 : ☐ 1 Single

Enter ("X") in the box ☐ 2 Married filing joint

☐ 3 Married filing separately  
(Enter spouse's name and SSN above)

☐ 4 Head of Household Non-dependent name:   
Non-dependent SSN:

☐ 5 Qualifying widow(er) with minor child Year spouse died

## Taxpayer's Address

Street  Apt/Suite :

City  State  Zip Code

If address is in a foreign country, enter that country . . .

Foreign province/county . . .  Foreign postal code

If a bona fide resident of a U.S. territory, enter territory . . .

## Preparer's Information

Preparer's name Taner Hassan

Firm's name FC Tax and Accounting Inc

Street 3641 Moline Court

City Monrovia State MD Zip Code 21770

## Attestation and Signature:

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign	<input type="text"/>	Date	<input type="text"/>
here	<input type="text"/>	Date	<input type="text"/>

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Questions****Yes No****Personal Information**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you purchase or sell your principal residence or did your address change?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2020?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Were either you or your spouse in the military or National Guard?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?    |

**Yes No****Dependents**

- |                          |                          |   |  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Are there any changes in your dependents from last year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you have any children under 19 (or 24 if a full time student) who received more than \$1,100 in investment income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you pay education expenses for your dependent children?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did anyone in your family receive a scholarship of any kind during 2020?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you pay any dependent care expenses for a child or a parent?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Are all of your dependents either US residents or citizens?  |

**Yes No****Health Care Coverage**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you or a member of your family have minimum essential coverage in 2020? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.) |
|--------------------------|--------------------------|---|---|

**Yes No****Income (In 2020, did you or your spouse have any of the following?)**

- |                          |                          |    |   |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1  | Wages? (include form(s) W-2)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2  | Non-employee compensation? (include form(s) 1099-NEC)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3  | Miscellaneous Income? (include form(s) 1099-MISC)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4  | Interest income? (include form(s) 1099-INT)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5  | Dividend income? (include form(s) 1099-DIV)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6  | Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?       |
| <input type="checkbox"/> | <input type="checkbox"/> | 7  | Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8  | Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Disability income? (include form(s) W-2 or 1099)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Unemployment compensation? (include form(s) 1099-G)   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12 | Alimony?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you receive tip income NOT reported to your employer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you receive payments from a Long-Term Care insurance contract?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15 | Did you barter your services for goods or services from someone else?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16 | Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you receive employer-provided adoption benefits for a previous year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 18 | Did you cash in any U.S. savings bonds?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 19 | Did you make a loan to someone at an interest rate below market rate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 20 | Did you receive a housing allowance for ministerial services you provided?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 21 | Did you receive any income not reported in this Organizer?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 22 | Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?   |

**Yes No****Foreign Reporting**

- |                          |                          |   |   |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you have an interest in or signature authority over a financial account in a foreign country? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Were you the grantor of or transferor to a foreign trust?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you receive income from a foreign source or pay taxes to a foreign government?                |

**Yes No****Retirement & Other Plans**

- |                          |                          |   |  |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)                         |
| <input type="checkbox"/> | <input type="checkbox"/> | 2 | Did you rollover a retirement plan distribution into another plan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 | Did you convert a traditional IRA to a Roth IRA?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 4 | Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?        |
| <input type="checkbox"/> | <input type="checkbox"/> | 5 | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?          |
| <input type="checkbox"/> | <input type="checkbox"/> | 6 | Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7 | Did you make any contributions to an HSA (Health Savings Account) in 2020?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 8 | Did you receive an early distribution for a Coronavirus (CARES Act) qualified distribution?                |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive an early distribution for a qualified birth or adoption distribution?                      |

Yes	No	<b><u>Purchases, Sales, Gains and Losses</u></b>
<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	<b><u>Business and Rental Property Income &amp; Deductions</u></b>
<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	<b><u>Other Deductions</u></b>
<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	<b><u>Miscellaneous</u></b>
<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  
☐ Apply to next year's estimates  
☐ Direct deposit (please provide voided blank check)

☐ Other quick refund via a bank product

☐

Type of account: ☐ Checking ☐ Savings

☐

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

- ☐ Paper check sent with my return ☐ Credit card  
☐ Direct debit (please provide a voided blank check)

☐ Installment Agreement

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) \_\_\_\_\_

NS

## No. of

No. of

**Enter "X"**

## applicability

Not a

**Paid**

Full-time

US

Amount Paid

Months

[illegible]



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
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
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<input type="checkbox"/>	31				
<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Retirement Income

### 1099-R Information

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
<input type="checkbox"/>	14					
<input type="checkbox"/>	15					
<input type="checkbox"/>	16					
<input type="checkbox"/>	17					
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<input type="checkbox"/>	29					
<input type="checkbox"/>	30					
<input type="checkbox"/>	31					
<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse,  
or (J)oint.

\*F/S/J Payer

		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

**Dividend Income**

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\* F/S/J - enter ownership (F)iler, (S)pouse,  
or (J)oint.

\*F/S/J Payer

		Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Alimony Received**

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Payer	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	1 _____		
<input type="checkbox"/>	2 _____	2 _____		
<input type="checkbox"/>	3 _____	3 _____		
<input type="checkbox"/>	4 _____	4 _____		
<input type="checkbox"/>	5 _____	5 _____		
<input type="checkbox"/>	6 _____	6 _____		
<input type="checkbox"/>	7 _____	7 _____		
<input type="checkbox"/>	8 _____	8 _____		
<input type="checkbox"/>	9 _____	9 _____		

**Alimony Paid**

\* F/S - enter ownership (F)iler or (S)pouse.

F/S*	Recipient's Name	Recipient's SSN	Date of Original Divorce or Separation Agreement	Current Year Amount	Prior Year Amount
<input type="checkbox"/>	1 _____	_____	1 _____		
<input type="checkbox"/>	2 _____	_____	2 _____		
<input type="checkbox"/>	3 _____	_____	3 _____		
<input type="checkbox"/>	4 _____	_____	4 _____		
<input type="checkbox"/>	5 _____	_____	5 _____		
<input type="checkbox"/>	6 _____	_____	6 _____		
<input type="checkbox"/>	7 _____	_____	7 _____		
<input type="checkbox"/>	8 _____	_____	8 _____		
<input type="checkbox"/>	9 _____	_____	9 _____		

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Sale of Stocks, Bonds, Real Estate, and Other Non-Business Assets**

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

*F/S/J	Description	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Real Estate Rentals and Royalties**

Property Description \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Foreign Country \_\_\_\_\_  
 Foreign Province/State \_\_\_\_\_ Postal Code \_\_\_\_\_

	Current Year Info	Prior Year Info
<b>1a</b> Owner of property (Enter Filer, Spouse, or Joint) . . . . . <b>1a</b>		
<b>1b</b> Enter property type number (1 to 8) . . . . . <b>1b</b> (1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
<b>2</b> Enter "X" if you actively participated? . . . . . <b>2</b>		
<b>3</b> Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented? . . . . . <b>3</b>		
<b>3a</b> If entered ("X"), enter the number of days of personal use? . . . . . <b>3a</b>		
<b>3b</b> If entered ("X"), enter the number of days rented? . . . . . <b>3b</b>		

Income	Current Year Amounts	Prior Year Amounts
<b>4</b> Royalty received . . . . . <b>4</b>		
<b>5</b> Rent received . . . . . <b>5</b>		
<b>a</b> If rental real estate, enter the percent of ownership if less than 100% . . . . . <b>5a</b>		
<b>b</b> Rental use percentage for property used partially for personal use only . . . . . <b>5b</b>		
<b>6</b> Other Income . . . . . <b>6</b>		

Property Expense	Current Year Amounts	Prior Year Amounts
<b>7</b> Advertising . . . . . <b>7</b>		
<b>8</b> Cleaning and maintenance . . . . . <b>8</b>		
<b>9</b> Commissions . . . . . <b>9</b>		
<b>10</b> Insurance . . . . . <b>10</b>		
<b>11</b> Legal and other professional fees . . . . . <b>11</b>		
<b>12</b> Management fees . . . . . <b>12</b>		
<b>13 a</b> Qualified mortgage interest paid to banks, etc. . . . . <b>13a</b>		
<b>b</b> Other mortgage interest paid to banks, etc. . . . . <b>13b</b>		
<b>14</b> Other interest . . . . . <b>14</b>		
<b>15</b> Repairs . . . . . <b>15</b>		
<b>16</b> Supplies . . . . . <b>16</b>		
<b>17 a</b> Real estate taxes . . . . . <b>17a</b>		
<b>b</b> Other Taxes . . . . . <b>17b</b>		
<b>18</b> Utilities . . . . . <b>18</b>		

**Assets Placed in Service This Year**

Description:	Date Placed In Service	Purchase Amount
<b>A</b> _____ <b>A</b>		
<b>B</b> _____ <b>B</b>		
<b>C</b> _____ <b>C</b>		
<b>D</b> _____ <b>D</b>		
<b>E</b> _____ <b>E</b>		
<b>F</b> _____ <b>F</b>		
<b>G</b> _____ <b>G</b>		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

## Other Expenses (Schedule E)

### Other Expenses:

19	_____
20	_____
21	_____
22	_____
23	_____
24	_____
25	_____
26	_____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

### Travel Expenses:

27	_____
28	_____
29	_____
30	_____
31	_____
32	_____
33	_____
34	_____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

### Meals Expenses:

35	_____
36	_____
37	_____
38	_____
39	_____
40	_____
41	_____
42	_____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name \_\_\_\_\_

SSN \_\_\_\_\_

Property \_\_\_\_\_

**Vehicle Information (Schedule E)**

		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				
<b>Actual Expenses</b>					
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				
<b>Actual Expenses</b>					
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 \_\_\_\_\_

**K-1 Income**

Please provide copies of all Schedule K-1s, or other statements, reporting income from partnerships, S corporations, or estates and trusts.

\* F/S/J - enter ownership (F)iler, (S)pouse, or (J)oint.

\*F/S/J    **Entity Name**

Enter "S" if K1 (1120S)  
Enter "P" if K1 (1065)  
Enter "E" if K1 (1041)

**Unreimbursed  
Partnership Exp.  
Current Year**

1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
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27		27	
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29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	
36		36	
37		37	
38		38	
39		39	
40		40	
41		41	
42		42	
43		43	

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Social Security and Railroad Retirement****Filer**

Current Year Amount	Prior Year Amount

- 1 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 1
- 2 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 2
- 3 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 3
- 4 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 4
- 5 Enter the total amount of Medicare B Premiums withheld. . . . . 5
- 6 Enter the total amount of Medicare D Premiums withheld. . . . . 6

**Spouse**


- 7 Enter the total amount from box 5 of all your Forms SSA-1099 . . . . . 7
- 8 Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . . 8
- 9 Enter the total amount from box 5 of all your Forms RRB-1099 . . . . . 9
- 10 Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . . 10
- 11 Enter the total amount of Medicare B Premiums withheld. . . . . 11
- 12 Enter the total amount of Medicare D Premiums withheld. . . . . 12



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	



SSN \_\_\_\_\_

**Home Mortgage Interest and Points Reported on Form 1098**

Current Year Amount	Prior Year Amount

<b>49</b>	Lender	_____	<b>49</b>
<b>50</b>	Lender	_____	<b>50</b>
<b>51</b>	Lender	_____	<b>51</b>
<b>52</b>	Lender	_____	<b>52</b>

53    Name: \_\_\_\_\_ 53

Address: \_\_\_\_\_

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

--	--

**54** Mortgage insurance premiums paid on 2020 acquisition indebtedness for principal residence . . . . . **54**

--	--

55	Description . . . . .	55
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2020 . . . . .	
56	Description . . . . .	56
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2020 . . . . .	
57	Description . . . . .	57
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2020 . . . . .	
58	Description . . . . .	58
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2020 . . . . .	

[illegible]

<b>59</b>	<b>Investment interest paid . . . . .</b>	<b>59</b>
-----------	---	-----------

--	--

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Unreimbursed Employee Expenses - Itemized Deductions***List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab***(State use only)**

		<b>Filer</b>		<b>Spouse</b>	
		<b>Current Year Amount</b>	<b>Prior Year Amount</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
60	Union and professional dues . . . . .	60			
61	Professional subscriptions . . . . .	61			
62	Uniform and protective clothing . . . . .	62			
63	Job search costs . . . . .	63			
64	_____	64			
65	_____	65			
66	_____	66			
67	_____	67			
68	_____	68			
69	_____	69			

**Certain Miscellaneous Deductions - Itemized Deductions****(State use only)**

		<b>If investment related enter "X"</b>	<b>Current Year Amount</b>	<b>Prior Year Amount</b>
70	Tax preparation fees . . . . .	70		
71	Certain attorney and accounting fees . . . . .	71		
72	Safe deposit box rental . . . . .	72		
73	IRA Custodial fees . . . . .	73		
74	Investment counsel and advisory fees . . . . .	74		
75	Losses on deposits in insolvent or bankrupt financial institutions . . . . .	75		
76	Convenience fees paid with credit or debit card for federal taxes in 2020 . . . . .	76		
77	_____	77		
78	_____	78		
79	_____	79		
80	_____	80		
81	_____	81		
82	_____	82		
83	_____	83		
84	_____	84		
85	_____	85		
86	_____	86		

**Other Miscellaneous Deductions**

87	Federal estate tax on income in respect of a decedent . . . . .	87		
88	Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .	88		
89	Gambling losses (if gambling income) . . . . .	89		
90	Repayment of income . . . . .	90		
91	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction . . . . .	91		
92	Certain unrecovered investment in a pension . . . . .	92		
93	_____	93		
94	_____	94		
95	_____	95		
96	_____	96		
97	_____	97		
98	_____	98		



SSN \_\_\_\_\_

\* Total contributions \$500 or less. See Non-Cash Charity if over \$500.

- | Current Year Amount | Prior Year Amount |
|---------------------|-------------------|
|                     |                   |
|                     |                   |
|                     |                   |

- [illegible]

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
<b>1</b>	Name Address City State Zip Code	
<b>2</b>	Name Address City State Zip Code	
<b>3</b>	Name Address City State Zip Code	
<b>4</b>	Name Address City State Zip Code	
<b>5</b>	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.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						

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	Spouse		Filer's earned income for each month	Spouse's earned income for each month
<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 \_\_\_\_\_

Comments \_\_\_\_\_

SSN \_\_\_\_\_