Client Organizer Topical Index

This client organizer topical index is designed to help you quickly locate the items listed. To use the index just locate the topic and refer to the page number listed. The page number corresponds to the number printed in the top right corner of your organizer sheets. Please note this organizer is customized specifically for you, and may not contain all of the pages listed here.

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Please note the following conventions used throughout your client organizer: T/S/J and T/S headings should be used to indicate if an item belongs to the (T)axpayer, (S)pouse, or (J)oint. Also, if an item did not occur in your resident state, please indicate the state's postal code abbreviation in which the item occurred. Control totals and [] numbers are for preparer use only.

Form ID: INDX

		Perso	nal Information			1
Filing (Marital) status code (1 = Single, 2 = Married	d filing joint, 3 = Married fili	ing separate, 4 = Head of househo	old, 5 = Qualifying widowl	(er))	[1]
	ere married but living apart all		_ , , ,	, , ,	,	[2]
Mark if your n	onresident alien spouse does	not have an Individu	al Taxpayer Identification	Number (ITIN)		[3]
			Taxpayer		Spouse	
Social security	/ number		[4]	-	<u> </u>	[5]
First name			[6]			[7]
Last name			[8]			[9]
Occupation			[10]			[11]
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Date of death		_	[26]		-	[27]
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	g telephone number		[32]			[33]
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		Depen	dent Information			
	(*1	Please refer to Depe	endent Codes located at	the bottom)	Months**Dep	Care expenses
						paid for
First Nam	€ ⁴⁹] Last Name	Date of Birth	Social Security No.	Relationship	home * **	dependent
		_				
Name of child	who lived with you but is not	vour dependent				[50]
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Client Contact Information

2

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address		 [9]
Spouse email address		[10]
	Taxpayer	Spouse
Fax telephone number	[11]	[19]
Mobile telephone number	[12]	[20]
Mobile telephone #2 number	[13]	[21]
Pager number	[14]	[22
Other:	[15]	[23]
Telephone number	[16]	[24]
Extension	[17]	
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[26

Form ID: Bank

Direct Deposit/Electronic Funds Withdrawal Information

3

Form ID: Bank

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Primary account:		
Financial institution routing transit number	_	[3]
Name of financial institution		[4]
Your account number		[5]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		_[6]
Mark if married filing jointly and this is a joint account (Both taxe		_[7]
Mark if financial institution is foreign based (Not located in the terri		_[8]
Enter the maximum dollar amount, or percentage of total refu	und Dollar[9] or Percent (xxx.	xx)[10]
Secondary account #1:		
Financial institution routing transit number		[25]
Name of financial institution		[26]
Your account number		[27]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		_[28]
Mark if married filing jointly and this is a joint account (Both taxp	payer and spouse names are on the account)	_[29]
Mark if financial institution is foreign based (Not located in the terri	torial jurisdiction of the United States)	_[30]
Enter the maximum dollar amount, or percentage of total refu	und Dollar[11] or Percent (xxx.	xx)[12]
Secondary account #2:		
Financial institution routing transit number		[31]
Name of financial institution		[32]
Your account number		[33]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)		[34]
Mark if married filing jointly and this is a joint account (Both taxp	payer and spouse names are on the account)	_[35]
Mark if financial institution is foreign based (Not located in the terri		[36]
Enter the maximum dollar amount, or percentage of total refu		_
tefunds may only be direct deposited to established traditional, Roth or SEP-IRA acco	unts. Make sure direct deposits will be accepted by the bank or financial i	nstitution.
Refunds may only be direct deposited to established traditional, Roth or SEP-IRA acco	unts. Make sure direct deposits will be accepted by the bank or financial i	nstitution.
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Form ID: NRA

Please provide copies of all Forms 1042-S, SSA-1042S, 8288A, and 8805

Country where you are a citizen or national during the	tay year				[2]
Foreign address to use for refund check, if different the	· -	entered on Scr	een 1040:		[2]
Foreign address	_				[3]
Foreign city	_				[4]
Foreign country name	-				[6]
Foreign province or county	-				
Foreign postal code Country of permanent residence for tax purposes	-				·
Scholarships and fellowship grants received during tax	vear:				[10]
	year.			+	[15]
U.S. real property interests that were disposed at a gai	n during the tax ye	ar		+	[18]
Income Not Effec	tively Connect	ed with a U.	S. Trade or Busi	ness	
Payer / Description		Tax Rate	Income	U.S. Fed	l Withholding
Dividends paid by U.S. corporations:					
Bt the denotate from the control of		+_		. +	
Dividends paid by foreign corporations:				[22] +	
				- ^{[23] +}	
Interest received on mortgages:				<u> </u>	
		+		[27] +	
		+			
Interest paid by foreign corporations:					
		+_			
Other Interest received:		+_		. +	
		+		[31] +	
Industrial royalties (patents, trademarks, etc.)					
		+_		[33] +	
Motion picture or T.V. copyright royalties					
Other and the form with a second or a shift him a second		+_		[35] +	
Other royalties (copyrights, recording, publishing, etc.)		_		[27] +	
Real property income and natural resources royalties				[57]	
, , , , , , , , , , , , , , , , , , , ,		+		[39] +	
Pensions and annuities:					
		+_		[41] +	
Gambling - Residents of Canada only:					
Winnings [42] Losses [42] Cambling - Residents of countries other than Canada:	[44]			+	[43]
		+		[47] +	
Other income:				,[
		+		[49] +	
		+_		+	
Capital Gains & Losses N	ot Effectively (Connected v	vith a U.S. Trade	or Busine	ss
Description of Property51]	Date Acquired	Date Sold	Sales Price C	Cost/Basis	U.S. Fed W/H

Control Totals +

		Nonre	esident Aliei	n - Other Infoi	rmation		5
ve vou ever anni	ied to he a gree	n cared holder of t	he United State	S (Y N)			
ere you ever a U.	-		The Officea State	3 (1,14)			_
		of the U.S? (Y, N)					_
		2019, enter your vis	sa tyne				_
		our U.S. immigration					
tus on Decembe	-	ui 0.5. iiiiiiigiatioi					
e you first enter							
•		pes (nonimmigrant	status) or II S i	mmigration status	c·		
ate of visa chang		pes (nonniningrant	30003, 01 0.5. 1	iiiiiigi ation stata	J.		
ature of your vis	_						
•	_	Mexico AND comm	ute to work in t	he U.S. at frequen	t intervals		
	la or 2 for Mexic			ne eler at mequel.			
all dates you en	ntered and left t	he United States du	uring 2019 (NA f	for residents of Ca	nada or Mexior	n).	_
•	_						Data Laft
Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left	Date Entered	Date Left
	nber of days (inc	cluding vacation, no	nworkdays, par	tial work days) yo	u were present	in the U.S. during:	
17							
18							
19							_
ast II S income	tay return you f	iled prior to 2019:					
ear filed	tax return you n	ileu prior to 2019.					
pe of return file	ad .						
pe of retarn me	Ju						
you receive tota	al compensation	n of \$250,000 or mo	ore during 2019	(Y. N)			
•	•	e method to detern	_		tion? (Y. N)		_
		d to determine the		•		he space below.	_
vou used an alte				, , , .			
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	wing if claiming	exemption from in	come tax under	a U.S. income tax	treaty		
	wing if claiming	•	come tax under		treaty	Exempt Inco	me in 2019
		•			,	Exempt Inco	me in 2019
		•			,	Exempt Inco	me in 2019
		•			,	Exempt Inco	me in 2019
		•			,	Exempt Inco	me in 2019
		•			,	Exempt Inco	me in 2019
nplete the follow	Country Name	e [21] T	ax Treaty Artic	le Months C	laimed in 2018		
nplete the follow	Country Name	e[21] T	on any of the in	Months C	laimed in 2018		
were you	Country Name	n a foreign country	on any of the in	Months C	laimed in 2018		
were you	Country Name	n a foreign country	on any of the in	Months C	laimed in 2018		
were you classes attach a constant of the second constant of the sec	Subject to tax ir aiming treaty be opy of the deter	n a foreign country enefits pursuant to	on any of the in	Months C Months C C C C C C C C C C C C C	laimed in 2018		
were you Are you cli attach a co	Subject to tax ir aiming treaty be opy of the deter	n a foreign country	on any of the in a Competent A	Months C Months C C C C C C C C C C C C C	laimed in 2018		

Form ID: NRA-2

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file the To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS ru Taxpayers may choose to file a paper return instead of filing electronically.	-
Mark if you want to file a paper return even if you qualify for electronic filing	[1]
Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) If 1 or 2, please provide email address on Organizer Form ID: Info	[2]
Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account	[9]
The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed. Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.	
Taxpayer self-selected Personal Identification Number (PIN)	[7]
Spouse self-selected Personal Identification Number (PIN)	[8]

Electronic Filing

6

NOTES/QUESTIONS:

Form ID: ELF

Form ID: IDAuth	Identity Authentication	7
Taxpayer -		
Form of identification (1 = Driver's license, 2 = State issu	ed identification card, 3 = No applicable identification, 4 = Identification not provided)	[1]
Identification number		[2]
Issue date		[3]
Expiration date (mm/dd/yyyy)		[4]
Location of issuance (State issued only)		[5]
Document number (New York only)		[6]
Spouse -		
Form of identification (1 = Driver's license, 2 = State issu	ed identification card, 3 = No applicable identification, 4 = Identification not provided)	[9]
Identification number		[10
Issue date		[1:
Expiration date (mm/dd/yyyy)		[12
Location of issuance (State issued only)		[1:
Document number (New York only)		

Form ID: Est	Estimated Taxes	8
If a landau and		
Refunded	ayment of 2019 taxes, do you want the excess:	[52]
	O estimated tax liability	[52] [53]
• •	siderable change in your 2020 income? (Y, N)	[54]
If yes, please explain	any differences:	
		[55]
		[56]
		[57]
Do you expect a con-	siderable change in your deductions for 2020? (Y, N)	[58] [59]
If yes, please explain		[55]
,	·	[60]
		[61]
		[62]
Do you ovpost a con-	eiderable change in the amount of your 2020 withholding? (v. v)	[63]
If yes, please explain	siderable change in the amount of your 2020 withholding? (Y, N)	[64]
ii yes, piedse explain	any amerences.	[65]
		[66]
		[67]
		[68]
	nge in the number of dependents claimed for 2020? (Y, N)	[69]
If yes, please explain	any differences:	[70]
		[70] [71]
		[72]
		[73]
Mark if you use the E	Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes	[74]
	2019 Federal Estimated Tax Payments	
2010		
	pplied to 2019 estimates + calculated amounts on the dates due indicated below. Skip the remaining fields.	[1] [5]
Mark II you paid the	calculated amounts on the dates due mulcated below. Skip the remaining helds.	[2]
If your estimated pay	yments were not made on the date due or were for an amount other than the calculated amount below, ple	ease enter
the actual date and a	amount paid.	
1st quarter payment		thod*
2nd quarter paymen		
3rd quarter payment		
4th quarter payment		
Additional payment	[14] + [15]	
1		
	*Method of payment indicated in prior year EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System	
	Voucher = Form 1040-ES estimated tax payment voucher	
'		
NOTES/QUESTIC	ONS:	

Control Totals +	Form ID: Est

Form ID: St Pmt	2019 State Estimated Tax Payments		
Taxpayer/Spouse/Joint (T, S, J) State postal code			[1] [2]
Amount paid with 2018 return 2018 overpayment applied to '19 estimates Treat calculated amounts as paid			[3] [4] [8]
Date Paid		Amount Paid Calcul	ated Amount
1st quarter payment[9]		+ [10]	
2nd quarter payment[11]		+[12]	
3rd quarter payment[13]		+[14]	
4th quarter payment[15]		+[16]	
Additional payment[17]		+[18]	
	2019 City Estim	ated Tax Payments	
City #1		City #2	
City name	[28]		[50]
Amount paid with 2018 return + _		Amount paid with 2018 return +	[53]
2018 overpayment applied to '19 estimates		2018 overpayment applied to '19 estimates	-
Treat calculated amounts as paid	_[36]	Treat calculated amounts as paid	_[58]
Date Paid	Amount Paid	Date Paid Amo	unt Paid
1st quarter payment[37] + _		1st quarter payment[59] +	
2nd quarter payment[39] +		2nd quarter payment[61] +	
3rd quarter payment[41] +		3rd quarter payment[63] +	
4th quarter payment[43] + _	[44]	4th quarter payment[65] +	[66]
Calculated Amount		Calculated Amount	
1st quarter payment		1st quarter payment	
		2nd quarter payment	
		3rd quarter payment	
4th quarter payment		4th quarter payment	
City #3		City #4	
City name	[72]	City name	[94]
	[75]	Amount paid with 2018 return +	
2018 overpayment applied to '19 estimates _		2018 overpayment applied to '19 estimates	
Treat calculated amounts as paid	_[80]	Treat calculated amounts as paid	_[102
Date Paid	Amount Paid	Date Paid Amo	unt Paid
	[82]	1st quarter payment[103] +	
2nd quarter payment[83] +		2nd quarter payment[105] +	
3rd quarter payment[85] +		3rd quarter payment[107] +	
Ath quarter naument	1001	4th quarter payment[109] +	[110
4th quarter payment[87] +	[00]		
Calculated Amount		Calculated Amount	
Calculated Amount 1st quarter payment	[00]	1st quarter payment	
Calculated Amount 1st quarter payment 2nd quarter payment		1st quarter payment 2nd quarter payment	
Calculated Amount 1st quarter payment	[00]	1st quarter payment	

Form ID: SumRep	Income Summary	10

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A
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			- —

Form ID: SumReo
Form ID. Compani

Form	ID:	IntDiv

Interest and Dividend Summary

11

Below is a list of the forms as reported in last year's tax return. Please provide copies of all 1099-INT and 1099-DIV you received. To indicate which forms are attached, enter a "1" for attached in the field provided. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided. Otherwise, leave this field blank.

Form	T/S/J	Description	Mark if : Foreign	1 = Attached 2 = N/A
	_		_	_
	_			
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	_			_
	_			

Wages and Salaries #1

Taxpayer/Spouse (T, S) Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = IMARK if this is your current employer Federal wages and salaries (Box 1) + Federal tax withheld (Box 2) +		[1][3][5][6][10][12][14]	Prior Year Information
Employer name Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = IMark if this is your current employer Federal wages and salaries (Box 1) +		[3] [5] [6] [10] [12]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = Mark if this is your current employer Federal wages and salaries (Box 1) +	National Guard)	[5] [6] [10] [12]	
Mark if this is your current employer Federal wages and salaries (Box 1) +		 [6] [10] [12]	
Federal wages and salaries (Box 1) +		[10] [12]	
· · · · · · · · · · · · · · · · · · ·		[12]	
		<u> </u>	
Social security wages (Box 3) (If different than federal wages) +			
Social security tax withheld (Box 4)	+	[16]	
Medicare wages (Box 5) (If different than federal wages) +	•	[10] [18]	
Medicare tax withheld (Box 6) +		[18] [21]	
SS tips (Box 7) +		[23]	
Allocated tips (Box 8)	+	^[25] [25]	
Dependent care benefits (Box 10)	· ——	— ^[23] [27]	
Box 13 -	•	[27]	
Statutory employee		[29]	
Retirement plan		[30]	
Third-party sick pay		— ^[30] [31]	
State postal code (Box 15)		— ^[31]	
State wages (Box 16) (If different than federal wages) +	_	[32] [34]	
State tax withheld (Box 17) +		[34] [36]	-
Local wages (Box 18) +		[38]	-
Local tax withheld (Box 19)		[36] [40]	
Name of locality (Box 20)	т		
Traine of locality (box 20)		[43]	
Control Totals +			

Wages and Salaries #2

riease proviu	e all copies of Form w-2. 2019 Informatio	n	Prior Year Information
Taxpayer/Spouse (T, S)	2013 11101111411	_[1]	Thoi real information
Employer name		[3] —(-)	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Fa	rming / Fishing 4 = National Guard)	_[5]	
Mark if this your current employer		_[6]	
Federal wages and salaries (Box 1)	+	—[10]	
Federal tax withheld (Box 2)	+	[12]	-
Social security wages (Box 3) (If different than federal wages)	+	[14]	
Social security tax withheld (Box 4)	+	[16]	
Medicare wages (Box 5) (If different than federal wages)	+	[18]	
Medicare tax withheld (Box 6)	+	 [21]	
SS tips (Box 7)	+	[23]	
Allocated tips (Box 8)	+	[25]	
Dependent care benefits (Box 10)	+	[27]	
Box 13 -			
Statutory employee		[29]	
Retirement plan		 [30]	
Third-party sick pay		 [31]	
State postal code (Box 15)		 [32]	
State wages (Box 16) (If different than federal wages)	+	[34]	
State tax withheld (Box 17)	+	[36]	
Local wages (Box 18)	+	[38]	
Local tax withheld (Box 19)	+	[40]	
Name of locality (Box 20)		[43]	

Control Totals +		
		Form ID: W2

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

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

Type T/S/J Code (**See co	odes below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations \$ or %	* Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer							
	Amounts +							
2	Payer							
_	Amounts +							
3	Payer			_				
	Amounts +							
4	Payer			_				
-	Amounts +							
5	Payer			_				
	Amounts +							
6	Payer							
	Amounts +							
7	Payer			_				
,	Amounts +							
8	Payer							
	Amounts +							
9	Payer						-	
	Amounts +							
10	Payer			1			T	
10	Amounts +							

	**Interest Codes	
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Control Totals +	Fo	rm ID: B-1
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Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S T J C	ype ode (**	Ordinary [2] See codes below) Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer Amounts +										
	2	Payer Amounts +										
	3	Payer Amounts +										
	4	Payer Amounts +										
	5	Payer Amounts +										
	6	Payer Amounts +										
	7	Payer Amounts +										
	8	Payer Amounts +										
	9	Payer Amounts +										
	10	Payer Amounts +										

	**Dividend Codes
Blank = Other	3 = Nominee

Control Totals +		Form ID: B-2
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Seller Financed Mortgage Interest Income

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

			2019 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)				
Payer's name			_	
Payer's street address	_			
Payer's city, state, zip code				
Payer's social security number				
Interest income amount received in 201	.9	+		1]
Taxpayer/Spouse/Joint (T, S, J)				
Payer's name			_	
Payer's street address	_			
Payer's city, state, zip code				
Payer's social security number			-	
Interest income amount received in 201	9	+		1]
microst moonie amount received in 201	.5			-1
Taxpayer/Spouse/Joint (T, S, J)				
Payer's name			_	
Payer's street address				
Payer's city, state, zip code				
Payer's social security number				
Interest income amount received in 201	q	+		1]
interest income amount received in 201	.5	'	l	1]
Taxpayer/Spouse/Joint (T, S, J)				
Payer's name			_	
Payer's street address	_			
Payer's city, state, zip code			·	
Payer's social security number	0			
Interest income amount received in 201	.9	+	[1]
Taypayar/Spaysa/Jaint/T.s.				
Taxpayer/Spouse/Joint (T, S, J)			_	
Payer's name	_			
Payer's street address				
Payer's city, state, zip code				
Payer's social security number	_			
Interest income amount received in 201	.9	+		1]
-				
Taxpayer/Spouse/Joint (T, S, J)			_	
Payer's name	_			
Payer's street address				
Payer's city, state, zip code			<u> </u>	
Payer's social security number	_			
Interest income amount received in 201	.9	+	[1]
T 10 11 1				
Taxpayer/Spouse/Joint (T, S, J)			_	
Payer's name	_			
Payer's street address				
Payer's city, state, zip code				
Payer's social security number				
Interest income amount received in 201	.9	+	[1]
Taxpayer/Spouse/Joint (T, S, J)			_	
Payer's name				
Payer's street address				
Payer's city, state, zip code			- <u>- </u>	
Payer's social security number				
Interest income amount received in 201	.9	+	[1]
	Control Totals +			Form ID: B-3

Form ID: B-4	Income from REMICs	16
Taxpayer/Spouse/Joint (T, S, J) Name of activity Employer identification number State postal code	Please provide all Schedules Q.	[1]
Taxpayer/Spouse/Joint (T, S, J) Name of activity Employer identification number State postal code		[1]

Form ID: D	Sales of Stocks,	Securities, and Oth	er Investmer	nt Property	17
Did - b-	Please prov	vide copies of all Forms 1	099-B and 1099	-S	
	e any securities become worthless during 20				[9]
	e any debts become uncollectible during 20				_[10
	e any commodity sales, short sales, or strad				_[11
	nange any securities or investments for som				_[13
Did you rece	ive, sell, send, exchange, or otherwise acqu	uire any financial interest i	in any virtual cu	rrency? (Y, N)	_[3]
				Conser College Police	
T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
				+	+
_				+	+
_				+	+
_				+	
				·	+
				<u> </u>	<u> </u>
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Control Totals +

Form ID: D

Form ID: InfoD

Sales of Stocks, Securities, and Other Investment Property

Please provide copies of all Forms 1099-B and 1099-S

T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Basis
					<u> </u>
					
_					
					
	_				
					
_					
NOTES /	OLIESTIONIS:				
NOTES/	QUESTIONS:				

Form ID: Bro	ker					Coi	nsolida	ated Broker S	ate	ment				17b
	٦.			Plea	se provide	copies of the C	Consolid	ated Broker State	emen	nt - Include all p	ages and all ins	erts		
L T/S/J	P	reparer use only								Employer ident	tification numbe	er		
Broker	Name	2						_		Margin interes		•		
Accoun	t nun	nber								Investment ma	nagement/advi	sory fees		
		*14/L - L						to an a to the way	VV 5	.		· · · · · · · · · · · · · · · · · · ·	F0/ 7 F F0	
		*Wnoie	numbe		eated as \$		r percen					% as 100.00 or 75	.5% as 75.50	·
Type Code		1099-INT		Interest Income		Tax Exempt Income		Penalty on Early Withdraw	U. al	S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year	Information
	1	Payer								7	7			
	-	Amounts	+											
	2	Payer												
		Amounts	+											
	3	Payer Amounts	+											
		Payer	Т											
	4	Amounts	+											
	5	Payer			•									
		Amounts	+											
Type Code 1	.099-	Ordina DIV Divide	ary	Qualified Dividends	Total Ca Gain Dis	p str Section 1	1350 0	ec. 199A Capi	8% Fal G	Tax Exemp	ot US Obligations s \$ or %	ons* Tax Exempt \$ or %	* Foreign Tax Paid	
	Pay		ius	Dividends	Gaill Dis	sti Section 1	1230 3	ec. 133A Capi	Lai G	aiii Dividend	5 701/8	Ş 01 <i>7</i> 6	i ax raiu	illiorillation
1		ounts+												
2	Pay	er												
		ounts+												
3	Pay				1	<u> </u>		1		1 1				
		ounts+												
4	Pay Am	ounts+												
_	Pay	i	<u> </u>		l			I						
5		ounts+												
		•	·					•						
				_	Form 10	99-B Procee	eds Fro	m Broker and	Ba	rter Exchang	e Transactio	ns Price		
			Des	cription of P	roperty		١	Date Acquired		Date Sold	(Less expenses of	of sale) Cost or O	ther Basis	
	_										<u>+</u>	_		
	_										+			
	_										+	+		
	_										+	+		
		-	· · ·											
		Descriptio	n of Aco	count - Aggre	egate profi	it/-loss on conti	racts	-Loss/Ga	in Er	ntire Yr 109	99-B Adjustmer	nt Net 1256 los	s carryback	
	_													
							16	ontrol Totals +					I	Form ID: Broke

Tomino. income			Other Income		18
State and local	income tax refunds		+,	2019 Information [5]	Prior Year Information
Alimony receive	ed	T/S	Agreement Date	2019 Information [3]	Prior Year Information
Unemployment	t compensation	+	+	Spouse	
Unemployment Unemployment	t compensation federal withholding t compensation state withholding	+	[9] + [9] +	[10]	
Alaska Permane	ent Fund dividends			[19]	
Seli Employ Incon T/S/J (Y, N	yment ne ? ⁽⁾			2019 Information	Prior Year Information
	Other income, such as: Comi		+	es, Taxable scholarships[15]	
 			+		
			+		
			_		
			+		
 			+		
 			+		
			+ + +		
 			+ +		
 			+ + +		
 			+ +		
 			+		

	0 . 1= . 1	
	Control Totals +	Form ID: Income

Form ID: 1099M Misc	cellaneous Income #1	18a
Please r	provide all Forms 1099-MISC	
Preparer use only		
Name of navor		[2]
Name of payer Taxpayer/Spouse/Joint (T, S, J)		[3] [5]
State postal code		—[5]
Rents (Box 1)		+ [13]
Royalties (Box 2)		+ [15]
Other income (Box 3)		+ [17]
Federal income tax withheld (Box 4)		+[19]
Fishing boat proceeds (Box 5)		+[21]
Medical and health care payments (Box 6)		+[23]
Nonemployee compensation (Box 7)		+[25]
Substitute payments in lieu of dividends or interest (Box 8)		+[27]
Payer made direct sales of \$5,000 or more of consumer prod	lucts (Box 9)	[29]
Crop Insurance proceeds (Box 10)		+[31]
Excess golden parachute payments (Box 13)		+[36]
Gross proceeds paid to an attorney (Box 14)		+[38]
Section 409A deferrals (Box 15a)		+[40]
Section 409A income (Box 15b)		+[42]
State tax withheld (Box 16)		+[44]
State/Payer's state no. (Box 17)		[46]
State income (Box 18)		+[47]
	Control Totals +	<u> </u>
	Control Potato	
	cellaneous Income #2	
Please p	provide all Forms 1099-MISC	
Freparer use only		
Name of payer		[3]
Taxpayer/Spouse/Joint (T, S, J)		[5]
State postal code		<u></u>
Rents (Box 1)		+ [13]
Royalties (Box 2)		+[15]
Other income (Box 3)		+[17]
Federal income tax withheld (Box 4)		+[19]
Fishing boat proceeds (Box 5)		+[21]
Medical and health care payments (Box 6)		+[23]
Nonemployee compensation (Box 7)		+[25]
Substitute payments in lieu of dividends or interest (Box 8)		+[27]
Payer made direct sales of \$5,000 or more of consumer prod	lucts (Box 9)	[29]
Crop Insurance proceeds (Box 10)		+[31]
Excess golden parachute payments (Box 13)		+[36]
Gross proceeds paid to an attorney (Box 14)		+[38]
Section 409A deferrals (Box 15a)		+[40]
Section 409A income (Box 15b) State tax withheld (Box 16)		+[42]
State lax withheld (Box 16) State/Payer's state no. (Box 17)		+[44]
State income (Box 18)		[46] + [47]
State moonie (Box 20)		[47]
	Control Totals +	

	Form ID: 1000M
	Form ID: 1099M

Form ID: 1099PATR Taxable Distribut	ions Received from Cooperatives	; #1	18b
	rovide all Forms 1099-PATR		
Preparer use only			
Name of navor			[2]
Name of payer Taxpayer/Spouse/Joint (T, S, J)			[3] [5]
State postal code			—[6]
Patron dividends (Box 1)		+	[10]
Nonpatronage distributions (Box 2)		+	
Per-unit retain allocations (Box 3)		+	[14]
Federal income tax withheld (Box 4)		+	[16]
Redemption of nonqualified notices and retain allocations (B	ox 5)	+	[18]
Domestic production activities deductions - IRC Section 199 (a) (Box 6)	+	[20]
Domestic production activities deductions - IRC Section 199A	(g) (Box 6)	+	[22]
Qualified payments (Box 7)		+	[23]
Investment credit (Box 8)		+	[24]
Work opportunity credit (Box 9)			[26]
Patron's AMT adjustments (Box 10)		+	[28]
Other credits and deductions #1 (Box 11)		<u>+</u>	[30]
Other credits and deductions #2 (Box 11)		+	[32]
	Control Totals +		
	,	•	
Form ID: 1099PATR			
Taxable Distribut	ions Received from Cooperatives	5 #2	
Preparer use only	rovide all Forms 1099-PATR		
Name of payer			[3]
Taxpayer/Spouse/Joint (T, S, J)			_[5]
State postal code			[6]
Patron dividends (Box 1)		+	[10]
Nonpatronage distributions (Box 2)		· · · · · · · · · · · · · · · · · · ·	[12]
Per-unit retain allocations (Box 3)		+	[14]
Federal income tax withheld (Box 4)	F)	<u>+</u>	[16]
Redemption of nonqualified notices and retain allocations (Boundary Domestic production activities deductions - IRC Section 199 (<u> </u>	[18]
Domestic production activities deductions - IRC Section 1994		<u> </u>	[20]
Qualified payments (Box 7)	(g) (box o)	<u> </u>	[22] [23]
Investment credit (Box 8)		· +	[24]
Work opportunity credit (Box 9)		+	[26]
Patron's AMT adjustments (Box 10)		+	[28]
Other credits and deductions #1 (Box 11)		+	[30]
Other credits and deductions #2 (Box 11)		+	[32]
· · ·			
	Control Totals +		

Please provide all Forms 1099-C and 1099-A Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications: [51 Taxpayer/Spouse/Joint (T, S, J) State postal code [6]
Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications: [51 Taxpayer/Spouse/Joint (T, S, J)
Taxpayer/Spouse/Joint (T, S, J)[5]
_
State postal code

Name of creditor/lender[3]
Form 1099-C Cancellation of Debt
Date of identifiable event (Box 1)
Amount of debt discharged (Box 2) +[11 Interest if included in box 2 (Box 3) +[12
Personally liable for repayment of the debt (if checked) (Box 5) [13] Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) [14]
Fair market value of property (Box 7) + [15
Form 1099-A Acquisition or Abandonment of Secured Property
Date of lender's acquisition or knowledge of abandonment (Box 1)
Balance of principal outstanding (Box 2) +[17
Fair market value of property (Box 4) +[18
Personally liable for repayment of the debt (if checked) (Box 5)
Control Totals +
Cancellation of Debt, Abandonment #2
Please provide all Forms 1099-C and 1099-A
Preparer use only
Enter a brief description of the debt (i.e. type of debt) and why it was canceled to assist in determining tax ramifications:
Taxpayer/Spouse/Joint (τ, s, J) [5]
State postal code [6]
Name of creditor[3]
Form 1099-C Cancellation of Debt
Date of identifiable event (Box 1)
Amount of debt discharged (Box 2) +[11
Interest if included in box 2 (Box 3) +[12
Interest if included in box 2 (Box 3) + [12 Personally liable for repayment of the debt (if checked) (Box 5) _ [13 Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate
Interest if included in box 2 (Box 3) + [12 Personally liable for repayment of the debt (if checked) (Box 5)[13 Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate F = By agreement, G = Decision to discontinue collection, H = Other actual discharge)[14]
Interest if included in box 2 (Box 3) + [12] Personally liable for repayment of the debt (if checked) (Box 5)
Interest if included in box 2 (Box 3) + [12] Personally liable for repayment of the debt (if checked) (Box 5) [13] Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) [14] Fair market value of property (Box 7) + [15] Form 1099-A Acquisition or Abandonment of Secured Property
Interest if included in box 2 (Box 3) + [12] Personally liable for repayment of the debt (if checked) (Box 5)[13] Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate F = By agreement, G = Decision to discontinue collection, H = Other actual discharge)[14] Fair market value of property (Box 7) +[15] Form 1099-A Acquisition or Abandonment of Secured Property Date of lender's acquisition or knowledge of abandonment (Box 1)[16]
Interest if included in box 2 (Box 3) + [12] Personally liable for repayment of the debt (if checked) (Box 5) [13] Identifiable event code (Box 6) (A = Bankruptcy, B = Other judicial debt relief, C = Statue of limitations, D = Foreclosure, E = Debt relief from probate F = By agreement, G = Decision to discontinue collection, H = Other actual discharge) [14] Fair market value of property (Box 7) + [15] Form 1099-A Acquisition or Abandonment of Secured Property

Control Totals +

Please pr	rovide all copies of Form W-2G.	
	2019 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[1]	
Payer name	[3]	
State postal code	[4]	
Mark if professional gambler	[9]	
Reportable winnings (Box 1)	+[11]	
Date won (Box 2)	[13]	
Type of wager (Box 3)	[15]	
Federal withholding (Box 4)	+[17]	
Transaction (Box 5)	[19]	
Race (Box 6)	[21]	
Identical wager winnings (Box 7)	+[23]	
Cashier (Box 8)	[25]	
Taxpayer identification number (Box 9)	[27]	
Window (Box 10)	[28]	
First ID (Box 11)	[30]	
Second ID (Box 12)	[31]	
Payer's state ID no. (Box 13)	[32]	
State winnings (Box 14)	+[33]	
State withholding (Box 15)	+[35]	
Local winnings (Box 16)	+[37]	
Local withholding (Box 17)	+[39]	
Name of locality (Box 18)	[42]	
	Control Totals +	

Gambling Winnings #2

	Please provide all copies of Form W-2G.	
	2019 Information	Prior Year Information
Taxpayer/Spouse (T, s)	_[1]	
Payer name	[3]	
State postal code	[4]	
Mark if professional gambler	[9]	
Reportable winnings (Box 1)	+[11]	
Date won (Box 2)	[13]	
Type of wager (Box 3)	[15]	
Federal withholding (Box 4)	+[17]	
Transaction (Box 5)	[19]	
Race (Box 6)	[21]	
Identical wager winnings (Box 7)	+[23]	
Cashier (Box 8)	[25]	
Taxpayer identification number (Box 9)	[27]	
Window (Box 10)	[28]	
First ID (Box 11)	[30]	
Second ID (Box 12)	[31]	
Payer's state ID no. (Box 13)	[32]	
State winnings (Box 14)	+[33]	
State withholding (Box 15)	+[35]	
Local winnings (Box 16)	+[37]	
Local withholding (Box 17)	+[39]	
Name of locality (Box 18)	[42]	

NOTES/QUESTIONS:

	Form ID: W2G
	1 01111 1D. WZG

Control Totals +

Shareholders Undistributed Capital Gain #1

Please provide all copies of Form 2439

	2019 Information	Prior Year Information
Taxpayer/Spouse (T, s)	_[1]	
RIC or REIT name	[3]	
State postal code	[4]	
Total undistributed long-term capital gains (Box 1a)	+[9]	
Unrecaptured section 1250 gain (Box 1b)	+[11]	
Section 1202 gain (Box 1c)	+[13]	
If your interest in the RIC/REIT was held on the date the RIC		
1202 stock and continuously until sold indicate the appropr		
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% e		_
Collectibles (28%) gain (Box 1d)	+[17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+[19]	
	Control Totals +	
Shareholde	rs Undistributed Capital Gain #2	
	provide all copies of Form 2439	
	2019 Information	Prior Year Information
Taxpayer/Spouse (τ, s)	_[1]	
RIC or REIT name	[3]	
State postal code	[4]	
Total undistributed long-term capital gains (Box 1a)	+[9]	
Unrecaptured section 1250 gain (Box 1b)	+[11]	
Section 1202 gain (Box 1c)	+[13]	
If your interest in the RIC/REIT was held on the date the RIC		
1202 stock and continuously until sold indicate the appropriate the stock and continuously until sold indicate the appropriate the stock and continuously until sold indicate the appropriate the stock and continuously until sold indicate the appropriate the stock and continuously until sold indicate the appropriate the stock and continuously until sold indicate the appropriate the stock and continuously until sold indicate the appropriate the stock and continuously until sold indicate the appropriate the stock and continuously until sold indicate the appropriate the stock and continuously until sold indicate the appropriate the stock and continuously until sold indicate the appropriate the stock and continuously until sold indicate the appropriate the stock and continuously until sold indicate the stock and contin		
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% (_
Collectibles (28%) gain (Box 1d) Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+[17]	
Tax paid by the Nic Of Nert Off the box 1a gains (box 2)	+[19]	
	Control Totals+	
Sharahalda	rs Undistributed Capital Gain #3	
	provide all copies of Form 2439	
	2019 Information	Prior Year Information
Taxpayer/Spouse (т, s)	_ [1]	Thos real information
RIC or REIT name	[3]	
State postal code		
Total undistributed long-term capital gains (Box 1a)	+ [9]	
Unrecaptured section 1250 gain (Box 1b)	+ [11]	_
Section 1202 gain (Box 1c)	+	
If your interest in the RIC/REIT was held on the date the RIC	C/REIT acquired the Section	
1202 stock and continuously until sold indicate the appropria	riate section 1202 code	
(1 = 50% exclusion, 2 = 60% exclusion within an empowerment zone, 3 = 75% exclusion.	exclusion, 4 = 100% exclusion)[15]	
Collectibles (28%) gain (Box 1d)	+[17]	
Tax paid by the RIC or REIT on the box 1a gains (Box 2)	+[19]	
	Control Totals+	
NOTES/QUESTIONS:		

	F ID. 2420
	Form ID: 2439

Form ID: 6781	Contracts & Str	addles - Genera	al Information	22
Subject to self-employment tax code (τ = Mark to indicate all the elections that ap Mixed straddle election)		_[1] _[2]
Mixed straddle account election (Attach	explanation)			— [2]
				[3]
Straddle-by-straddle identification elec				
Net section 1256 contracts loss election				_ ^[4] _ [5]
	Section 1256 C	Contracts Marke	ed to Market	
Identification of Account A				[6]
Identification of Account B				
Identification of Account C				
Taylor and Carrier Height (5 a.)		Account A	Account B	Account C
Taxpayer/Spouse/Joint (τ, s, J) State postal code				- <u>-</u>
-Loss/Gain for entire year (Enter losses a	s a negative amount)	+		- +
Total Form 1099-B adjustment	o a megatire amount,	+	+	+
Total net 1256 contract loss carryback		+	+	+
	Gains and	Losses From St	raddles	
Description of Property A				[7]
Name of Contract		т.		
Component Description of Property B			ype	
Name of Contract				
Component		T,	уре	
Description of Property C		·	, po	
Name of Contract				
Component		T [,]	уре	•
Description of Property D				
Name of Contract				
Component		T	ype	
	Property A	Property B	Property C	Property D
Taxpayer/Spouse/Joint (T, S, J)	,		,	, -
State postal code	_	_	_	<u> </u>
Date entered into/acquired				
Date closed out/sold				
Gross sales price +		+	+	+
Cost plus expense of sale +		+	+	+
Unrecognized gain +		+		
Unre	cognized Gain Fro	m Positions He	ld on Last Business I	Эа у
Description of Property A		_		[8]
Description of Property B		_		
Description of Property C		_		
	Prope	erty A	Property B	Property C
Date acquired	<u>-</u>			
Fair market value on last business day	+	+_		+
Cost or other basis as adjusted	+	+_		+
T	Control Totals +	Т		Form ID: 6781
I	Control Totals T			ן זייטו ווויטי ען דווויטי ווי

Foreign Employer Compensation

Enter foreign employer compensation that was not reported to you on Form 1099-MISC.

Taxpayer/Spouse (T/S) State	[3] [4]
Foreign Employer Identification (ID) number	[1]
Foreign Employer Name	[2]
Foreign Employer Address	
Foreign street address	[6]
Foreign city	[7]
Foreign country code/name	[8]
Foreign province/county	
Foreign postal code	
Name "in care of"	
Employee address, if different from home address on C Enter U.S. (street, city, state, zip code) OR foreign (s Street address City, state, zip code Foreign country code/name Foreign province/county Foreign postal code	
	Income
	2019 Information Prior Year Information
Foreign employer compensation	[22]

Form	ID.	1099R

Pension, Annuity, and IRA Distributions #1

_	
7	,

Please provide all Forms 1099-R.				
		2019 Information	Prior Year Information	
Taxpayer/Spouse (T, S)		_[1]		
Name of payer		[3]		
State postal code		[5]		
Gross distributions received (Box 1)	+_	[7]		
Taxable amount received (Box 2a)	+_	[9]		
Federal withholding (Box 4)	+_	[11]		
Distribution code (Box 7)	_	[14]		
Mark if distribution is from an IRA, SEP, SIMPLE retiremen	nt plan	 _[16]	_	
State withholding (Box 12)	. +	[17]		
Local withholding (Box 15)	+			
Amount of rollover	_	[21]		
Mark if distribution was due to a pre-retirement age disability		[23]		
Wark it distribution was due to a pre-retirement age disability	y	_[23]		
	Control Totals +			
	Control Totals +			
Pension, Ann	nuity, and IRA Di	stributions #2		
Please	provide all Forms 10	99-R.		
- 40		2019 Information	Prior Year Information	
Taxpayer/Spouse (τ, s)		[1]		
Name of payer		[3]		
State postal code		[5]		
Gross distributions received (Box 1)	+_	[7]		
Taxable amount received (Box 2a)	+_	[9]		
Federal withholding (Box 4)	+_	[11]		
Distribution code (Box 7)		[14]	<u> </u>	
Mark if distribution is from an IRA, SEP, SIMPLE retiremer	nt plan	[16]		
State withholding (Box 12)	+_			
Local withholding (Box 15)	+	[19]		
Amount of rollover		[21]		
Mark if distribution was due to a pre-retirement age disability	_	[23]		
	Control Totals +			
Pension, Anr	nuity, and IRA Di	stributions #3		
Please	provide all Forms 10	99-R.		
		2019 Information	Prior Year Information	
Taxpayer/Spouse (T, S)		[1]		
Name of payer		[3]		
State postal code		[5]		
Gross distributions received (Box 1)	+_	[7]		
Taxable amount received (Box 2a)	+_	[9]		
Federal withholding (Box 4)	+	[11]		
Distribution code (Box 7)	_	[14]		
Mark if distribution is from an IRA, SEP, SIMPLE retiremen	nt plan	 _[16]	_	
State withholding (Box 12)	+	[17]		
Local withholding (Box 15)	+	[19]		
Amount of rollover	+	[21]		
Mark if distribution was due to a pre-retirement age disability	· -	[21]		
mark is distribution was due to a pre retirement age disability	1	_[25]		
	Control Totals +			
		I		

	Form ID: 1099R
	LOUIN ID: TOSSK

Form	ID:	SSA	-1	099

Social Security, Tier 1 Railroad Benefits

25

		-1099 or RRB-1099	n(s) SSA-10	Please provide a copy of Form(s) S
		_[1]		Spouse (T, S)
		[2]		al code
		efits	ty Benefi	Social Security B
Prior Year Information	Prior Year Inf	2019 Information		
			ation:	ived a Form SSA - 1099, please complete the following information:
		[8]	+_	ts for 2019 (Box 3 minus Box 4) (Box 5)
	-	[10]	+	y Federal Income Tax Withheld (Box 6)
				DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:
	-	[12]	+_	premiums
		[14]	+_	ion drug (Part D) premiums
		efits	nd Benefi	Tier 1 Railroad B
Prior Year Information	Prior Year Inf	2019 Information		
		_	ation:	ived a Form RRB - 1099, please complete the following information
				al Security Equivalent Benefit:
		·[22] ·[25]	+_	on of Tier 1 Paid in 2019 (Box 5)
			+	ncome Tax Withheld (Box 10)
		[27]	+_	e Premium Total (Box 11)
		Benefits Received	About Be	Additional Information Abo
				information about the benefits received not reported above. For e 2019. This information will be reported in the SSA-1099 DESCRIPT
	or in the	I OF AMOUNT IN BOX 3 area or	KIPTION OF	2019. This information will be reported in the SSA-1099 DESCRIPT

Form ID: IRA Traditional IRA	Α			26
	Taxpayer		Spouse	
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement				
plan? (Y, N)	_	_[1]		_[2]
Do you want to contribute the maximum allowable traditional IRA contribution				
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	_	_[3]		_[4]
Enter the total traditional IRA contributions made for use in 2019	+	_[5]	+	[6]
	Taxpayer		Spouse	
Enter the nondeductible contribution amount made for use in 2019	+	[11]	+	
Enter the nondeductible contribution amount made in 2020 for use in 2019	+			
Traditional IRA basis	+	 [15]	+	[16]
Value of all your traditional IRA's on December 31, 2019:		_		
, ,	+	[17]	+	[18]
	+		+	
	+		+	
	+		+	
	+		+	
Roth IRA				
Please provide copies of any 1998 through 2018 F	orm 8606 not prepared b	y thi	s office	
	Taxpayer		Spouse	
Mark if you want to contribute the maximum Roth IRA contribution	_	_[27]		_[28]
Enter the total Roth IRA contributions made for use in 2019	+	_	+	[30]
Enter the amount a 2019 Roth IRA conversion should be adjusted by	+	_ [37]	+	[38]
Enter the total contribution Roth IRA basis on December 31, 2018	+	_[41]	+	[42]
Enter the total Roth IRA contribution recharacterizations for 2019	+		+	[44]
Enter the Roth conversion IRA basis on December 31, 2018	+	_[45]	+	[46]
Value of all your Roth IRA's on December 31, 2019:				[48]
Value of all your Roth IRA's on December 31, 2019:	+	_[47]	+	[40]
Value of all your Roth IRA's on December 31, 2019:	+		+	
Value of all your Roth IRA's on December 31, 2019:	++		++	
Value of all your Roth IRA's on December 31, 2019:	+ + + + +	- - -		
Value of all your Roth IRA's on December 31, 2019:	+	- - -	+	
Value of all your Roth IRA's on December 31, 2019:	+	- - -	+	

Form ID: Keogh Keogh, SEP, SIMPLE Contributions		27
Preparer use only		
Business activity or profession name		[3]
Taxpayer/Spouse (T, S)		[3] [4]
State postal code		<u>_</u> [5]
Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SEP, 3 = SIMPLE 401(k), 4 = SOLO 401(k), 5 = SEP, 3 = SIMPLE 401(k), 4 = SOLO 401(k), 5 = SEP, 3 = SIMPLE 401(k), 4 = SOLO 401(k), 5 = SEP, 3 = SIMPLE 401(k), 4 = SOLO 401(k), 5 = SEP, 3 = SIMPLE 401(k), 4 = SOLO 401(k), 5 = SEP,	SIMPLE IRA. 6 = SARSEP)	[6]
Plan contribution rate. Enter in xx.xx format (Limitation percentage)	, ,	[7]
Enter the total amount of contributions made to a Keogh plan in 2019	+	[8]
Enter the total amount of contributions made to a Solo 401(k) plan in 2019	+	[9]
Enter the total amount of contributions made to a SEP plan in 2019	+	[10]
Enter the total amount of contributions made to a SARSEP plan in 2019	+	[11]
Enter the total amount of contributions made to a defined benefit plan in 2019	+	[12]
Enter the total amount of contributions made to a profit-sharing plan in 2019	+	[13]
Enter the total amount of contributions made to a money purchase plan in 2019	+	[14]
Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2019	+	[15]
Enter the total amount of contributions to a SIMPLE IRA plan in 2019	+	[16]
Catch-up Contributions		
Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2019	+	[17]
Enter the amount of catch-up contributions made to a SIMPLE Plan in 2019	+	[18]
Elective Deferrals		
Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2019 Enter the amount of elective deferrals designated as Roth contributions in 2019	+	[19] [20]

Schedule C - General Information

Preparer use only			
		2019 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		_[2]	
Employer identification number		[3]	
Business name		[5]	
Principal business/profession		[6]	
Business code		[12]	
Business address, if different from hon	ne address on Organizer Form ID: 104	40	
Address	S .	[15]	
City/State/Zip	[16]		
Accounting method (1 = Cash, 2 = Accrual, 3		[19]	
If other:	- Other)		_
		[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Oth	er)	_[22]	_
If other enter explanation:			
		[24]	
Enter an explanation if there was a cha	ange in determining your inventory:		
		[25]	
Did you "materially participate" in this	business? (Y, N)	[26]	
If not, number of hours you did sign		[28]	
Mark if you began or acquired this bus		[30]	
Did you make any payments in 2019 th			
If "Yes", did you or will you file all r		-	—
		_[33]	-
Mark if this business is considered rela		-	_
Did you receive wages as a statutory e			_
Medical insurance premiums paid by the		+[40]	
Long-term care premiums paid by this		+[44]	
Amount of wages received as a statuto	ory employee	+[47]	
	Rusinass Inc	ome	
	Business Inc	come	
	Business Inc	2019 Information	Prior Year Information
Gross receipts and sales	Business Inc		Prior Year Information
Gross receipts and sales	Business Inc	2019 Information	Prior Year Information
Gross receipts and sales	Business Inc	2019 Information +[52]	Prior Year Information
Gross receipts and sales	Business Inc	2019 Information +[52] +	Prior Year Information
Gross receipts and sales	Business Inc	2019 Information +[52]	Prior Year Information
	Business Inc	2019 Information +[52] +	Prior Year Information
Returns and allowances	Business Inc	2019 Information +[52] +	Prior Year Information
	Business Inc	2019 Information +[52] + + +[55]	Prior Year Information
Returns and allowances	Business Inc	2019 Information +[52] + +[55] +[57]	Prior Year Information
Returns and allowances	Business Inc	2019 Information +[52] + + +[55]	Prior Year Information
Returns and allowances	Business Inc	2019 Information +[52] + +[55] +[57]	Prior Year Information
Returns and allowances	Business Inc	2019 Information +[52] + +[55] +[57]	Prior Year Information
Returns and allowances		2019 Information +[52] + +[55] +[57] +	Prior Year Information
Returns and allowances	Cost of Good	2019 Information +[52] + +[55] +[57] +[57] +[57]	
Returns and allowances Other income:		2019 Information +[52] + +[55] +[57] +	Prior Year Information Prior Year Information
Returns and allowances		2019 Information +[52] + +[55] +[57] +[57] + S Sold 2019 Information	
Returns and allowances Other income:		2019 Information +[52] + +[55] +[57] +[57] + S Sold 2019 Information	
Returns and allowances Other income: Beginning inventory		2019 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2019 Information +	
Returns and allowances Other income: Beginning inventory Purchases		2019 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor:		2019 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2019 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor:		2019 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2019 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2019 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2019 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials Other costs:		2019 Information +	
Returns and allowances Other income: Beginning inventory Purchases Labor: Materials		2019 Information +	

Form ID: C-2

Preparer use only			
Principal business or profession			
	2019 Information	_	Prior Year Information
Advertising +		[6]	
Car and truck expenses +		—[8]	
·			
Depletion +			· · · · · · · · · · · · · · · · · · ·
		[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit)	:		
+		_	
Insurance (Other than health):			
+		[20]	
+		_	_
Interest:		_	
Mortgage (Paid to banks, etc.)			
		[22]	
			·
		_	
		_	_
Other:			
+		[24]	
+		_	
Legal and professional services +		[26]	
Pension and profit sharing:		_	_
		[31]	
		_[01]	-
Rent or lease:		_	
		[0.0]	
			-
		[39]	
Taxes and licenses:			
+		[41]	
			_
+		_	
		_	
Travel and meals:		_	
		[42]	
		_[43]	
		[47]	
Utilities +		[51]	
Wages (Less employment credit):			
+		[53]	
+			
Other expenses:		_	
+		[55]	
		_	-
		_	
		_	
+		_	
+		_	
+		_	
+		_	
+		_	
+			

Control Totals +

Form ID: C-3	Schedule C - Carryovers	30
Preparer use only Principal business or profession		

_ Preparer use only						
Carryovers	Pı	e- TCJA Regular		Regular		AMT
Operating	+	[19]	+	[20]	+	[21]
Short-term capital			+	[22]	+	[23]
Long-term capital			+	[24]	+	[25]
28% rate capital			+	[26]	+	[27]
Section 1231 loss	+	[28]	+	[29]	+	[30]
Ordinary business gain/los	s +	[31]	+	[32]	+	[33]
Section 179	+	[34]	+	[35]	+	[36]

21		4	2	

Form ID: Rent

Rent and Royalty Property - General Information

	t and hoyalty i toperty General	- Intermedical	
Preparer use only	2	019 Information	Prior Year Information
Description	2		Filor real illiorination
	Chaha	[2]	
Taxpayer/Spouse/Joint (T, S, J) _[3]	State po	ostal code[5]	
Physical address: Street		[6]	
·	[7][8]	·	
Foreign country			
		[12]	
Foreign postal code		[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term	m, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=	Other, 9=Personal ppt <u>y)</u> [14]	
Description of other type (Type code #8)		[15]	
Did you make any payments in 2019 that requi		_[16]	
If "Yes", did you or will you file all required I		_[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 an	d 8 only) (Use Rent-2 for type 3)	[20]	
Percentage of ownership if not 100%		[22]	
Business use percentage, if not 100% (Not vaca	ation home percentage)	[24]	
	Book and Bookle London		
Danta and manaltica	Rent and Royalty Income 2019 Information		Prior Year Information
Rents and royalties			Prior Year Information
	+	[34]	
		_	
	Rent and Royalty Expense	<u> </u>	
		Percent if not 100%	6 Prior Year Information
Advertising	+	[36] [37]	
Auto	+	[39][37] [39][40]	-
Travel			·
Cleaning and maintenance	+		
_	+	[45][46]	
Commissions:		[10]	
	+	[48][50]	
	+	_	
Insurance:			
		_[51][53]	
	+		
Legal and professional fees	+	_[55][56]	
Management fees:			
	+	[58][60]	
	+		
Mortgage interest paid to banks, etc (Form 109)	98)		
	+	_[61][63]	
	+	_	
Other mortgage interest	+	[64][66]	
Qualified mortgage insurance premiums	+	[67][68]	
Other interest:			
	+	_[70][72]	
	+		
Repairs	+	[73][74]	
Supplies	+	[76][77]	
Taxes:			
	+	[79][81]	
	+	_	
Utilities	+	[82] [83]	
Depreciation	+	[85] [86]	
Depletion	+		
Other expenses:			
•	+	[91]	
	+		
	+		
	+		
Contr	rol Totals+		Form ID: Rent

Rent and Royalty Properties - Points, Vacation Home, Passive Information 32							
Description	Preparer use only on						
			Refina	ncing Points			
			Preparer - E	nter on Screen Rent			
				2019 Inf	ormation	Prior Year Inform	nation
Refinanci	ing points paid -						
Recipie	nt's/Lender's name				[93]		
Date of	refinance						
Total #	Payments						
Reporte	ed on 1098 in 2019				_		
Total po	oints paid						
Points o	deemed as paid in current y	ear (Prepa i	rer use only)				
	ing points paid -						
-	nt's/Lender's name						
Date of	refinance						
	Payments						
-	ed on 1098 in 2019				_		
-	oints paid						
	deemed as paid in current y	ear (Prepa i	rer use only)				
	ing points paid -						
-	nt's/Lender's name						
	refinance						
	Payments						
	ed on 1098 in 2019				_		
-	oints paid						
Points	deemed as paid in current y	ear (Prepa i	rer use only)				
			Vacation H	lome Information			
				2019 Info	mation	Prior Year Inform	nation
Number o	of days home was used per	sonally			[6]		
	of days home was rented	•			[8]		
	of day home owned, if not	365			[10]		
	r of disallowed operating ex		2019	+	[22]		
Carryove	r of disallowed depreciation	n expenses i	into 2019	+	[23]		
			Passive and	Other Information			
	Preparer use only						
	Carryovers	Pre	e-TCJA Regular	Regular		AMT	
	Operating	+	[41]	+ [42]	+	[43]	
	Short-term capital			+ [44]	+	[45]	
	Long-term capital			+ [46]	+	[47]	
	28% rate capital			+ [48]	+	[49]	
	Section 1231 loss	+	[50]	+ [51]	+	[52]	
	Ordinary business gain/lo	ss +	[53]	+ [54]	+	[55]	
	Section 179	+	[56]	+ [57]	+	[58]	

 Control Totals +	Form ID: Rent-2

Form ID: F-1

	Farn	n Income - General In	formation	
		Please provide all Forms 10	99-К	
Prepare	er use only		2019 Information	Prior Year Information
Taxpayer/Spouse/J	Joint (T, S, J)		[2]	
Employer identifica			[3]	
Description			[4]	
Principal Product			[5]	
State postal code			[6]	
Accounting method	d (1 = Cash, 2 = Accrual)		[7]	
Agricultural activity			[9]	
Did you "materially	y participate" in this business? (Y, N)		_[12]	_
	payments in 2019 that require you t		[14]	
	or will you file all required Forms 10		[16]	
	net income or loss should be exclude	ded from self-employment in	ncome[18]	
	premiums paid by this activity		+[21]	-
Long-term care pre	emiums paid by this activity		+[25]	
		Schedule F Income	e	
Sales Code**			2019 Information	Prior Year Information
	Income description	1		
_			+[35]	
			+	
			+	
			+	
			<u> </u>	
		** Sales Codes		
	1 = Cash sales of items boug		= Custom hire (machine wor	·k)
	2 = Cash sales of items raise	ed 5 :	= Other income	
	3 = Accrual sales			
			2019 Information	Prior Year Information
	of livestock and other items you bo	=	+[37]	
	ry of livestock and other items (Accrua		+[39]	
	stock, produce, grains, and other pr		+[41]	
	of livestock and other items (Accrual m	ethod)	+[43]	
•	distributions you received		+[45]	
raxable cooperativ	e distributions you received	2019 Total	+[47]	Prior Year Information
		2019 IOtal	2019 Taxable	Thoi real illiorillation
Agricultural progra	m payments			
		+	+[50]	
		+	+	
		+	+	
			2019 Information	Prior Year Information
CRP payments rece	eived while enrolled to receive socia	l security or disability benef	it s [52]	
Commodity credit	loans reported under election:			
			[54]	
-	redit loans forfeited		+[56]	
Taxable commodity	y credit loans forfeited		+[58]	
		2019 Total	2019 Taxable	Prior Year Information
Total crop insurance	ce proceeds you received in 2019			
-1	, ,	+	+ [61]	
		+	+	
		+	+	
Mark if electing to	defer crop insurance proceeds to 2	020	[63]	
Crop insurance pro	oceeds deferred from 2018		+ [65]	_

Control Totals +

Preparer use only		
Description		
	2019 Information	Prior Year Information
Car and truck expenses +	[5]	THOI Tear Illionnation
Chemicals +	[7]	
Conservation expenses +	[9]	
Carryover from prior years +	[11]	
Custom hire (machine work) +	[13]	
Depreciation +	[15]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit) +		
Feed purchased +	[19]	
Fertilizers and lime +	[21]	
Freight and trucking +	[23]	
Gasoline, fuel, and oil +	[25]	
Insurance (Other than health)		
+	[28]	
+	·	
Mortgage interest (Paid to banks, etc.)	·	
+	[30]	
+		
+		
Other interest +	[32]	
Labor hired (Less employment credit) +	[34]	
Pension and profit sharing +	[36]	
Rent - vehicles, machinery, and equipment +	[38]	
Rent - other +	[40]	
Repairs and maintenance +	[42]	
Seed and plants purchased +	[44]	
Storage and warehousing +	[46]	
Supplies purchased +	[48]	
Taxes:		
+	[50]	
+	·	
+	•	
+		
+	·	
Utilities +	[52]	
Veterinary, breeding, and medicine + Other expenses:	[54]	
·	. [56]	
	·[56]	
	·	-
	·	
	·	
	·	-
	·	-
	·	
	·	
	·	
	·	
	·	
	[58]	
· · · · · · · · · · · · · · · · · · ·	[30]	

form ID: F-3	Farm Passive and Other Carryover Information	
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35

	Preparer use only
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Description

Preparer use only						
Carryovers	Pre	-TCJA Regular		Regular		AMT
Operating	+	[19]	+	[20]	+	[21]
Short-term capital			+	[22]	+	[23]
Long-term capital			+	[24]	+	[25]
28% rate capital			+	[26]	+	[27]
Section 1231 loss	+	[28]	+	[29]	+	[30]
Ordinary business gain/los	s +	[31]	+	[32]	+	[33]
Section 179	+	[34]	+	[35]	+	[36]

	Form	ID:	4835
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Form ID: 4835 Farm R	ental - General	Inform	ation	36
Preparer use only			2019 Information	Prior Year Information
Townsyan/Chausa/Jaint/7 a v				Prior real illiorillation
Гахраyer/Spouse/Joint (т, s, յ) Employer identification number			[2] [3]	
Description			[4]	
State postal code			[5]	
Did you "actively participate" in the operation of this busin	ness this year? (Y, N)		[6]	
	Income Items	S		
ncome from production of livestock, produce, grains, and	other crops:		2019 Information	Prior Year Information
		+_	[15]	
		+_		
Total connective distributions you received			[47]	
Total cooperative distributions you received Taxable cooperative distributions you received		+_	[17] [19]	
	2019 Total		2019 Taxable	Prior Year Information
Agricultural program payments:	2019 Total			
			[22]	
+	-	— ‡-		
		'_		
			2019 Information	Prior Year Information
Commodity credit loans reported under election:		+	[24]	
			[27]	
Total commodity credit loans forfeited			[26]	
Taxable commodity credit loans forfeited		+_	[28]	
	2019 Total		2019 Taxable	Prior Year Information
Crop insurance proceeds you received in 2019				
	-	[30]	[31]	
	-	— <u>†</u> -		
	-	+_		
			2019 Information	Prior Year Information
Mark if electing to defer crop insurance proceeds to 2020		_	_[33]	
Crop insurance proceeds deferred from 2018 Other income:		+_	[35]	
other meetine.		+	[38]	
	_	+ _		
	_	+_		
	_	+_		
	_	+_		
	_	+_		
	_	Ť –		
	_	+	-	
	_ _	+_		
	_	+_		
	_	+_		
	_	<u>+</u> -		
	_	Ť –		

Form ID: 4835

Control Totals +

Form ID: 4835-2	Farm Rental Expenses	37
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Preparer use only		
Description		
	2019 Information	Prior Year Information
Car and truck expenses	+[6]	
Chemicals	+[8]	
Conservation expenses	+[10]	
Carryover from prior years	+[12]	
Custom hire (machine work)	+[14]	
Depreciation	+[16]	
Employee benefit programs	+[18]	
Feed purchased	+[20]	
Fertilizers and lime	+[22]	
Freight and trucking	+[24]	
Gasoline, fuel, and oil	+[26]	
Insurance (Other than health):		
	+[28]	
	+	
	+	
Mortgage interest (Paid to banks, etc.):		
	+[30]	
	+	
	+	
Other interest	+[33]	
Labor hired (Less employment credit)	+[35]	
Pension and profit sharing	+[37]	
Rent - vehicles, machinery, and equipment	+[39]	
Rent - other	+[41]	
Repairs and maintenance	+[43]	
Seed and plants purchased	+[45]	
Storage and warehousing	+[47]	
Supplies purchased	+[49]	
Taxes:		
. 4	+	
	+	
	+	
	+	-
	·	-
Utilities	+	-
Veterinary, breeding, and medicine	+ [55]	-
Other expenses:	[33]	-
Other expenses.	± (⊏7)	
		-
	<u> </u>	-
		-
	+	
Drongo dustive period expenses		
Preproductive period expenses	+[59]	
Preparer use only Pro_TCIA Regular		ANAT

Preparer use only ——						
Carryovers	Pr	e-TCJA Regular		Regular		AMT
Operating	+	[68]	+	[69]	+	[70]
Short-term capital			+	[72]	+	[73]
Long-term capital			+	[74]	+	[75]
28% rate capital			+	[76]	+	[77]
Section 1231 loss	+	[78]	+	[79]	+	[80]
Ordinary business gain/l	oss+	[82]	+	[83]	+	[84]
Section 179	+	[87]	+	[88]	+	[89]

Control Totals	Farms ID: 403F 1
Control Totals +	Form ID: 4835-2

TOTTI ID. KI I		Partnerships an	nd S Corporations		38
	Please provide o	copies of Schedules K-1 showi	ng income from partnerships	and S-corporations.	
Taxpayer/S	Spouse/Joint (T, S, J)				_[2]
Employer i	identification number				[6]
Name of e	•				[13
State posta	al code				[14
Type of en	tity (1 = Partnership, 2 = S Corporation	n, 3 = Foreign partnership, 4 = Publicly tra	aded partnership)		_[17
	Preparer use only	Pre-TCJA Regular	Pogular	AMT	
Enter	Carryovers Operating	[18]	Regular		
on K1-7	Short-term capital	[10]	[19]	[20]	
	Long-term capital	_	[23]	[24]	
	28% rate capital		[25]	[26]	
	Section 1231 loss	[27]	[28]	[29]	
	Ordinary business gain/loss		[31]	[32]	
	Other losses - 1040 Sch 1	[33]	[34]	[35]	
	Section 179	[36]	[37]	[38]	
	•	_			[2] [6] [13 [14
•		n, 3 = Foreign partnership, 4 = Publicly tra	aded partnership)		:
	Preparer use only	Pre-TCJA Regular	Regular	AMT	
Enter	Carryovers Operating	[18]	[19]	[20]	
on K1-7	Short-term capital	[10]	[21]	[22]	
	Long-term capital		[23]	[24]	
	28% rate capital		[25]	[26]	
	Section 1231 loss	[27]	[28]	[29]	
	Ordinary business gain/loss	[30]	[31]	[32]	
	Other losses - 1040 Sch 1	[33]	[34]	[35]	
	Section 179	[36]	[37]	[38]	
	Spouse/Joint (T, S, J) identification number				[2] _[6]
Name of e					[0] [13
State posta	•	_			[14
-		n, 3 = Foreign partnership, 4 = Publicly tra	aded partnership)		[17
	Preparer use only	<u>. </u>	-		
	Carryovers	Pre-TCJA Regular	Regular	AMT	
Enter	Operating	[18]	[19]	[20]	
on K1-7	Short-term capital		[21]	[22]	

	— Preparer use only ———			
	Carryovers	Pre-TCJA Regular	Regular	AMT
Enter	Operating	[18]	[19]	[20]
on K1-7	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/los	SS [30]	[31]	[32]
	Other losses - 1040 Sch 1	[33]	[34]	[35]
	Section 179	[36]	[37]	[38]

_		
Г		Form ID: K1-1

		Estates an	d Trusts		39
	Please provid	de all copies of Schedules K-	1 showing income from estate	es and trusts.	
	Spouse/Joint (T, S, J)	•	•		_[2]
	dentification number				[3]
Name of ac	· · · · · · · · · · · · · · · · · · ·				[4]
State posta	al code				[5]
	Preparer use only				
	Carryovers	Pre-TCJA Regular	Regular	AMT	
Enter on K1T-3	Operating	[27]	[28]	[29]	
OII KII 3	Short-term capital		[30]	[31]	
	Long-term capital		[32]	[33]	
	28% rate capital		[34]	[35]	
	Section 1231 loss	[36]	[37]	[38]	
	Ordinary business gain/loss	[39]	[40]	[41]	
Taypayor/C	inqueo /loint (T. c. I)				[2:
	Spouse/Joint (T, S, J)				_[2]
Name of ac	dentification number				[3]
State posta	•				[4]
State posta					[5]
	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT	
Enter	Operating	[27]	[28]	[29]	
on K1T-3	Short-term capital	[27]		[31]	
	Long-term capital		[30]	[33]	
	28% rate capital		[32]	[35]	
	Section 1231 loss	[26]	[34]		
	Ordinary business gain/loss	[36]	[37] [40]	[38]	
	Spouse/Joint (T, S, J)	[33]	[40]	(,	[2]
Employer id	spouse/Joint (τ, s, J) dentification number ctivity	[33]	[40]		[3] [4]
Employer io	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only				[3] [4]
Employer io Name of ac State posta	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT	[3] [4]
Employer id Name of ac State posta	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating		Regular [28]	AMT [29]	[3] [4]
Employer io Name of ac State posta	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital	Pre-TCJA Regular	Regular [28] [30]	AMT [29] [31]	[3] [4]
Employer id Name of ac State posta	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital	Pre-TCJA Regular	Regular [28] [30] [32]	AMT [29] [31] [33]	[3] [4]
Employer id Name of ac State posta	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital	Pre-TCJA Regular [27]	Regular [28] [30] [32] [34]	AMT [29] [31] [33] [35]	[3] [4]
Employer id Name of ac State posta	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss	Pre-TCJA Regular [27]	Regular [28] [30] [32] [34] [37]	AMT [29] [31] [33] [35] [38]	[3] [4]
Employer id Name of ac State posta	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital	Pre-TCJA Regular [27]	Regular [28] [30] [32] [34]	AMT [29] [31] [33] [35]	[2] [3] [4] [5]
Employer id Name of ac State posta Enter on K1T-3	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss	Pre-TCJA Regular [27]	Regular [28] [30] [32] [34] [37]	AMT [29] [31] [33] [35] [38]	[3] [4] [5]
Employer id Name of ac State posta Enter on K1T-3	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Spouse/Joint (T, S, J) dentification number	Pre-TCJA Regular [27]	Regular [28] [30] [32] [34] [37]	AMT [29] [31] [33] [35] [38]	[3] [4] [5] [2] [3]
Employer id Name of ad State posta Enter on K1T-3	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Spouse/Joint (T, S, J) dentification number ctivity	Pre-TCJA Regular [27]	Regular [28] [30] [32] [34] [37]	AMT [29] [31] [33] [35] [38]	[3] [5] [2] [3] [4]
Employer id Name of ac State posta Enter on K1T-3	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Spouse/Joint (T, S, J) dentification number ctivity al code	Pre-TCJA Regular [27]	Regular [28] [30] [32] [34] [37]	AMT [29] [31] [33] [35] [38]	[3] [5] [2] [3] [4]
Employer id Name of ad State posta Enter on K1T-3	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only	Pre-TCJA Regular [27] [36] [39]	Regular [28] [30] [32] [34] [37] [40]	AMT [29] [31] [33] [35] [38] [41]	[3] [4] [5]
Employer id Name of ad State posta Enter on K1T-3 Taxpayer/S Employer id Name of ad State posta	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers	Pre-TCJA Regular [27] [36] [39] Pre-TCJA Regular	Regular [28] [30] [32] [34] [37] [40] [40]	AMT [29] [31] [33] [35] [38] [41]	[3] [5] [2] [3] [4]
Employer id Name of ad State posta Enter on K1T-3	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating	Pre-TCJA Regular [27] [36] [39]	Regular [28] [30] [32] [34] [37] [40] [40]	AMT [29] [31] [33] [35] [38] [41] AMT	[3] [5] [2] [3] [4]
Employer in Name of an State postar Enter on K1T-3 Taxpayer/S Employer in Name of an State postar Enter postar Enter postar Enter	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital	Pre-TCJA Regular [27] [36] [39] Pre-TCJA Regular	Regular [28] [30] [32] [34] [37] [40] Regular [28] [30]	AMT [29] [31] [33] [35] [38] [41] AMT [29] [31]	[3] [5] [2] [3] [4]
Employer id Name of ac State posta Enter on K1T-3 Taxpayer/S Employer id Name of ac State posta	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital Long-term capital Long-term capital Long-term capital	Pre-TCJA Regular [27] [36] [39] Pre-TCJA Regular	Regular [28] [30] [32] [34] [37] [40] Regular [28] [30] [32]	AMT [29] [31] [33] [35] [38] [41] AMT [29] [31] [33]	[3] [5] [2] [3] [4]
Employer id Name of ac State posta Enter on K1T-3 Taxpayer/S Employer id Name of ac State posta	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital Long-term capital Long-term capital 28% rate capital	Pre-TCJA Regular [27] [36] [39] Pre-TCJA Regular [27]	Regular [28] [30] [32] [34] [37] [40] Regular [28] [30] [32] [33]	AMT [29] [31] [33] [35] [38] [41] AMT [29] [31] [33] [35]	[3] [5] [2] [3] [4]
Employer id Name of ac State posta Enter on K1T-3 Taxpayer/S Employer id Name of ac State posta	Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Spouse/Joint (T, S, J) dentification number ctivity al code Preparer use only Carryovers Operating Short-term capital Long-term capital Long-term capital Long-term capital Long-term capital	Pre-TCJA Regular [27] [36] [39] Pre-TCJA Regular	Regular [28] [30] [32] [34] [37] [40] Regular [28] [30] [32]	AMT [29] [31] [33] [35] [38] [41] AMT [29] [31] [33]	[3] [5] [2] [3] [4]

Form ID: K1T

Form ID: Home	Sale of Principal Residence		40
Description			[1]
Taxpayer/Spouse/Joint (T, S, J)			[5]
State postal code			<u> </u>
Mark if electing to pay tax on entire gain (No exclusion	sion will be calculated and entire gain will be reported	l on Schedule D)	<u>——</u> [7]
Date former residence was acquired		·	 [9]
Date former residence was sold			[10]
Selling price of former residence		+	[11]
Expenses related to the sale of your old home		+	[12]
Original cost of home sold including capital improve	ements	+	[13]
	Exclusion Information		
Mark if meet use and ownership test without exce	otions (2 years use within 5-year period preceding sale	e date)	[19]
	stions (2 years use maining year period preceding early		Spouse
Reduced exclusion days: (Enter only days within 5-y	vear period ending on sale date)	Taxpayer	Spouse
Number of days each person used property as ma	- · · · · · · · · · · · · · · · · · · ·	[21]	[22]
Number of days each person owned property use	ed as main home	[23]	[24]
Number of days between date of sale of the other	r home and date of sale of this home	[25]	[26]
Form	n 6252 - Current Year Installment Sale		
Mortgage and other debts the buyer assumed		+	[28]
Total current year payments received		+	[29]
Form 6252	- Related Party Installment Sale Informat	tion	
Political control of the control of			
Related party name			[30]
Address	[22]	[22]	[31]
City, State and Zip Identifying number of related party	[32]	[33]	[34]
Was the property sold as a marketable security? (Y,	NI)		[35]
Enter date of second sale if more than 2 years after			_[36] [37]
Indicate special conditions if applicable (1 = Sale/excha			[38]
Selling price of property sold by a related party	nge, 2 - modulatory com, 3 - beauti of selicit, 4 - No tax avoluance)	+	[38] [40]
51 - F - F			,,,,,,

Preparer use only	2019 Inform	nation	Prior Year Information
Description		[3]	
Taxpayer/Spouse/Joint (T, S, J)		 [7]	
State postal code		 [8]	
Date acquired		 [19]	
Date sold		[20]	
Gross sales price of property sold	+	 [21]	
Mortgage and other debts the buyer assumed	+	 [23]	
Cost or other basis	+	 [25]	
Commissions and other expenses of the sale	+	[27]	
Gross profit percentage		 [29]	
Total current year principal payments received	+	[35]	
Prior year principal payments received	+	[37]	
Total ordinary income to recapture	+	[39]	
Total ordinary income previously recaptured	+	[41]	
Control Totals +			
Prior Year	Installment Sale		
Preparer use only	2019 Informa	ntion	Prior Year Information
Description		[3]	
Taxpayer/Spouse/Joint (T, S, J)		[7]	
State postal code		[8]	
Date acquired		 [19]	
Date sold		[20]	
Gross sales price of property sold	+	 [21]	

Cost or other basis

Gross profit percentage

Mortgage and other debts the buyer assumed

Commissions and other expenses of the sale

Prior year principal payments received

Total ordinary income to recapture

Total current year principal payments received

Total ordinary income previously recaptured

Control Totals +

[25]

[27]

[29]

[35]

[37]

[39]

Form 4797 and 6252 - General Information		42
Preparer use only		
Description		[3]
Taxpayer/Spouse/Joint (T, S, J)		_[9]
State postal code Mark to include gross proceeds for 1000 S reporting on Form 4707, line 1		[10]
Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 Mark if disposition is due to casualty or theft		_[15]
Mark if disposition was to a related party		[19] [21]
		_[21]
Sale Information		
Date acquired		[23]
Date sold	_	[24]
Gross sales price or insurance proceeds received	+	[25]
Cost or other basis	+	[26]
Commissions and other expenses of sale	+	[27]
Depreciation allowed or allowable	+	[28]
Form 4797, Part III - Recapture		
Additional depreciation after 1075 (Section 1250)	_	[20]
Additional depreciation after 1975 (Section 1250) Applicable percentage (if not 100%) (Section 1250)	+	[30]
Additional depreciation after 1969 (Section 1250)	_	[31]
Soil, water and land clearing expenses (Section 1252)	<u>'</u>	[33]
Applicable percentage (if not 100%) (Section 1252)	'	[34]
Intangible drilling and development costs (Section 1254)	+	[35]
Applicable payments excluded from income under sec. 126 (Section 1255)	+	[36]
Form 6252 - Current Year Installment Sale	<u> </u>	
Mortgage and other debts the buyer assumed	+	[37]
Total current year payments received	+	[38]
Form 6252 - Related Party Installment Sale Informati	ion	
Related party name		[39]
Address		[40]
City, State, and Zip [41]	[42]	[43]
Identifying number of related party		[44]
Was the property sold as a marketable security? (Y, N)		_[45]
Enter date of second sale	_	[46]
Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance)		[47]
Selling price of property sold by a related party	+	[49]

Form ID: 8824 Like-Kind Ex	xchange General Information	43
Preparer use only		
Description of property given up		[4]
		[5]
Taxpayer/Spouse/Joint (τ, s, J)		_[6]
State postal code		[7]
Description of property received		[10]
		[11]
	Pate Information	
Date the like-kind property given up was acquired		[16]
Date you transferred your property to the other party		[16]
Date the like-kind property received was identified		[18]
Date you received the like-kind property from the other part	V	[19]
	•	[13]
Gain	and Basis Information	
Fair market value of other property given up	_	[20]
Adjusted basis of other property given up		[20] [21]
Cash received		[22]
Fair market value of other (not like-kind) property received		[23]
Installment obligation received in like-kind exchange		[24]
Fair market value of like-kind property you received	· · · · · · · · · · · · · · · · · · ·	[25]
Fair market value of non-section 1245 property you received		[26]
Liabilities, including mortgages, assumed by you		[27]
Cash paid		[28]
Adjusted basis of like-kind property given up	+	[29]
Adjusted basis of like-kind property from pass through entity	·	
Cost or other basis	+	[30]
Depreciation allowed or allowable excluding Section 179		[31]
Section 179 expense deduction passed through	+	[32]
Section 179 carryover	+	[33]
Liabilities, including mortgages, assumed by the other party	+	[34]
Exchange expenses incurred by you	+	[35]
Related P	arty Exchange Information	
Name of related party		[38]
Address of related party		[39]
City		[40]
State		[41]
Zip code		[42]
Identifying number of related party		[43]
Relationship to you		[44]
During this tax year, did the related party sell or dispose of the		_[45]
During this tax year, did you sell or dispose of the like-kind pr		_[46]
Indicate if any special conditions apply (1 = Death of either party, 2 =	= involuntary conversion, 3 = NO tax avoidance)	_[47]
Mark if this exchange is a prior year like-kind exchange		_[49]

Control Totals +	Form ID: 8824
Control Totals +	l Form ID: 8824

Statement of Specified Foreign Financial Assets

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This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service.

Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2019 Information	Prior Year Information
Asset description	[2]	
Asset identifying number or other designation	[3]	
Date asset acquired	[4]	
Date asset disposed	[6]	
Asset jointly owned with spouse		
Maximum value of asset	[9]	
Asset foreign entity information - (Enter either foreign entity information or issue	r/counterparty information, but not both)	
Type of foreign entity:(P = Partnership, C= Corporation, T = Trust, E = Estate)		_[14
Foreign entity name		 [16
Foreign entity address		[17
City, state, zip code	[18]	[19][20
Foreign country code/name		[22
Foreign province/county		[2:
Foreign postal code		[2
Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate)		
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig Individual or organization name Address of issuer or counterparty City, state, zip code Foreign country code/name Foreign province/county Foreign postal code	n Person)	
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig Individual or organization name Address of issuer or counterparty City, state, zip code Foreign country code/name Foreign province/county Foreign postal code		
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig Individual or organization name Address of issuer or counterparty City, state, zip code Foreign country code/name Foreign province/county Foreign postal code		
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig Individual or organization name Address of issuer or counterparty City, state, zip code Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity informat Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate)	ion or issuer/counterparty information, but not be	
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig Individual or organization name Address of issuer or counterparty City, state, zip code Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity informat Type: (I = Issuer, C = Counterparty)	ion or issuer/counterparty information, but not be	bth)
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig Individual or organization name Address of issuer or counterparty City, state, zip code Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity informat Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig Individual or organization name	ion or issuer/counterparty information, but not be	oth)
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig Individual or organization name Address of issuer or counterparty City, state, zip code Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity informat Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig	ion or issuer/counterparty information, but not be	oth)
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig Individual or organization name Address of issuer or counterparty City, state, zip code Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity informat Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig Individual or organization name	ion or issuer/counterparty information, but not be	oth)
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig Individual or organization name Address of issuer or counterparty City, state, zip code Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity informat Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig Individual or organization name Address of issuer or counterparty City, state, zip code Foreign country code/name	ion or issuer/counterparty information, but not be	
If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig Individual or organization name Address of issuer or counterparty City, state, zip code Foreign country code/name Foreign province/county Foreign postal code Asset issuer or counterparty information - (Enter either foreign entity informat Type: (I = Issuer, C = Counterparty) Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreig Individual or organization name Address of issuer or counterparty City, state, zip code	ion or issuer/counterparty information, but not be	

Form	ID.	Fran	Δcd
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Foreign Financial Accounts

45

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

Taxpayer/Spouse/Joint (T, S, J)			_[:
		2019 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	_[4]	
Type of Account:			
Bank		[5]	
Securities		_[6]	
Other		[7]	
Maximum value of account		[8]	
Account number or other designation			
		[10]	
Financial institution		[12]	
Address of financial institution		[13]	
City, state, zip code	[14][15]	[16]	
Foreign country code/name	[17]	[18]	
For addresses in Mexico, enter state		[20]	
Foreign province/county		[23]	
Foreign postal code		[24]	
Account jointly owned with spouse		_[25]	
Account opened during the tax year		_[47]	_
Account closed during the tax year		_[49]	
Information is reported for a financial account w		_[27]	
2 = Owned separately, 3 = Owned jointly, 4 = Authority ov	er but no financial interest		
Complete this section if there is a joint of	owner other than the spouse, or you have s	signature authority	only over the account
Taxpayer identification number of account holde	r/ioint owner		[28
Foreign identification number of account holder/			[29]
Last name or organization name of account holder	•		[30]
First name and middle initial of account holder/jo	oint owner		[31] [32]
Address and apartment			[33] [34]
City, state, zip code			[36][37]
Foreign country code/name	[38]		[39]
For addresses in Mexico, enter state	 -		[41]
Foreign postal code			[44]
Number of joint owners (Not including taxpayer, if applic	able)		[45
Filer's title with this owner (If applicable)			[46]
NOTES/QUESTIONS:			

Form ID: 2555 Foreign	n Earned Income Exc	clusion		46
Taxpayer/Spouse (T, S) [1]		State postal co	de	[3]
Foreign street address		[4] City		
State/Province		Country code		
Country		Postal code _		
Employer's name				[2]
U.S. address	[5] City		
State postal code		Zip code		
Foreign street address				
State/Province		Country code		
Country				
Employer type (A = Foreign entity, B = U.S. company, C = Self, D = Foreign	affiliate of a U.S. company, $E = Q[t]$	_{jer})f other, specify ty	pe	
Country of citizenship				[11]
If maintained a separate foreign residence for your family of	lue to adverse living condi	tions, provide city, co		
				ays
City/Country				ays
List tax home(s) during the tax year and dates established: Tax home			Mai Data	
Tay homo			[13] Date	
			Date	
Foreign Earn	ed Income Allocation	n Information		
*U.S. Business Days and Travel Type Code: 1=Travel to Ur	nited States; 2=Travel to r	estricted country; 3:	=Travel to foreig	n country
U.S. business days and travel information:[16]	,	•	J	No. of U.S.
Type Code* Name of Country including Unit	ed States	Date Arrived	Date Left	business days
<u> </u>				
<u> </u>				
<u> </u>				
_		 .		
Foreign days worked before and after foreign assignment	[17] Total days worked b	efore and after forei	gn assignment	[18]
Total number of days worked during year (defaults to 240)				[19]
Bor	na Fide Residence Te	est		
Date foreign residence began [21]	Date foreign residen	ice ended		[22]
Kind of foreign living quarters (A = Purchased house, B = Rented house	_		employer)	[23]
If any family members lived abroad with you during any pa	rt of tax year, list who and	for what period:		_
Relationship	Period abroad			[24]
Relationship	Period abroad			
Relationship	Period abroad			
Relationship	Period abroad			
Mark if you submitted a statement to foreign country auth	orities that you are not a r	esident of that count	try	_[25]
Mark if required to pay income tax to that country				_[26]
List any contractual terms or other conditions relating to le	ngth of employment abroa	ad		
				[27]
				
Type of visa used to enter foreign country				[28]
Explanation if visa limited length of stay or employment				[00]
				[29]
If maintained a home in U.S., enter address, whether it was	rented names of occupa	nts and their relation	shin to you:	
Address	[30]	City	isinp to you.	
State postal code	[50]	Zip code		
Rented Occupant		· ·	ionship	
Address	[30]	City	- I -	
State postal code	[1-3]	Zip code		-
Rented Occupant	_	· ·	ionship	
	nysical Presence Test	τ		
Principal country of employment				[31]
				Form ID: 2555

Form ID: 2555-2	Foreign Earned Income Exclusion		47
Employer's name Taxpayer/Spouse (T, S) State postal code			
	Foreign Earned Income		
*P	lease use the Foreign Earned Income Allocation Codes loc	ated below Allocation	
Noncash income: Home (lodging) Meals Car	se enter code here and description and amount below):	_[10][11] + _[13][14] + _[16][17] + [19] + +	
Allowances, reimbursements or exper Cost of living and overseas different Family Education		_ + _ + +	[22] [24] [26]
Home leave Quarters Other purposes (Please enter code	e here and description and amount below):	_[27] + _[29] + _[31] + _ +	[28]
Other foreign earned income (Please 6	enter code here and description and amount below):	+ + [33]	[34]
Excludable meals and lodging under se	ection 119	- + <u>-</u> - + <u>-</u> + <u>-</u>	[35]
	*Foreign Earned Income Allocation Codes 1 = 100% foreign during assignment 2 = 100% U.S. during assignment 3 = U.S. and foreign days worked during assignment 4 = U.S. and foreign days before/after assignment 5 = Days worked before, during, and after assignment		
	Deductions Allocable to Foreign Earned Inc	come	
Other allocable deductions		Allocation Code* [36] +	Amount [37]
	Housing Exclusion/Deduction		
Qualified housing expense		+_	[47]
NOTES/QUESTIONS:			
	Control Totals +		Form ID: 2555-2

Form ID: 3903		48	
Preparer use only Description of move			[2]
Taxpayer/Spouse/Joint (T, S, J)			[3]
Mark if the move was due to service i	n the armed forces		[7]
Number of miles from old home to ne	ew workplace		<u>—</u>
Number of miles from old home to ol	d workplace		[9]
Mark if move is outside United States	or its possessions		[10]
Transportation and storage expenses		+	[11]
Travel and lodging (not including mea	ls)	+	[12]
Miles driven to new home			[13]
Total amount reimbursed for moving	expenses	+	[15]

Employee Business Expenses

Preparer use only	2019 Information	Prior Year Information
Taxpayer/Spouse (T, S)	[2]	
Occupation in which expenses were incurred	[3]	
State postal code	 [5]	
If the employee expenses were from an occupation listed below, enter the		
1 = Qualified performing artist, 2 = Impairment-related work expenses		t
Dauling force and talle		
Parking fees and tolls	+[18]	
Local transportation Travel expenses	+[20]	
Other business expenses:	+[23]	
Other business expenses.	120	
	+[26]	
	+	
	+	
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Nanyahida danrasiatian	T	
Nonvehicle depreciation Meals	+[29] + [32]	
Meals for individuals subject to DOT hours of service limitation (certain sta		
ivicals for individuals subject to DOT flours of service inflitation (certain sta	ate ret u rns) [34]	
Employer Reiml		
Enter Reimbursements not entered o		
	2019 Information	Prior Year Information
Reimbursements for other expenses not included on Form W-2	+[61]	
Reimbursements for meals not included on Form W-2	+ [63]	

[65]

Form ID: 2106

Reimbursements for meals for DOT service limitation not included on Form W-2+

Control Totals +

Form ID: 2106-2			Employee B	usiness Expe	enses			50
Preparer u Taxpayer/Spouse (T, S) Occupation in which e State postal code	-	incurred				[2] [3] [4]		
			Vehicle	e Questions				
If you used your autor Was the vehicle a Was another vehic Do you have evide	vailable for off- cle available fo	duty personal r personal use	use? (Y, N, Blank = No? (Y, N)	ot applicable)	ons:	Information [5] [7] [9]	Prior Year I	nformation — —
			Vehicle	Information				
Vehicle 1 -	Date placed Description Comments	in service						[
Vehicle 2 -	Date placed Description Comments	in service						[ı
Vehicle 3 -	Date placed Description Comments	in service					_]
Vehicle 4 -	Date placed Description Comments	in service					_	[
Vehicle 4 -	Description	in service	Vehicles A	Actual Expens	ses			
Vehicle 4 -	Description	in service Prior Year Information	Vehicles A	Actual Expens Prior Year Information V		Prior Year nformation	Vehicle 4	
Total mileage for the ye	Description Comments Vehicle 1	Prior Year Information		Prior Year		Information	Vehicle 4	Prior Year
Fotal mileage for the ye Business mileage	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year	ehicle 3	Information	1	Prior Year
Fotal mileage for the ye Business mileage Average daily round trip	Vehicle 1	Prior Year Information	Vehicle 2 [69]	Prior Year	'ehicle 3	Information	[163]	Prior Year
Fotal mileage for the ye Business mileage Average daily round trip commuting mileage	Vehicle 1	Prior Year Information	Vehicle 2[69][71][73]	Prior Year	/ehicle 3 [116] [118] [120]	Information	[163] [165]	Prior Year
Fotal mileage for the ye Business mileage Average daily round trip commuting mileage Fotal commuting mileage	Vehicle 1 ear [20] [24] [26]	Prior Year Information	Vehicle 2[69][71][73][75]	Prior Year	rehicle 3 [116] [118] [120] [122]	Information	[163] [165] [167] [169]	Prior Year
Total mileage for the ye Business mileage Average daily round trip commuting mileage Total commuting mileag Gasoline	Vehicle 1	Prior Year Information	Vehicle 2[69][71][73][75] +[77]	Prior Year	rehicle 3 [116] [118] [120] [122] [124]	Information	[163] [165] [167] [169] + [171]	Prior Year
Fotal mileage for the ye Business mileage Average daily round trip commuting mileage Fotal commuting mileag Gasoline	Vehicle 1 ear [20] [24] [26] ge [28]	Prior Year Information	Vehicle 2[69][71][73][75]	Prior Year	[116] [118] [120] [122] [124] [126]	Information	[163] [165] [167] [169] + [171] + [173]	Prior Year
Total mileage for the year and the graduation of	Vehicle 1 Par [20] Par [24] Par [26] Par [30] Par [32] Par [34]	Prior Year Information	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81]	Prior Year	[120] [122] [126] [128]	Information	[163][165][167][169] +[171] +[173] +[175]	Prior Year
Fotal mileage for the years and the graduation of the graduation o	Vehicle 1 Par [20] [24] [26] [28] [28] [32] [34] [36]	Prior Year Information	Vehicle 2 [69][71] [73][75] +[77] +[79] +[81] +[83]	Prior Year	[116] [118] [120] [122] [124] [126] [128] [130]	Information	[163] [165] [167] [169] + [171] + [173] + [175]	Prior Year
Fotal mileage for the years and services of the years of years of the years of the years of years of years of years of yea	Vehicle 1 Par [20] Par [24] Par [26] Par [30] Par [32] Par [34]	Prior Year Information	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85]	Prior Year	[116] [118] [120] [122] [124] [126] [128] [130] [132]	Information	[163][165][167][169] +	Prior Year
Total mileage for the year and the grant of	Vehicle 1	Prior Year Information	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87]	Prior Year	(rehicle 3 [116]	Information	[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [179]	Prior Year
Total mileage for the year and see the	Vehicle 1 ear [20] [24] [26] [28] [30] [32] [34] [36] [36] [40]	Prior Year Information	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87]	Prior Year	(ehicle 3 [116] [118] [120] [122] [124] [126] [130] [132] [134] [136]	Information	[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [179] + [181] + [183]	Prior Year
Total mileage for the year susiness mileage exercises mileage for the year susiness mileage for the year susiness mileage for the year susines for the year susine for	Vehicle 1 tar [20] [24] [26] [30] [- [32] [- [36] [- [40] [- [42] [- [44]	Prior Year Information	Vehicle 2 [69] [71] [73] [75] + [79] + [81] + [83] + [85] + [87] + [89] + [91]	Prior Year	rehicle 3 [116] [118] [120] [122] [124] [126] [130] [132] [134] [136] [138]	Information	[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185]	Prior Year
Total mileage for the year susiness mileage exerage daily round trip commuting mileage fotal commuting mileage for the year subject to the property of the pro	Vehicle 1 Par [20] [24] Description Comments Vehicle 1 Par [20] [24] Par [30] Par [40] Par [Prior Year Information	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [85] + [85] + [87] + [89] + [91]	Prior Year	[116] [118] [120] [122] [124] [128] [130] [132] [134] [138] [140]	Information	[163][165][167][169] +	Prior Year
Total mileage for the year susiness mileage suserage daily round trip commuting mileage sotal commutation sotal co	Vehicle 1 Par [20] [24] Description Comments Vehicle 1 Par [20] [24] Par [30] Par [30] Par [30] Par [30] Par [30] Par [40] Par [Prior Year Information	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95]	Prior Year	/ehicle 3 [116] [118] [120] [122] [124] [128] [130] [132] [134] [136] [138] [140] [142]	Information	[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187]	Prior Year
Total mileage for the years increase daily round trip commuting mileage fotal	Vehicle 1 Par [20] [24] Description Comments Vehicle 1 Par [20] [24] Par [30] Par [30] Par [30] Par [30] Par [30] Par [40] Par [Prior Year Information	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87] + [89] + [91] + [95] + [97]	Prior Year	(140) [140] [142] [144]	Information	[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191]	Prior Year
Total mileage for the year and the second se	Vehicle 1 Par [20] [24] Description Comments Vehicle 1 Par [20] [26] Rec [28] Rec [30] Rec [32] Rec [34] Rec [40] Rec [Prior Year Information	Vehicle 2 [69] [71] [73] [75] + [77] + [81] + [83] + [85] + [87] + [91] + [93] + [95]	Prior Year	/ehicle 3 [116] [118] [120] [122] [124] [128] [130] [132] [134] [136] [138] [140] [142]	Information	[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187]	Prior Year
Fotal mileage for the years and the second of the second o	Vehicle 1 Par [20] [26] [26] [26] [27] [26] [27] [26] [27] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20	Prior Year Information	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87] + [89] + [91] + [95] + [97]	Prior Year	(140) [140] [142] [144]	Information	[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191]	Prior Year
Total mileage for the year and the person of	Vehicle 1 Par [20] [26] [26] [26] [27] [26] [27] [26] [27] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20	Prior Year Information	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [83] + [85] + [87] + [89] + [91] + [93] + [95] + [97]	Prior Year	(rehicle 3 [116]	Information	[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191]	Prior Year
Fotal mileage for the year and the person of	Vehicle 1 Par [20] [26] [26] [26] [27] [26] [27] [26] [27] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20	Prior Year Information	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [85] + [87] + [89] + [91] + [93] + [95] + [97] + [99] + [101]	Prior Year	(rehicle 3 [116] [118] [120] [122] [124] [130] [132] [134] [136] [138] [140] [142] [144] [146] [148]	Information	[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191] + [195]	Prior Year
Total mileage for the year and the personal mileage for the year and the personal mileage for the graph of the personal mileage for the personal m	Vehicle 1 Par [20] [26] [26] [26] [27] [26] [27] [26] [27] [27] [28] [28] [29] [29] [29] [29] [20] [20] [20] [20] [20] [20] [20] [20	Prior Year Information	Vehicle 2 [69] [71] [73] [75] + [77] + [79] + [81] + [85] + [87] + [89] + [91] + [93] + [95] + [97] + [99] + [101]	Prior Year	(rehicle 3 [116] [118] [120] [122] [124] [130] [132] [134] [136] [138] [140] [142] [144] [146] [148]	Information	[163] [165] [167] [169] + [171] + [173] + [175] + [177] + [181] + [183] + [185] + [187] + [189] + [191] + [195]	Prior Year

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T/S	Date*	2019 Information	Prior Year Information
		+ [4]	
Recip	ient name and SSN		
	Address		
City,	state and zip code		
		+	
Recip	ient name and SSN		
	Address		
City,	state and zip code		
		+	
Recip	ient name and SSN		
	Address		
City,	state and zip code		

^{*} Date of divorce/separation agreement

Date of divorce/separation agreement	2019	Information	Prior Year Information
	Taxpayer	Spouse	The real information
Educator expenses:	ιακράγει	Spouse	
Educator expenses.	+	[6] +	[7]
	-' 	+	
Other adjustments:	_'	- ' 	-
Other adjustinents.	+	[0] +	[10]
		[9] + +	_[10]
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Control Totals +	Form ID: OtherAdi
Control Totals +	i Form ID: OtherAdii

Exclusion of Interest Income from Series EE or I U.S. Savings Bonds

Complete if you cashed qualified U.S. Savings bonds in 2019 that were issued after 1989, and you paid qualified higher education expenses in 2019 for yourself, your spouse, or your dependents.

Taxpayer/Spouse/Joint (T, S, J) SSN of person enrolled at eligible educational institution Name of person enrolled at eligible educational institution (First/Last) Name of eligible educational institution Address of eligible educational institution City, state, and zip code Qualified higher education expenses you paid in 2019 for person listed above Enter any nontaxable educational benefits received for 2019 for person listed above Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Financial institution name (ESA) or name of program (QTP) Financial institution address (ESA) or address of program (QTP) City, state and zip code	+ Tuition Program)	
Taxpayer/Spouse/Joint (T, S, J) SSN of person enrolled at eligible educational institution Name of person enrolled at eligible educational institution (First/Last) Name of eligible educational institution Address of eligible educational institution City, state, and zip code Qualified higher education expenses you paid in 2019 for person listed above Enter any nontaxable educational benefits received for 2019 for person listed above Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Financial institution name (ESA) or name of program (QTP) Financial institution address (ESA) or address of program (QTP) City, state and zip code	+ + Tuition Program)	[1]
Taxpayer/Spouse/Joint (T, S, J) SSN of person enrolled at eligible educational institution Name of person enrolled at eligible educational institution (First/Last) Name of eligible educational institution Address of eligible educational institution City, state, and zip code Qualified higher education expenses you paid in 2019 for person listed above Enter any nontaxable educational benefits received for 2019 for person listed above Type of qualified education program, if contributions made for enrollee (ESA = Coverdell ESA, QTP = Qualified Financial institution name (ESA) or name of program (QTP) Financial institution address (ESA) or address of program (QTP) City, state and zip code	+ + Tuition Program)	[1]
Total proceeds from Series EE or I U.S. Savings bonds issued after 1989 and cashed in 2019	+	[3]

Form ID: Educate2	Student Loan Interest Paid	53
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Complete this section if you paid interest on a qualified student loan in 2019 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2019. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender		2019 Interest Paid	Prior Year Information
_		+	[1]	
_		+		
		+		
		+		
_			_	

Form ID: Educ3

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2		
Taxpayer/Spouse (T, s)		[8
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Ded	luction)	_
Student's social security number		_
Student's first name		
Student's last name		
Institution Informat	tion	
Enter information from each institution on a separate page, including the comp	plete address and federal ide	ntification number of the i
landitution la fadenal identification accorden		
Institution's federal identification number		[8
Institution's name		
Institution's street address		
Institution's city, state, zip code		
Tuition Paid and Related I	nformation	
Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of	nt paid for the student during	2019.
Amounts reported in Box 1 may not reflect the actual amounts	nt paid for the student during	2019. Prior Year Information
Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of Tuition paid (Enter only the amount actually paid) (Box 1)	nt paid for the student during during 2019.	
Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of Tuition paid (Enter only the amount actually paid) (Box 1) Field no longer applicable	nt paid for the student during during 2019. 2019 Information	
Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of the Tuition paid (Enter only the amount actually paid) (Box 1) Field no longer applicable Educational institution changed its reporting method for 2019 (Box 3)	nt paid for the student during during 2019. 2019 Information	
Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of Tuition paid (Enter only the amount actually paid) (Box 1) Field no longer applicable	nt paid for the student during during 2019. 2019 Information	
Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of the Tuition paid (Enter only the amount actually paid) (Box 1) Field no longer applicable Educational institution changed its reporting method for 2019 (Box 3)	nt paid for the student during during 2019. 2019 Information	
Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of the Tuition paid (Enter only the amount actually paid) (Box 1) Field no longer applicable Educational institution changed its reporting method for 2019 (Box 3) Adjustments made for a prior year (Box 4)	nt paid for the student during during 2019. 2019 Information	
Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of the Tuition paid (Enter only the amount actually paid) (Box 1) Field no longer applicable Educational institution changed its reporting method for 2019 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5)	nt paid for the student during during 2019. 2019 Information +[8]	
Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of the amount actually paid (Enter only the amount actually paid) (Box 1) Field no longer applicable Educational institution changed its reporting method for 2019 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6)	nt paid for the student during during 2019. 2019 Information +[8]	
Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of the amount actually paid (Enter only the amount actually paid) (Box 1) Field no longer applicable Educational institution changed its reporting method for 2019 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March	nt paid for the student during during 2019. 2019 Information +[8]	
Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of the amount actually paid (Enter only the amount actually paid) (Box 1) Field no longer applicable Educational institution changed its reporting method for 2019 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March At least half-time student (Box 8)	nt paid for the student during during 2019. 2019 Information +[8]	
Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of the amount actually paid (Enter only the amount actually paid) (Box 1) Field no longer applicable Educational institution changed its reporting method for 2019 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No)	nt paid for the student during during 2019. 2019 Information +[8]	
Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of the amount actually paid (Enter only the amount actually paid) (Box 1) Field no longer applicable Educational institution changed its reporting method for 2019 (Box 3) Adjustments made for a prior year (Box 4) Scholarships or grants (Box 5) Adjustments to scholarships or grants for a prior year (Box 6) Box 1 or 2 includes amounts for an academic period beginning January - March At least half-time student (Box 8) Graduate student (Box 9) (1=Yes, 2=No) Insurance contract reimbursement/refund (Box 10)	nt paid for the student during during 2019. 2019 Information +[8]	

Control Totals +	Form ID: Educ3

Form	ID:	10990	_

Qualified Education Programs

Qualified Education	_	
Please provide all copies of	of Form 1099Q	
Taxpayer/Spouse (T, s)		_[1]
Payer name		[3]
State postal code		(=) [4]
Type of account (1= Private QTP, 2 = State QTP, 3 = ESA)		[6]
Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither)		[7]
Final distribution		[8]
Contributions ar	nd Basis	
Donoficionale Information (r		
Beneficiary's Information (if not taxpayer or spouse)		fa.43
Social security number		
First name		[12]
Last name		[13]
	2019 Information	n Prior Year Information
Amount contributed in current year	+	[14]
Basis of this account at 12/31/18	+	
Value of this account at 12/31/19	+	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spous		[24]
Payments from Qualified E	Education Programs	
	2019 Information	n Prior Year Information
Gross distribution (Box 1)	+	[30]
Earnings (Box 2)		[32]
Basis (Box 3)	+	[34]
Trustee-to-trustee rollover (Box 4)		[36]
Trustee-to-trustee rollover amount if different than Box 1	+	[37]
Box 5 -		
Private QTP		[39]
State QTP		[40]
Coverdell ESA		[41]
Check if the recipient is not the designated beneficiary (Box 6)		[42]
Qualified education expenses		[43]
Elementary and secondary education expenses	+	[45]

Form ID: FAFSA

Federal Student Aid Application Information #1

Complete a FAFSA information section for both the parent and student. Both may be required to complete the FAFSA.

If the parent or student tax return was prepared elsewhere, please provide the completed tax return.

This FAFSA information is for the: Preparer use only		
Who is listed as the primary taxpayer on the tax return of the individual to whom this i	information applies?	
(1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)		_[1]
The information for the FAFSA worksheet will be:		
(1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)		_[4]
Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts	-	+[8]
Taxpayer's (and spouse's) net worth in investments, including real estate but		
do not include the primary residence	4	+[9]
Taxpayer's (and spouse's) net worth in current businesses and/or investment farms	+	+[10]
	2018 Information	2019 Information
Child support paid because of divorce, separation, or a result of a legal requirement		+[20]
Taxable earnings from need-based employment programs		+[21]
Student grant and scholarship aid included in adjusted gross income		+[22]
Earnings from work under a cooperative education program offered by a college		+[23]
Child support received but do not include foster care or adoption payments		+[24]
Veterans noneducation benefits Other untouching part appared also where such as worker's componentian.	[17] -	+[25]
Other untaxed income not reported elsewhere, such as worker's compensation,		
disability, etc., but do not include student aid, earned income credit, additional		
child tax credit, welfare payments, untaxed Social Security benefits, SSI,	[40]	1. (20)
on-base military housing or a military housing allowance, or combat pay. Money received or paid on behalf of the student (For the student's worksheet only)		+[26] + [27]
	[19]	[27]
Control Totals +		
Federal Student Aid Application In	formation #2	
This FATCA information is for the		
This FAFSA information is for the: Preparer use only Who is listed as the primary to prove the towards on the individual to whom this is	information annice?	
Who is listed as the primary taxpayer on the tax return of the individual to whom this i	information applies?	(4)
Who is listed as the primary taxpayer on the tax return of the individual to whom this i (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse)	information applies?	_[1]
Who is listed as the primary taxpayer on the tax return of the individual to whom this i (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse) The information for the FAFSA worksheet will be:	information applies?	
Who is listed as the primary taxpayer on the tax return of the individual to whom this i (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse) The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return)	information applies?	[4]
Who is listed as the primary taxpayer on the tax return of the individual to whom this in (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse) The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return) Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts	information applies?	
Who is listed as the primary taxpayer on the tax return of the individual to whom this in (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse) The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return) Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts Taxpayer's (and spouse's) net worth in investments, including real estate but	information applies?	[4] +[8]
Who is listed as the primary taxpayer on the tax return of the individual to whom this in (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse) The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return) Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence	information applies?	+[9]
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Who is listed as the primary taxpayer on the tax return of the individual to whom this in (1 = Father or stepfather, 2 = Mother or stepmother, 3 = Student, 4 = Student's spouse) The information for the FAFSA worksheet will be: (1 = Calculated for the taxpayer on this return, 2 = Entered from someone else's return) Taxpayer's (and spouse's) current balance of all cash, savings and checking accounts Taxpayer's (and spouse's) net worth in investments, including real estate but do not include the primary residence Taxpayer's (and spouse's) net worth in current businesses and/or investment farms Child support paid because of divorce, separation, or a result of a legal requirement Taxable earnings from need-based employment programs Student grant and scholarship aid included in adjusted gross income Earnings from work under a cooperative education program offered by a college Child support received but do not include foster care or adoption payments Veterans noneducation benefits Other untaxed income not reported elsewhere, such as worker's compensation, disability, etc., but do not include student aid, earned income credit, additional	2018 Information [12] + [13] + [14] + [15] +	[4][8] +[9] +[10] 2019 Information +[21] +[22] +[23] +[24]
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Control Totals +

Schedule A - Medical and Dental Expenses

		2019 Information	Prior Year Informa
	, such as: Doctors, Dentists, Hospital/nursing		
-	s, Eyeglasses/contact lenses, and Insurance r		
		[2]	-
-			-
			-
-	+		
	+		-
	+		-
Medical insurance premiums	you paid: id by an employer-sponsored plan or amounts entered e	Isourbara such as amounts naid for a	(Our
	F, Sch K-1, etc.) or Medicare premiums entered on Form		,oui
	+	[5]	
	+		
	+		
Long-term care premiums you			
	id by an employer-sponsored plan or amounts entered e	lsewhere, such as amounts paid for y	/our
self-employed business (Sch C, Sch	F, Sch K-1, etc.)		
	+	[8]	
	+		
Prescription medicines and dr	rugs:		
		[11]	
	+		
Miles driven for medical item	S	[14]	
State/local income taxes paid	:		
•	+	[19]	
	+		
	+		
	+		
	+	<u></u>	
2018 state and local income t	axes paid in 2019:		
	+	[22]	
	+	<u></u>	
	+	<u></u>	
Real estate taxes paid:		· · · · · · · · · · · · · · · · · · ·	
	+	[25]	
	+	<u></u>	
	+	<u></u>	
Personal property taxes:			
	+	[28]	
	+		
Other taxes, such as: foreign	taxes and State disability taxes		
	+	[31]	
	+		
	+		
Sales tax paid on major purch			
	+	[37]	
·	+		
Sales tax paid on actual exper			
	+	[40]	
	+		
	+		
	Control Totals		Form ID: /
	Control Totals +	1	i Form ID: /

Form ID: A-2	Interest Exper	ises		58
/S/J Home mortgage interest: From Form 1098	2019 Interest Paid	2019	2019 Type* Mortgage Premiums I	Ins. Prior Year Informa Paid
_[1]	+	_+	+	
_	+	_+	+	
	+	_+	+	
				-
-	<u> </u>	_+		
_	<u>'</u>	- <u>'</u>	'	
_	·	- · +	·	
		_		
	*Mortgage T			
Blank = Used to buy, build or improve main/qua	lified second nome 1	= Not usea to bu	y, bulla, improve no	ome or investment
Other, such as: Home mortgage interest pa	id to individuals	+	[5]	
Address				
City, state and zip code				
		+		
Address				
City, state and zip code				
Payer's/Borrower's name	ved Form 1098 for jointl			
Payer's/Borrower's name Street Address	=			
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 -	=			
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J)	=			
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name	=		[7]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance			[7]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us			[7]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance			[7]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance Term of new loan (in months)			[7]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance			[7]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019			[7]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance Term of new loan (in months)			[7]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019 Taxpayer/Spouse/Joint (T, S, J)			[7]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us	se only)		[7]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer use) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer use) Date of refinance	se only)		[7]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance Term of new loan (in months)	se only)		[7]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer use) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer use) Date of refinance	se only)		[7]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019	se only)	+		
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019	se only)	+	[7]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer use) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer use) Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019 Investment interest expense, other than on S	se only) se only)	+	[7][11][12][12][12]	
Payer's/Borrower's name Street Address City/State/Zip code Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019 Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer us Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019	se only) se only)	+	[7][11][12]	

[15]		+	[16]
		+	
		+	
		+	
_		<u> </u>	
	Control Totals +		Form ID: A-2

		2019 Information		Prior Year Informatio
	Contributions made by cash or check (including out-of-pocket expenses) Any contribution of cash, a check or other monetary gift requires a written record of the co Individual contributions of \$250 or more must be accompanied by a written acknowledgm			
]		+	131	
		+		
		+		
		+		
		+		
		+		
		+		
		+		
		+		
		+		
		+		
		+		
		+		
		+		
		+		
	Volunteer miles driven	+		-
			[6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household go			
		+		
		+		
		+		
		+		
		+		
		+		
		+		
		+		
		+		
		+		-
	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wi	ldfire disaster area		
	Miscellaneous Ded	uctions		
	iviiscellalieous Deu	uctions		
		2019 Information		Prior Year Information
	Other expenses, not subject to the 2% AGI limit:	2019 Information	[12]	Prior Year Information
		2019 Information		Prior Year Informatio
	Other expenses, not subject to the 2% AGI limit:	2019 Information + +		Prior Year Informatio
	Other expenses, not subject to the 2% AGI limit:	2019 Information + + +		
	Other expenses, not subject to the 2% AGI limit:	2019 Information + + + + + +		
	Other expenses, not subject to the 2% AGI limit:	2019 Information + + +		
	Other expenses, not subject to the 2% AGI limit:	2019 Information +		
2]	Other expenses, not subject to the 2% AGI limit:	2019 Information +		
!]	Other expenses, not subject to the 2% AGI limit:	2019 Information +		
!]	Other expenses, not subject to the 2% AGI limit: Gambling losses: (Enter only if you have gambling income)	2019 Information + + + + + + + + + + +		
2]	Other expenses, not subject to the 2% AGI limit: Gambling losses: (Enter only if you have gambling income)	2019 Information + + + + + + + + + + +	[16]	
2]	Other expenses, not subject to the 2% AGI limit: Gambling losses: (Enter only if you have gambling income)	2019 Information +	[16]	
2]	Other expenses, not subject to the 2% AGI limit: Gambling losses: (Enter only if you have gambling income)	2019 Information +	[16]	
2]	Other expenses, not subject to the 2% AGI limit: Gambling losses: (Enter only if you have gambling income)	2019 Information +	[16]	

NO

Control Totals +	Form ID: A-3
1 CONTROL TOTALS T	I FUI III ID. A-3

Form ID: A-St

Miscellaneous Itemized Deductions (State Use Only)

59a

Complete the information below only if you file a state return in AL, AR, CA, HI, MN, NY or PA. Amounts entered here will be used to calculate your state return, but will be ignored for federal return purposes, as the deductions are not allowed.

T/S/J	2019 Information	Prior Year Information
Unreimbursed expenses, such as: Uniforms, Professional dues, Business publications, Job seeking expenses, Educational expenses		
_[1]	+[2]	
	+	
	+	
	+	
_	+	
<u> </u>	+	
_	+	
_	+	
	+	
Living diese ather than apparents reported on Form M/2.	+	-
Union dues, other than amounts reported on Form W-2:		
_[4]	+[5]	<u> </u>
	+	
	+	-
	+[8]	
Other expenses, subject to 2% AGI limit, such as: Legal/accounting/cus		
_[10]	+[11	
_	+	
	+	
	+	
_	+	
	+	
	+	
	+	
	+	
Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-E		
[40]	+[17	1
_[16]	+	
	+	
	+	
	+	
	+	
	+	
_	+	

Complete this section if either of the following applies:

- You have home acquisition/improvement debt over \$750,000 for loans taken out in 2018 or later
- You have home acquisition/improvement debt over \$1,000,000 for loans taken out in 2017 or earlier

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used. Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home

	2019 Information	Prior Year Information
Description of loan/property	[2]	
Taxpayer/Spouse/Joint (T, S, J)	[3]	
Loan origination date	[4]	
If refinanced debt, date of initial loan	[5]	
Fair market value of home	+[6]	
Number of months loan was outstanding in 2019, if not 12	[8]	
Number of months home was a qualifying home (If different from number of months loan was outstanding)	[10]	_
Principal paid in 2019	+[12]	
Interest paid during 2019	+[14]	
Points reported on Form 1098 for 2019	+[16]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name	[19]	
Recipient SSN or EIN	[20]	
Recipient address	[21]	
Recipient city, state, zip code[22] _	[23][24]	
Grandfather debt as of 12/31/18 (or first day mortgage was outstanding)	+[25]	
Grandfather debt as of 12/31/19 (or last day mortgage was outstanding)	+[27]	
Home acquisition/improvement debt as of 12/31/18 (or first day mortgage was outstar		
Home acquisition/improvement debt as of 12/31/19 (or last day mortgage was outstand	ndihg) [31]	
Home equity debt as of 12/31/18***(or first day mortgage was outstanding)	+[33]	
Home equity debt as of 12/31/19***(or last day mortgage was outstanding) *** ONLY portion of loan proceeds used to buy, build, or improve qualified residence	+[35]	
Average balance in 2019 of grandfather debt	+[38]	
Average balance in 2019 of home acquisition/improvement debt	+[40]	
Average balance for 2019 all types of debt	+[42]	

Noncash Contributions Exceeding \$500

Taxpayer/Spouse/Joint (T, S, J)		[1]
Donated property description		[4]
Name of days a supprisation		r=1
Address of decrees the state of		
City		[7]
State postal code		[8]
Zip code		[9]
Date contributed		[10]
Date acquired by donor		[11]
How was donated property acquired: (P = Purchase, I = Inheritance, C	G - Gift E - Evchange)	[12]
Donor's cost or basis	J - Girt, L - Extriange)	+ [13]
Fair market value		
Method used to determine fair market value (A = Appraisal, C = Ca	talan T. Thrift share value C. Calan/announting C	+[14]
If other:	italog, I = Infirt snop value, S = Sales/comparative, C	-
if other:		[16]
	Control Totals +	
	ontributions Exceeding \$500	
For donated securities, include the company n	ame and number of shares in the dona	ited property description, below
Taxpayer/Spouse/Joint (T, S, J)		[1]
Donated property description		
Nieuwa Calana a manatatian		
Address of decree and alter		
City		[7]
State postal code		[8]
Zip code		[9]
Date contributed		[10]
Date acquired by donor		[11]
How was donated property acquired: (P = Purchase, I = Inheritance, C	G = Gift E = Evchango)	
Donor's cost or basis	3 - Girt, E - Extriange)	_[12]
Fair market value		+[13]
Method used to determine fair market value (A = Appraisal, C = Ca	talan T. Thrift share value C. Calan/announting C	+[14]
If other:	italog, 1 = 11111t shop value, 5 = Sales/comparative, C	D = Other)[15] [16]
ii diler.		[10]
	Control Totals +	
Noncoch Co	ontributions Exceeding \$500	
For donated securities, include the company n		stad property description below
roi donated securities, include the company in	anie and number of shares in the dona	ited property description, below
Taxpayer/Spouse/Joint (T, S, J)		_[1]
Donated property description		[4]
Name of donee organization		<u>[</u> 5]
Address of donee organization		[6]
City		[7]
State postal code		[8]
Zip code		[9]
Date contributed		[10]
Date acquired by donor		[11]
How was donated property acquired: (P = Purchase, I = Inheritance, C	G = Gift, E = Exchange)	 [12]
Donor's cost or basis	,	+ [13]
Fair market value		+ [14]
Method used to determine fair market value (A = Appraisal, C = Ca	stalog T - Thrift shop value S - Sales/comparative (
If other:	ready, i - inine shop value, 3 - sales/comparative, C	-
ii otiici.	-	[16]
	Control Totals +	
		Form ID: 8283

Form ID: 1098C

Contributions of Motor Vehicles, Boats & Airplanes

62

Please provide all Forms 1098-C. If you received a different acknowledgment from the donee organization in lieu of Form 1098-C, enter the equivalent donation information in the fields provided below.

Taxpayer/Spouse (T, S)		[1]
Donee's name		[4]
State postal code		[3]
Date of contribution (Box 1)		[9]
Odometer mileage (Box 2a)	,	[10]
Year of vehicle (Box 2b)		[11]
Make of vehicle (Box 2c)		[12]
Model of vehicle (Box 2d)		[13]
Vehicle or other identification number (Box 3)		[14]
Donee certifies that vehicle was sold in arm's length transaction to unrelated party (Box 4a)		[15]
Date of sale (Box 4b)		[16]
Gross proceeds from sale (Box 4c)	+	[17]
Donee certifies that vehicle will not be transferred for money, other property, or services		[11/]
before completion of material improvement or significant intervening use (Box 5a)		[18]
Donee certifies that vehicle is to be transferred to a needy individual for significantly		_[10]
below fair market value in furtherance of donee's charitable purpose (Box 5b)		[19]
Detailed description of material improvements or significant intervening use and duration of use (Bo	v 5c)	_[13]
betailed description of material improvements of significant intervening use and duration of use (bo	, x 3c,	[20]
·		[20]
-		
Did you provide goods or services in exchange for the vehicle? (Box 6a)	Yes[21]	No [22]
Value of goods and services provided in exchange for the vehicle (Box 6b)	_[21] +	[23]
Donee certifies that the goods and services consisted solely of intangible religious benefits (Box 6c)	'	[24]
Description of goods and services (Box 6c)		_[24]
Description of goods and services (box oc)		[25]
		[25]
Under the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is o	shocked (Pay 7)	[26]
onder the law, the donor may not claim a deduction of more than \$500 for this vehicle if this box is t	checked (BOX 7)	_[26]
Other Information for Donated Property		
Overall physical condition of property		[31]
Date property was acquired by donor		[32]
How property was acquired by donor (P = Purchase, I = Inheritance, G = Gift, E = Exchange)		_[33]
Donor's cost or basis	+	[34]
Fair market value on date of contribution	+	[35]
Method used to determine FMV (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other)		_[36]
If other:		[37]
Bargain sale amount received		[38]
Donee's address, and ZIP code		[42]
	[43][44]	[45]
Donee's telephone number		[46]

Form ID: 4684B	sualty and T	heft - Business	/Income Produc	ing Properties	63
Preparer use	e only				
Occurrence description	_				[3]
Taxpayer/Spouse/Joint (T, S, J)					[4]
State postal code					[5]
Date of casualty or theft					[7]
Cas	sualty and T	Theft - Business	/Income Produc	ing Properties	
Description of casualty or theft - Prope	rtv A				[10]
Description of casualty or theft - Prope	· -				[23]
Description of casualty or theft - Prope	-				[26]
Description of casualty or theft - Prope					[49]
		Α	В	С	D
Property type (1 = Business, 2 = Income produc	cing, 3 = Employee p	_	_[26]	_[39]	_[52]
Date acquired		[17]	[30]	[43]	[56]
Cost or other basis of property	+		[31] + _	[44] +	[57]
Insurance or other reimbursement	+		[32] +	[45] +	[58]
Fair market value before casualty	+	[20] +	[33] + _	[46] +	[59]
Fair market value after casualty	+	[21] +	[34] + _	[47] +	[60]
	Business	/Income Use Re	eplacement Info	rmation	
Description of replacement property A	_				[61]
Description of replacement property B	_				[65]
Description of replacement property C	_				[69]
Description of replacement property D	' <u>-</u>				[73]
		Α	В	С	D
Mark if property was acquired from a r	elated party	[62]	[66]	[70]	[74]
Date acquired		[63]	[67]	[71]	[75]
Cost of replacement property	+	[64] +	[68] +	[72] +	[76]

Form ID: 4684P Casualt	y and Theft - Pe	rsonal Use Propert	ies	64
Preparer use only				
Occurrence description				[3]
Taxpayer/Spouse/Joint (T, S, J)				[3]
State postal code				
Date of casualty or theft				[8]
Mark if casualty resulted due to a federally declared	•		termined	
by the President of the United States to warrant as	·	ral Government		_[9]
FEMA disaster declaration number (ex. DR-4399)				[10]
Casualt	y and Theft - Pe	rsonal Use Propert	ies	
Type of property		City	State	Zip code
Property A	[18]	,	[19] [20]	[21]
Property B	[35]		[36] [37]	[38]
Property C	[52]		[53][54]	[55]
Property D	[69]		[70][71]	[72]
	Α	В	С	D
Date acquired	[26]	[43]	[60]	[77]
Cost or other basis of property +	[27] +			[78]
		[45] +		[79]
		[47] +		
Fair market value after casualty +	[31] +	[48] +	[64] +	[81]
Perso	onal Use Replace	ement Information	1	
Description of replacement property A				[84]
Description of replacement property B				[88]
Description of replacement property C Description of replacement property D				[92]
Description of replacement property D				[96]
	Α	В	С	D
Mark if property was acquired from a related party	[85]	[89]	[93]	[97]
Date acquired	[86]	[90]	[94]	[98]
Cost of replacement property +	[87] +	[91] +	[95] +	[99]

Form ID: 4684PY Prior Year	Casualty an	d Theft - Bus	iness/Income Pro	ducing Properties	65
Preparer use of	nly				
Occurrence description					[3]
Taxpayer/Spouse/Joint (T, S, J)					[4]
State postal code					[5]
Date of casualty or theft				_	[6]
Prior Year Cas	ualty and Th	eft - Busines	ss/Income Produci	ng Properties (Cont	'd)
Description of casualty or theft - Property	. Λ				[0]
Description of casualty or theft - Property					[8] [17]
Description of casualty or theft - Property					[26]
Description of casualty or theft - Property					[35]
	A	4	В	С	D
Property type (1 = Business, 2 = Income producing,	, 3 = Employee prop)	_[9]	_[18]	_[27]	_[36]
Date acquired				[30]	[39]
Cost or other basis of property				[31] +	
Insurance or other reimbursement				[32] +	
Fair market value before casualty				[33] +	
Fair market value after casualty	+	[16] +	[25] +	[34] +	[43]
Curre	nt Year Busir	ness/Income	Use Replacement	Information	
Description of replacement property A					[44]
Description of replacement property B					^[44]
Description of replacement property C					[56]
Description of replacement property D					[62]
	A		В	С	D
Date acquired	А		_	_	_
Prior year cost of replacement property		[45]	[51] ±	[57] [58] +	[63] [64]
Cost of replacement property					
Postponed gain				[59] +	
Adjusted basis of replacement property				[60] +	
Aujusted basis of replacement property	т	[49] +	[55] +	[61] +	[67]

Form ID: CasPY Prior Yea	r Casualty and Theft	- Personal Use Pro	operties	66
Occurrence description				[1]
Taxpayer/Spouse/Joint (T, S, J)				_[2]
State postal code				[3]
Date of casualty or theft			-	[4]
Damage to personal residence from corrosive dry				_[5]
Amount paid to repair damage to home or hou	sehold appliances		+	[6]
25% loss available from 2018			+	[7]
Prior Year Ca	sualty and Theft - Pe	rsonal Use Proper	ties (Cont'd)	
Type of property A	[15]	City A		[16]
Type of property B	[2.2]	City B		
Type of property C	[0.7]	City C		[20]
Type of property D	[10]	City D		[49]
·· · · · · · · · · · · · · · · · · · ·		·		
	Α	В	С	D
State postal code	[17]	[28]	[39]	[50]
Zip code	[18]	[29]	[40]	[51]
Date acquired	[20]	[31]	[42]	 [53]
Cost or other basis of property +	[21] +	[32] +	[43] +	[54]
Insurance or other reimbursement +	[22] +	[33] +	[44] +	[55]
Principal residence exclusion taken +	[23] +	[34] +	[45] +	[56]
Fair market value before casualty +	[24] +	[35] +	[46] +	[57]
Fair market value after casualty +	[25] +	[36] +	[47] +	[58]
Pe	ersonal Use Replacen	nent Information		
Description of replacement property A				[59]
Description of replacement property B				[65]
Description of replacement property C				[71]
Description of replacement property D				[77]
	Α	В	С	D
Date acquired _	[60]	[66]	[72]	[78]
Prior year cost of replacement property +	[61] +	[67] +	[73] +	[79]
Cost of replacement property +	[62] +	[68] +	[74] +	[80]
Postponed gain +	[63] +	[69] +	[75] +	[81]
Adjusted basis of replacement property +	[64] +	[70] +	[76] +	[82]
NOTES/QUESTIONS:				

Control Totals +	Form ID: CasPY
Control Lotals+	i Form II): Caseyi

Form ID: 8829	ome Office General In	formation	67
Preparer use only Principal business or profession Taxpayer/Spouse/Joint (T, S, J) State postal code			[3] [4] [5]
	Business Use of H	ome	
		2040 I of a way of the	5. V 16
Tatal area of house		2019 Information	
Total area of home		[14	
Area used exclusively for business		[16	
Information for day-care facilities only:			
Total hours used for day-care during this year		[18	
Total hours used this year, if less than 8760		[20	
Special computation for certain day-care facilities:			
Area used regularly and exclusively for day-care	business	[22	
Area used partly for day-care business		[24	
List as direct expenses any ex List as indirect expenses any expen	ses which are attributable	-	-
	Direct Expenses	Indirect Expenses	Prior Year Information
Mortgage interest:		+[31	
		+[35	
Real estate taxes:	+ [37]		
Excess mortgage interest	+ [42]		-
Insurance		+[43	
Rent	+[48]	+[50	
Repairs & maintenance	+[54]	+[55	
Utilities	+[57] +[60]	+[58 +[61	
Other expenses, such as: Supplies & Security system		T[01	<u> </u>
Other expenses, such as. Supplies & Security system		± [64	1
	+[63]	+[64	<u> </u>
		<u> </u>	
		<u> </u>	
	<u> </u>	<u> </u>	
	<u> </u>	<u> </u>	
	<u> </u>	<u> </u>	
	' 	<u>'</u>	
	·	+	
	·	+	
Excess casualty losses		+ [66	
Carryovers:			
Operating expenses		+ [67	
Casualty losses		+ [68	
Depreciation		+ [70	
Business expenses not from business use of home, s	uch as:		
Travel, Supplies, Business telephone expenses		+ [71	
Depreciation		+ [75	
-p			

Control Totals + Form ID: 88		Control Totals +		Form ID: 8829
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				Worksheet					68
			e for business p	urposes, plea	se complete ti	ne following	informatio	n.	
Description of bu	Preparer us usiness or profession	se only							[3]
			V/	hicles					[3
			Ve	enicies					
	ate placed in service								
	escription omments								
	ate placed in service								
	escription								
	mments		-						
/ehicle 3 - Da	ate placed in service								
	escription								
Co	omments								
'ehicle 4 - Da	ate placed in service								
De	escription								
Со	omments								
			Vehicle	e Question	s				
				Vehicle Pri		Prior Veh	icle Prior	Vehicle	Prio
				1 Ye	ar 2	Year 3	8 Year	4	Yea
	tomobile for work pu			questions:					
	e available for off-dut			_[60]	_ _[62]		[64]	— [66]	
	shida ayailahla tar nc	ersonal use? (Y		_[68]	[70]		[72]	— ^[74]	_
Was another ve	•							1 1921	
Do you have ev	idence to support yo	ur deduction?	(Y, N)	— ^[76]	[78]		[80]	— ^[82]	
	idence to support yo	ur deduction?	(Y, N)	_ ^[76] _ ^[84]	_ _ ^[86]		[88] —	—[90] —[90]	- -
Do you have ev	idence to support yo	ur deduction?	(Y, N)					[90]	_
Do you have ev	idence to support yo	our deduction?		_[84]	[86]			[90]	_
Do you have ev	idence to support yo	ur deduction?			[86]			[90]	_
Do you have ev	ridence to support yo written? (Y, N)	Prior Year	Vehicl	_[84]	[86]			_[90]	rior Ye
Do you have ev Is this evidence	vidence to support yo written? (Y, N) Vehicle 1		Vehicl	e Expenses	[86]	Prior Year		_[90]	rior Ye
Do you have ev Is this evidence otal miles for year ommuting miles	vidence to support yo written? (Y, N) Vehicle 1	Prior Year	Vehicle 2	e Expenses		Prior Year		[90]	rior Ye
Do you have ev Is this evidence otal miles for year commuting miles	vidence to support yo written? (Y, N) Vehicle 1 [32]	Prior Year	Vehicle 2	e Expenses		Prior Year		[90] Pe 4 In	rior Ye
Do you have ev Is this evidence otal miles for year ommuting miles usiness miles arking fees	Vehicle 1 [32]	Prior Year	Vehicle 2 [34] [44]	e Expenses		Prior Year		[90][90] e 4	rior Ye
Do you have ev Is this evidence otal miles for year ommuting miles usiness miles arking fees olls	Vehicle 1 [32] [42] [52]	Prior Year	Vehicle 2 [34] [44] [54]	e Expenses	Vehicle 3 [36] [46]	Prior Year Information		[90][90] e 4	rior Ye
Do you have ev Is this evidence otal miles for year ommuting miles usiness miles arking fees olls	Vehicle 1	Prior Year	Vehicle 2 [34] [44] [54] [94]	e Expenses	Vehicle 3 [36] [46] [56]	Prior Year Informatio		[90][90] P e 4	rior Ye
Do you have ev Is this evidence otal miles for year ommuting miles usiness miles arking fees olls assoline	Vehicle 1 [32] [42] [52] + [92] + [100]	Prior Year	Vehicle 2 [34] [44] [54] [94] [102]	e Expenses	Vehicle 3 [36] [46] [56] [96]	Prior Year Information		[90] Pe 4 In [38][48][58][98][106]	rior Ye
Do you have ev Is this evidence otal miles for year commuting miles cusiness miles carking fees colls casoline oil epairs	Vehicle 1 [32] [42] [52] + [92] + [100] + [108]	Prior Year	Vehicle 2 [34] [44] [54] [94] [102] [110]	e Expenses	Vehicle 3 [36] [46] [56] [96]	Prior Year Information		P P In [38] [48] [58] [98] [106] [114]	rior Ye
Do you have ev Is this evidence otal miles for year commuting miles cusiness miles carking fees colls casoline oil epairs	Vehicle 1 Vehicle 1 [32] [42] [52] + [92] + [100] + [108] + [116]	Prior Year	Vehicle 2 [34] [44] [54] [94] [102] [110] [118]	e Expenses	Vehicle 3 [36] [46] [56] [96] [104]	Prior Year Information		[90] e 4	rior Ye
Do you have ev Is this evidence otal miles for year ommuting miles usiness miles arking fees olls fasoline oil epairs	Vehicle 1 Vehicle 1 [32] [42] [52] + [92] + [100] + [116] + [116] + [124] + [132] + [140]	Prior Year	Vehicle 2 [34] [44] [54] [94] [102] [110] [118] [126] [134]	e Expenses	Vehicle 3 [36] [46] [56] [96] [112] [126]	Prior Year Information		[90][90][90][90][38][48][58][106][114][122][130][130][130][130][130]	rior Ye
Do you have ev Is this evidence otal miles for year ommuting miles usiness miles arking fees olls iasoline oil epairs Maintenance ires ar washes	Vehicle 1 [32] [42] [52] + [92] + [100] + [116] + [116] + [124] + [132] + [140] + [148]	Prior Year	Vehicle 2 [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150]	e Expenses		Prior Year Information		[90][90][90][90][90][98][48][106][114][122][130][138][146][154]	rior Ye
Do you have ev Is this evidence otal miles for year ommuting miles usiness miles arking fees olls fasoline oil epairs Maintenance ires ar washes nsurance	Vehicle 1 Vehicle 1 [32] [42] [52] + [92] + [100] + [116] + [116] + [114] + [132] + [140] + [148] + [156]	Prior Year	Vehicle 2 [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158]	e Expenses	[86]	Prior Year Information		[90][90][90][90][38][48][106][114][122][130][138][146][154][162]	rior Ye
Do you have ev Is this evidence otal miles for year ommuting miles usiness miles arking fees olls fasoline oil epairs Maintenance ires ar washes insurance interest	Vehicle 1 Vehicle 1 [32] [42] [52] + [92] + [100] + [116] + [114] + [124] + [132] + [140] + [148] + [156] + [156] + [164]	Prior Year	Vehicle 2 [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166]	e Expenses		Prior Year Information		[90][90][90][90][90][138][148][154][154][162][170][rior Ye
Do you have ev Is this evidence otal miles for year ommuting miles usiness miles arking fees olls fassoline oil epairs Maintenance ires ar washes ar washes esurance enterest egistration	Vehicle 1 Vehicle 1 [32] [42] [52] + [92] + [100] + [116] + [124] + [132] + [140] + [148] + [148] + [156] + [164] + [172]	Prior Year	Vehicle 2 [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174]	e Expenses		Prior Year Information		[90][90][90][90][90][38][148][122][130][138][146][154][162][170][178][17	rior Ye
Do you have ev Is this evidence otal miles for year ommuting miles usiness miles arking fees olls easoline oil epairs Maintenance ires far washes insurance interest egistration icenses	Vehicle 1 Vehicle 1 [32] [42] [52] + [92] + [100] + [108] + [116] + [124] + [132] + [140] + [148] + [156] + [164] + [172] + [180]	Prior Year	Vehicle 2 [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174] [182]	e Expenses		Prior Year Information		[90] [90] [90] [90] [91] [98] [98] [106] [114] [122] [130] [138] [146] [154] [162] [170] [178] [186]	rior Ye
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Do you have ev	Vehicle 1 Vehicle 1 [32] [42] [52] + [92] + [100] + [116] + [116] + [140] + [148] + [156] + [164] + [172] + [180] + [188] nses [196]	Prior Year	Vehicle 2 [34] [44] [54] [94] [102] [110] [118] [126] [134] [142] [150] [158] [166] [174] [182] [190] [198]	e Expenses Prior Year Information + + + + + + + + + + + + + + + + + + +		Prior Year Information	- Vehicle - + + + + + + + + + + + + + + + + + + +	[90] [90] [90] [90] [38] [48] [58] [98] [106] [114] [122] [130] [138] [146] [154] [162] [170] [178] [186] [194] [202]	rior Ye

Control Totals +

Form ID: Auto

orm ID: Coverage	Health Care Coverage	69
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	2019 Into	rmation	
	Taxpayer	Spouse	Prior Year Information
Self-employed health insurance premiums: (Not entered elsewhere)		
+	[2]	+[3]
+		+	
Self-employed long-term care premiums: (Not entered elsewhere)			
+	[5]	+[6]
+		+	

ACA - Health Insurance Marketplace Statement #1

		Please	provide all Forms 1095-A		
Taxpayer/Spouse (T,S)				_[1]
Marketplace identifie					[6]
Marketplace-assigned	d policy number (Box 2))			[7]
Policy issuer's name (Box 3)				[2]
Part III Household In	formation -				
	A. 2019 Monthly Premium Amount	Prior Year Information	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2019 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+[12]			+[38]	IIIIOIIIIatioii
February	+[13]	·	+[25] +[26]	+[39]	·
March	+[14]		+[27]	+[40]	
April	+[15]		+[28]	+[41]	·
May	+[16]	-	+[29]	+[42]	-
June	+[17]		+[30]	+[43]	-
July	+[18]	•	+ [31]	+[44]	-
August	+[19]		+[32]	+[45]	
September	+[20]		+[33]	+[46]	
October	+[21]		+[34]	+[47]	
November	+[22]		+ [35]	+[48]	
December	+[23]		+[36]	+ [49]	
Annual total	+[24]		+[37]	+[50]	
			Control Totals +		
	ACA	A - Health Ins	urance Marketplace Stater	nent #2	
		Please	provide all Forms 1095-A		
Taxpayer/Spouse (T,S)		p. 6		[1]
Marketplace identifie					[6]
•	d policy number (Box 2))			
Policy issuer's name (Box 3)				[2]
Part III Household In	formation -				
	A. 2019 Monthly Premium Amount	Prior Year Information	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2019 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+[12]		+[25]	+[38]	
February	+[13]		+[26]	+[39]	
March	+[14]		+[27]	+[40]	
April	+[15]		+[28]	+[41]	
May	+[16]		+[29]	+[42]	
June	+[17]		+[30]	+[43]	
July	+[18]		+[31]	+[44]	
August	+[19]		+[32]	+[45]	
September	+[20]		+[33]	+[46]	
October	+[21]	<u> </u>	+[34]	+[47]	
November	+[22]		+[35]	+[48]	
December	+[23]		+[36]	+[49]	
Annual total	+[24]		+[37]	+[50]	
			Control Totals	<u> </u>	
			Control Totals +	l	
NOTES/QUESTIO	NS:				

	Form ID: 1095A

Medical and Health Savings Account Contributions

Please provide all Forms 5498-SA.

	2019 Information	Prior Year Information
Taxpayer/Spouse (T, s)	[1]	
Name of Trustee	[4]	
State postal code	[2]	
Indicate type of health or medical savings account:		
HSA	[6]	
Archer MSA		
MA (Medicare Advantage) MSA	 [9]	
Total HSA/MSA contributions made	_	
for 2019 (Enter all amounts contributed, including through employer cafeteria plans)	+[10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Or	nly, 2 = Family)[12]	
Number of months in qualified high deductible health plan in 2019	[13]	
Mark if you want to contribute the maximum allowable health or		
medical savings account contribution amount	[14]	
Total HSA/MSA contribution to be made for 2019	+[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+[16]	
Excess contributions for 2018 taken as constructive contributions for 2019	+[19]	
Rollover contribution (Form 5498-SA, Box 4)	+[21]	
Complete this section if your account is a	an Archer MSA or MA MSA	
Amount of annual deductible	+ [24]	
Enter compensation from employer maintaining high deductible health plan	+ [27]	
If self-employed, enter earned income from business		
under which plan was established	+[31]	
Complete this section if your ac	count is an HSA	
Was the high deductible health plan in effect for December 2019? (Y, N)	_[33]	

Health, Medical Savings Account Distributions

Please provid	de all Forms 1099-S		_
		2019 Information	Prior Year Information
Taxpayer/Spouse (τ, s)		_[1]	
Name of Trustee		[4]	
State postal code		[2]	
Gross distributions received (Box 1)	+	[7]	
Earnings on excess contributions (Box 2)		[9]	
Distribution code (Box 3)		[11]	
Fair Market Value on date of death (Box 4)	+	 [12]	
Box 5 -			
HSA		[13]	
Archer MSA		_[14]	
MA MSA		[15]	
All distributions were used to pay unreimbursed qualified medical	eynenses	[17]	
If some distributions were used to pay for other than qualified med	•	_[17]	_
enter the unreimbursed qualified medical expenses for 2019	•	[10]	
Withdrawal of excess contributions by the due date of the return		[19]	-
Amount of distribution rolled over for 2019		[21]	-
	+	[23]	
If the distribution is due to the death of the account holder,			
enter the qualified decedent medical expenses paid by the tax		[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31	./18 +	[27]	
For HSA accounts:			
Was the high deductible health plan coverage started in 2018 a	and		
in effect for the month of December 2018? (Y, N)		_[29]	
Was the high deductible health plan coverage ended before 12	2/31/19? (Y, N)	_[30]	
Long Term Care (LTC) Service an	d Contracts	
Please provid	le all Forms 1099-L	TC.	5: V . f .:
Alexandria de la constanta de		2019 Information	Prior Year Information
Name of the insured chronically ill individual		[39]	
Social security number of insured	_	[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+	[42]	
Accelerated death benefits paid (Box 2)	+	[44]	
Check one (Box 3)			
Per diem		_[46]	
Reimbursed amount		_[47]	
Qualified contract (Box 4)		_[48]	
Check, if applicable (Box 5)			
Chronically ill		_[49]	
Terminally ill		 _[50]	
Are there other individuals who received LTC payments during 201	.9? (Y, N)	[52]	
If the insured is terminally ill, were payments received on account		-	
Number of days during the long-term care period		[54]	
Cost incurred for qualified long-term care services during the		[54]	
long-term care period	+	[55]	
iong term care period	T	[55]	

Control Totals +	Form ID: 1099SA

Please provide	all Forms 1099-QA an	u 3430-QA	
		2019 Information	Prior Year Information
Taxpayer/Spouse (T, s)		_[1]	
Payer name		[3]	
State postal code		[4]	
Recipient's Social Security Number	_	[7]	
Recipient's Name	[8]	[9]	
Gross distribution (Form 1099-QA Box 1)	+	[10]	
Earnings (Form 1099-QA Box 2)	+	[12]	
Basis (Form 1099-QA Box 3)	+	[14]	
Program-to-program transfer (Form 1099-QA Box 4)		[16]	
Check if ABLE account terminated in 2019 (Form 1099-QA Box	: 5)	[17]	
Check if the recipient is not the designated beneficiary (Form 1	1099-QA Box 6)	[18]	
Qualified disability expenses	+	[19]	
Amount of rollover	+	[21]	
Amount contributed in 2019 (Form 5498-QA Box 1)		[23]	
Value of account on 12/31/19 (Form 5498-QA Box 4)	+	[25]	
	Control Totals +		
ADIFA			
ABLE A	Account Informati	on #2	
	all Forms 1099-QA an	d 5498-QA	Prior Year Information
Please provide		d 5498-QA 2019 Information	Prior Year Information
Please provide Taxpayer/Spouse (τ, s)		d 5498-QA 2019 Information _[1]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name		d 5498-QA 2019 Information [1] [3]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code		d 5498-QA 2019 Information [1][3][4]	Prior Year Information
Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number	all Forms 1099-QA an	d 5498-QA 2019 Information [1][3][4][7]	Prior Year Information
Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name	all Forms 1099-QA an	d 5498-QA 2019 Information [1][3][4][7][9]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1)	all Forms 1099-QA an [8]	d 5498-QA 2019 Information [1][3][4][7][9][10]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2)	all Forms 1099-QA an [8]	d 5498-QA 2019 Information [1][3][4][7][9][10][12]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3)	all Forms 1099-QA an [8]	d 5498-QA 2019 Information [1][3][4][7][9][10][12][14]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4)	all Forms 1099-QA an [8] + + +	d 5498-QA 2019 Information [1][3][4][7][9][10][12][14][16]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2019 (Form 1099-QA Box	all Forms 1099-QA an [8] + + 55)	d 5498-QA 2019 Information [1][3][4][7][9][10][12][14][16][17]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2019 (Form 1099-QA Box Check if the recipient is not the designated beneficiary (Form 1099-QA Box 1)	all Forms 1099-QA an [8] + + + 15) 1099-QA Box 6)	d 5498-QA 2019 Information [1][3][4][7][9][10][12][14][16][17][18]	Prior Year Information
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2019 (Form 1099-QA Box Check if the recipient is not the designated beneficiary (Form 1) Qualified disability expenses	all Forms 1099-QA an [8] + + + 15) 1099-QA Box 6) +	d 5498-QA 2019 Information [1][3][4][7][9][10][12][14][16][17][18][19]	
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2019 (Form 1099-QA Box Check if the recipient is not the designated beneficiary (Form 1) Qualified disability expenses Amount of rollover	all Forms 1099-QA an [8] + + 55) 1099-QA Box 6) + +	d 5498-QA 2019 Information [1][3][4][7][9][10][12][14][16][17][18][19][21]	Prior Year Information
Please provide Taxpayer/Spouse (T, s) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2019 (Form 1099-QA Box Check if the recipient is not the designated beneficiary (Form 1091) Qualified disability expenses Amount of rollover Amount contributed in 2019 (Form 5498-QA Box 1)	all Forms 1099-QA an [8] + + 55) 1099-QA Box 6) + +	d 5498-QA 2019 Information [1][3][4][7][9][10][12][14][16][17][18][19][21][23]	
Please provide Taxpayer/Spouse (T, S) Payer name State postal code Recipient's Social Security Number Recipient's Name Gross distribution (Form 1099-QA Box 1) Earnings (Form 1099-QA Box 2) Basis (Form 1099-QA Box 3) Program-to-program transfer (Form 1099-QA Box 4) Check if ABLE account terminated in 2019 (Form 1099-QA Box Check if the recipient is not the designated beneficiary (Form 1) Qualified disability expenses Amount of rollover	all Forms 1099-QA an [8] + + 55) 1099-QA Box 6) + +	d 5498-QA 2019 Information [1][3][4][7][9][10][12][14][16][17][18][19][21]	

Social Security Tax on Unreported Tips

Complete if you received cash/charge tips of \$20 or less in a month in 2019.

	•		nation			ear Information
	Taxpayer		Spouse			
tal cash and charge tips under \$20 per month and						
not reported to employer	+	[3] +		[4]		
Complete if you received cash/charge tips	of \$20 or more in a	month and	d did not report	t all of the	ose tins to	o vour employer.
complete if you received easily charge tips	701 \$20 01 III01C III C	i iiioiitii aiit	a ala liot report	an or the	osc tips to	your employer.
		Em	ployer	Tota	l tips	Total tips
Employer name		identifi	cation number	received	l in 2019	reported in 2019
xpayer informatio n]						
		_				
		_				
ouse information [2]						
ouse information [2]						
-		_				
-		_				
	curity Tax on U					
Complete if you received pay from a social security and	= = = = = = = = = = = = = = = = = = = =	erformed no	ot as an indeper held from the p	ndent cor oay.	ntractor a	nd
Complete if you received pay from a social security and (**Please ref	firm for services pe Medicare taxes we fer to Reason Codes Firm's federal	erformed no re not with s located at Reason	ot as an independent from the pathe bottom) Date of IR: determination	S on or M nce 109	ark if 1 9-MISC v	nd Total wages receive with no social secure Medicare tax with
Complete if you received pay from a social security and (**Please ref Firm name ide	firm for services pe Medicare taxes we fer to Reason Codes	erformed no re not with s located at Reason	ot as an independent of the pottom) Date of IR: determination	S on or M nce 109	ark if 1 9-MISC v	Total wages receive
Complete if you received pay from a social security and (**Please ref Firm name ide	firm for services pe Medicare taxes we fer to Reason Codes Firm's federal	erformed no re not with s located at Reason	ot as an independent of the pottom) Date of IR: determination	S on or M nce 109	ark if 1 9-MISC v	Total wages receive
Complete if you received pay from a social security and (**Please ref Firm name ide	firm for services pe Medicare taxes we fer to Reason Codes Firm's federal	erformed no re not with s located at Reason	ot as an independent of the pottom) Date of IR: determination	S on or M nce 109	ark if 1 9-MISC v	Total wages receive
Complete if you received pay from a social security and (**Please ref Firm name ide	firm for services pe Medicare taxes we fer to Reason Codes Firm's federal	erformed no re not with s located at Reason	ot as an independent of the pottom) Date of IR: determination	S on or M nce 109	ark if 1 9-MISC v	Total wages receive
Complete if you received pay from a social security and (**Please ref Firm name ide	firm for services pe Medicare taxes we fer to Reason Codes Firm's federal	erformed no re not with s located at Reason	ot as an independent of the pottom) Date of IR: determination	S on or M nce 109	ark if 1 9-MISC v	Total wages receive
Complete if you received pay from a social security and (**Please ref Firm name ide	firm for services pe Medicare taxes we fer to Reason Codes Firm's federal	erformed no re not with s located at Reason	ot as an independent of the pottom) Date of IR: determination	S on or M nce 109	ark if 1 9-MISC v	Total wages receive
Complete if you received pay from a social security and (**Please ref	firm for services pe Medicare taxes we fer to Reason Codes Firm's federal	erformed no re not with s located at Reason	ot as an independent of the pottom) Date of IR: determination	S on or M nce 109	ark if 1 9-MISC v	Total wages receive
Complete if you received pay from a social security and (**Please ref	firm for services pe Medicare taxes we fer to Reason Codes Firm's federal	erformed no re not with s located at Reason	ot as an independent of the pottom) Date of IR: determination	S on or M nce 109	ark if 1 9-MISC v	Total wages receive
Complete if you received pay from a social security and (**Please ref	firm for services pe Medicare taxes we fer to Reason Codes Firm's federal	erformed no re not with s located at Reason	ot as an independent of the pottom) Date of IR: determination	S on or M nce 109	ark if 1 9-MISC v	Total wages receive
Complete if you received pay from a social security and (**Please ref	firm for services pe Medicare taxes we fer to Reason Codes Firm's federal	erformed no re not with s located at Reason	ot as an independent of the pottom) Date of IR: determination	S on or M nce 109	ark if 1 9-MISC v	Total wages receive
Complete if you received pay from a social security and (**Please ref	firm for services pe Medicare taxes we fer to Reason Codes Firm's federal	erformed no re not with s located at Reason	ot as an independent of the pottom) Date of IR: determination	S on or M nce 109	ark if 1 9-MISC v	Total wages receive
Complete if you received pay from a social security and (**Please ref	firm for services pe Medicare taxes we fer to Reason Codes Firm's federal	erformed no re not with s located at Reason	ot as an independent of the pottom) Date of IR: determination	S on or M nce 109	ark if 1 9-MISC v	Total wages receive

Form ID: OtherTax

C = I received other correspondence from the IRS that states I am an employee.

H = I received a Form W-2 and a Form 1099-MISC from this firm for 2019. The amount on

G = I filed Form SS-8 with the IRS and have not received a reply.

Form 1099-MISC should have been included as wages on Form W-2.

Form	ın.	Clergy	
1 01111	ID.	CICIE	y

Minister, Clergy, Religious Workers

75

	Taxpayer		Spouse	
State postal code		[1]	[2]	
	Taxpayer		Spouse _	Prior Year Information
If you received a parsonage provided by the church, pl	ease complete the fol	lowing informa	tion:	
Fair rental value of parsonage provided by church	+	[5] +	[6]	
Actual parsonage utilities expense	+	[11] +	[12]	
If you received a rental or parsonage allowance provid	ed by the church, plea	ise complete th	e following informati	on:
Utilities allowance,				
if separate from parsonage allowance	+	[17] +	[18]	
Actual parsonage expense	+	[20] +	[21]	
Fair rental value of home	+	[23] +	[24]	
Actual utilities expense	+	[26] +	[27]	
Mark if you have claimed exemption from self-employe	ment tax			
by filing Form 4361 with the IRS		[29]	_[30]	
If you are a self-employed minister, enter any tax-dedu	uctible			

[33] +

NOTES/QUESTIONS:

contributions to a 403(b) retirement plan

Control Totals + Form ID: Clergy

Form ID: 8615	Tax for Children with Unearned Income	76
Enter parent's information f	or children under age 19 on 1/1/20 or a full-time student under age 24 with unear	rned income of more than
	er (Enter the name and social security number of the parent listed first on the return)	[1]
Parent's first name		[2]
Parent's last name		[3]

Form ID: 8615

Please provide copies of all Form 1099-INT or other statements reporting child's interest income.
*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

							Con	nplete a separat	e Organizer	Form	ID: 8814 for e	each child.			
Chil	d's s	social secu	irity num	ber											[1]
Chil	d's c	date of bir	th												[2]
Chil	d's r	name													[4]
Tax	paye	er/Spouse	/Joint (T,	S, J)											_ [5]
Type Code) 2 (**9	See codes be	low)		Payer						Interest [6] Income	Tax Exempt Income	U.S. Obligation \$ or %	ons*Tax Exempt* \$ or %	Prior Year Information
										+					
_										+					
										+					
										+					
_										+			_		
_										. +					
									**Intere	-t C	J				
				Pla	nk – Pogular In	toroct	2 - Non	ninee Distributio				OID Adjustmen	+ 6 - ABD Ad	liustmont	
				Did	ilik – Kegulai ili	terest	3 - NOII	illiee Distributio) 4 - ACC	rueu i	nterest 5 -	OID Aujustmen	t 0 - ADP AU	ijustinent	
								Child	ren's Divid	اممما	Incomo				
						•	•		9-DIV or oth	er sta	-	orting child's divi			
ype	(++ c	ee codes be		linary[8]	Qualified Dividends		Capital Gaributions	ain Soction 1350) Section 1	1004	28% Capital Gai	Tax Exemp n Dividends	t U.S. Obligati \$ or %	ons* Tax Exempt* \$ or %	Prior Year Information
.oue		Payer	ow) DIVI	uenus	Dividends	DISC	.ributions	Section 1250	3ection 1	LJJA	Capital Gall	n Dividends	Ş UI 76	3 UI 76	iniormation
	1	Amount	1			I									
	_	Payer	T					<u> </u>							<u>.</u> L
	2	Amount	+												
		Payer	<u> </u>			I.		1	l						
	3	Amount	+												
	4	Payer		-		1			ı			l	l		
	4	Amount	+												
	5	Payer		'				•	•			•	•	•	
	3	Amount	+												
	6	Payer													
	U	Amount	+												
							٦		**Divide	nd Co	des				
							ŀ	Plank	= Other		3 = Nomine				
							L	Dialik	- Other		3 - NOITHING				
		_												2019 Information ^[10]	Prior Year Information
Alas	вка Р	Permanen	t Fund di	vidends: ———									+ - + _		
									Control Tot	tals +					Form ID: 8814

Form ID: H Household Emplo	oyment Tax	78
Complete if you paid cash wages of \$1,000	or more to any household employee.	
Taxpayer/Spouse (т, s)		[1]
Employer identification number		[2]
Total cash wages subject to social security taxes	+	[4]
Total cash wages subject to Medicare taxes	+	
Total cash wages subject to Additional Medicare Tax withholding	+	
Federal income tax withheld	+	[7]
State disability plan social security & Medicare withheld	+	[8]
Did you:		
(A) pay any household employee cash wages of \$2100 or more in 2019? (Y, I	N)	[9]
(B) withhold Federal income tax for any household employee? (Y, N)		 [10]
(C) pay household employees cash wages equal to or greater than \$1,000 in	n any quarter of 2018 or 2019? (Y, N)	_[11]
Federal Unemploym	nent (FUTA) Tax	
Complete only items marked with an asterisk (*) if total of as defined by your State act and unemployment Total cash wages subject to FUTA tax		[12]
	· · · · · · · · · · · · · · · · · · ·	[12]
State #1 information		
State postal code where you have to pay unemployment contributions	*	[14]
State reporting number as shown on state unemployment tax return		[15]
Taxable wages (as defined in state act)	+	[16]
State experience rate period:		
From		[17]
To		[18]
State experience rate (xxx.xx) Contributions paid to state unemployment fund *		[19] [20]
Contributions for 2019 paid after 04/15/20	<u> </u>	^[20] [21]
Contributions for 2019 paid after 04/15/20	·	[21]
State #2 information		
State postal code where you have to pay unemployment contributions		[22]
State reporting number as shown on state unemployment tax return		[23]
Taxable wages (as defined in state act)	+	[24]
State experience rate period:		
From		[25]
То		[26]
State experience rate (xxx.xx)		[27]
Contributions paid to state unemployment fund	+	[28]
Contributions for 2019 paid after 04/15/20	+	[29]
NOTES/OUESTIONS:		

S/QUESTIONS:

l l	Control Totals +	Form ID: H
	Control rotals :	11 01111 10.11

First-Time Homebuyer Credit Repayment

79

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, you do not have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040			
Address			[1]
City/State/Zip code	[2]	[3]	[4]
Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11)			[5]
Purchase price of the home			[6]
Date the home was sold or ceased being used as principal residence			[13]
If you sold your home, enter the selling price			[14]
If you sold your home, enter the expense of sale			[15]
Were you and your spouse married on the purchase date? (Y, N)			_[18]
If your home was transferred to your ex-spouse due to a divorce settlement,			
enter his or her full name			[19]
If you own the principal residence with another person enter their name and allocation percentage			
Other owner name			[22]
Allocation percentage			

Child and Dependent Care Expenses

Please enter all amounts paid in 2019 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2018 employer-provided dependent care benefits used during 2019 grace period +		[4]
Employer-provided dependent care benefits that were forfeited in 2019 +	[5] +	[6]
Total qualified expenses incurred in 2019		[9]
Were you or your spouse a full time student or disabled? (Yes or No)	[10]	[11
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		[12
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider	- The MIT tag at all and unable to get TIM A	Provider refuses to give TIN
Amount paid to care provider in 2019		[7]
Foreign province or state of provider	· <u> </u>	[/]
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider	er moved and unable to get TIN, 4 = F	Provider refuses to give TIN)
Amount paid to care provider in 2019	+	_
Foreign province or state of provider	_	
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number	-	
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider	er moved and unable to get TIN, 4 = F	Provider refuses to give <u>TIN</u>)
Amount paid to care provider in 2019	+	
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		_
Street address of provider		_
City, State and Zip code		_
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider	- Primoved and unable to get TIN $A = F$	Provider refuses to give TIN)
Amount paid to care provider in 2019	+	Tovider refuses to give <u>inv</u>)
Foreign province or state of provider	· -	
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number	_	
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider	er moved and unable to get TIN, 4 = F	Provider refuses to give TIN)
Amount paid to care provider in 2019	+	
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Control Totals +		Form ID: 2441

Form ID: R

Credit For The Elderly or Disabled

81

Please complete if you were age 65 or older at the end of 2019, OR you were under age 65 and retired under total and permanent disability, and you received taxable disability income.

	Тахр	oayer	SI	pouse
Nontaxable disability/pension income received in 2019	+	[7]	+	[8]
Taxable disability income received in 2019	+	[9]	+	[10

Control Totals +	Form ID: R

Residential Energy Credit

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		_[1]
Were the costs incurred made to your main home located in the United States? (Y, N)		_[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)		[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	[5]
Enter the total amount of costs for exterior windows	+	[7]
Enter the total amount of costs for exterior doors	+	[9]
Enter the total amount of costs for qualified metal roofs	+	[11]
Enter the total amount of costs for energy-efficient building property	+	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	· +	[10]
Enter the total amount of costs for qualified solar electric property	+	[12]
Enter the total amount of costs for qualified solar water heating property	+	[14]
Enter the total amount of costs for qualified small wind energy property	+	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+	[13]
Enter the total amount of costs for qualified fuel cell property	+	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property		[17]

Form ID: 1116	oreign Tax Credit			83
	reign taxes to a foreign country or U.S. poss	essior	n in 20	19.
Preparer use only				
Preparer use only				
Description				[3]
Taxpayer/Spouse (τ, s)				_[9]
Category of income* Description of income				_[11]
bescription of income				[12]
*(Category of Income	Ī		
A = Section 951A income	E = Section 901(j) income			
B = Foreign Branch income	F = Certain income re-sourced by treaty	1		
C = Passive income	G = Lump-sum distributions			
D = General income		J		
Fore	eign Income or Loss			
Country code				[19]
Country name				[20]
				·
	Regular			AMT, if different
Foreign gross income	+	[23]	+	[24]
Definitely related expenses:	1	[24]		[22]
		[31]		[32]
	·	•		
	+	•	+	
	+		+	
Foreign source losses	+	[45]	+	[46]
Foreign	n Taxes Paid or Accrued			
1 010.8.1	. rakes raid of Atoliaea			
Foreign taxes paid or accrued: Date paid or accrued				[47]
In foreign currency - taxes withheld on:				[47]
Dividends				+ [48]
Rents & royalties				+[49]
Interest				+[50]
Other foreign taxes				+[51]
In US dollars - taxes withheld on:				
Dividends Rents & Royalties				+[53]
Interest				+[54] +[55]
Other foreign taxes				+ [56]
				[50]
NOTES/QUESTIONS:				

Control Totals + Form ID: 111

Form ID: 8839	Adoption Credit	9.1

Complete this form if you paid qualified adoption expenses in 2019. Indicate if the adoption was final in or before 2019. Qualified adoption expenses include adoption fees, attorney fees, court costs, and travel expenses while away from home.

Please provide copies of legal documents approving the adoption.

	Child 1 [1]	Child 2	Child 3
Taxpayer/Spouse/Joint (т, s, л)			
First name			
Last name			
Child's date of birth			
Mark if this child was:			
born before '01 and was disabled			
a child with special needs			
a foreign child			
Child's identifying number			
Total adoption credit received in prior years for this child			
Total qualified adoption expenses paid in 2018 for this child			
Employer-provided benefits received in 2018 for this child			
Total qualified adoption expenses paid in 2019 for this child			
Employer-provided benefits received in 2019 for this child			
Adoption final in (1 = '19, 2 = Pre '19)			
	Child 4	Child 5	Child 6
Taxpayer/Spouse/Joint (т, s, J)	Ciliu 4	Ciliu 5	Ciliu 6
First name			
Last name			
Child's date of birth			
Mark if this child was:			
born before '01 and was disabled			
a child with special needs			
a foreign child			
Child's identifying number			
Total adoption credit received in prior years for this child			
Total qualified adoption expenses paid in 2018 for this child			
Employer-provided benefits received in 2018 for this child			
Total qualified adoption expenses paid in 2019 for this child			
Employer-provided benefits received in 2019 for this child			
Adoption final in (1 = '19, 2 = Pre '19)			
If the adoption was incomplete or unsuccessful please provide	information below:		
in the adoption was incomplete of unsuccessful please provide	information below.		[9]
			[10]

*Select the Type of Use codes from the chart below

	e of Use*	Rate	Gallons
Nontaxable use of gasoline -		40.00	
Off-highway business use		\$0.183	+[1]
Use on a farm		0.183	+[2]
Other nontaxable use	[3]	0.183	+[4]
Exported		0.184	+[5]
Nontaxable use of aviation gasoline -		0.45	
Commercial aviation		0.15	+[6]
Other nontaxable use	[7]	0.193	+[8]
Exported		0.194	+[9]
Leaking underground storage tank (LUST) tax		0.001	+[10]
Nontaxable use of undyed diesel fuel - Explanation of evidence of dyes:			
			[11]
Other nontaxable use	[12]	0.243	+[13]
Use on a farm		0.243	+ [14]
Trains		0.243	+[15]
Intercity / local bus		0.17	+[16]
Exported		0.244	+ [17]
Other nontaxable use	[19]	0.243	+[20]
Use on a farm	[19]	0.243	+[21]
Use on a farm Intercity / local buses	[19]	0.243 0.17	+ [21] + [22]
Use on a farm Intercity / local buses Exported	[19]	0.243 0.17 0.244	+ [21] + [22] + [23]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044	[19] [24]	0.243 0.17 0.244 0.043	+ [21] + [22] + [23] + [25]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219		0.243 0.17 0.244	+ [21] + [22] + [23]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation -	[24]	0.243 0.17 0.244 0.043 0.218	+ [21] + [22] + [23] + [25] + [27]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244	[24]	0.243 0.17 0.244 0.043 0.218	+ [21] + [22] + [23] + [25] + [27] + [28]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219	[24] [26]	0.243 0.17 0.244 0.043 0.218 0.200 0.175	+ [21] + [22] + [23] + [25] + [27] + [28] + [29]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244	[24] [26] [30]	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.244	[24] [26]	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31] + [33]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244	[24] [26] [30]	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.219/.044 Leaking underground storage tank (LUST) tax	[24] [26] [30] [32] *Type of Use	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31] + [33] + [34]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.244 Leaking underground storage tank (LUST) tax	[24] [26] [30] [32] *Type of Use 8 = Diesel & Kero	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31] + [33] + [34]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.244 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use	[24] [26] [30] [32] *Type of Use 8 = Diesel & Kero 9 = Foreign trade	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31] + [33] + [34]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.219/.044 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use 3 = Export	[24] [26] [30] [32] *Type of Use 8 = Diesel & Kero 9 = Foreign trade 10 = Certain helic	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001 seene fuel other than train or hig	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31] + [33] + [34]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.219/.044 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use 3 = Export 4 = Commercial fishing	*Type of Use 8 = Diesel & Kero 9 = Foreign trade 10 = Certain helic 11 = Aviation fuel	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001 sene fuel other than train or hig	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31] + [33] + [34]
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.219/.044 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use 3 = Export 4 = Commercial fishing 5 = Intercity/local bus	*Type of Use 8 = Diesel & Kero 9 = Foreign trade 10 = Certain helicu 11 = Aviation fuel 13 = Exclusive use	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001 sene fuel other than train or higher than propulsion engines by a nonprofit educational orge.	+
Use on a farm Intercity / local buses Exported Other nontaxable use taxed at \$.044 Other nontaxable use taxed at \$.219 Kerosene used in aviation - Kerosene taxed at \$.244 Kerosene taxed at \$.219 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.244 Other nontaxable use taxed at \$.219/.044 Leaking underground storage tank (LUST) tax 1 = Farming purposes 2 = Off highway business use 3 = Export 4 = Commercial fishing	*Type of Use 8 = Diesel & Kero 9 = Foreign trade 10 = Certain helica 11 = Aviation fuel 13 = Exclusive use 14 = Exclusive use	0.243 0.17 0.244 0.043 0.218 0.200 0.175 0.243 0.218 0.001 sene fuel other than train or hig	+ [21] + [22] + [23] + [25] + [27] + [28] + [29] + [31] + [33] + [34] chway vehicle nce uses anization or DC

Control Totals +	Form ID: 4136

*Select the Type of Use codes from the chart below

Type of Use [*]	•	Rate	Gallons
Sales by registered ultimate vendors of undyed diesel fue	I -		
Registration Number		_	
Explanation of evidence of dyes:			
State / local government		0.243	+
Intercity / local buses		0.17	+
sales by registered ultimate vendors of undyed kerosene	-		
Registration Number		_	
Explanation of evidence of dyes:			
Use by state/local government		0.243	+
Sales from a blocked pump		0.243	+
Intercity / local buses		0.17	+
ales by registered ultimate vendors of kerosene in aviat	ion -		
Registration Number			
Commercial aviation taxed at \$.219 (Other than foreign t		0.175	+
Commercial aviation taxed at \$.244 (Other than foreign t	rade)	0.200	+
Nonexempt use in noncommercial aviation		0.025	+
Other nontaxable uses taxed at \$.244[14]		0.243	+
Other nontaxable uses taxed at \$.219/.044[16]		0.218 0.001	+
Leaking underground storage tank (LUST) tax		0.001	+
	*Type of Use		
1 = Farming purposes	8 = Diesel & Kerosene fuel othe	er than train o	r highway vehicle
2 = Off highway business use	9 = Foreign trade		
3 = Export	10 = Certain helicopter and fixe	_	
4 = Commercial fishing	11 = Aviation fuel other than p		
5 = Intercity/local bus	13 = Exclusive use by a nonprof		_
6 = In a qualified local bus	14 = Exclusive use by a state, po		
7 = School bus	15 = In an aircraft or vehicle ow	ned by an air	craft museum

Control Totals +	Form ID: 4136-2

*Select the Type of Use codes from the chart below

Type of Use*	Rate	Gallons
Nontaxable use of alternative fuel -		
Liquefied petroleum gas (LPG)[1]	0.183	+[2]
"P Series" fuels[3]	0.183	+[4]
Compressed natural gas (CNG)[5]	0.183	+[6]
Liquefied hydrogen[7]	0.183	+[8]
Any liquid fuel derived from coal through		
the Fischer-Tropsch process[9]	0.243	+[10]
Liquid hydrocarbons derived from biomass[11]	0.243	+[12]
Liquefied natural gas (LNG)	0.243	+[14]
Liquefied gas derived from biomass[15]	0.183	+[16]
Alternative fuel credit and alternative fuel mixture credit -		
Registration Number		[17]
Liquefied hydrogen	0.50	+[18]
Registered credit card users -		
Registration Number		[19]
Diesel for state / local government	0.243	+[20]
Kerosene for state / local government	0.243	+[21]
Kerosene for aviation use by state / local gov't taxed at \$.219/.044	0.218	+[22]
Nontaxable use of a diesel-water fuel emulsion -		
Other nontaxable use[23]	0.197	+[24]
Exported	0.198	+[25]
Diesel-water fuel emulsion blending -		
Registration Number		[26]
Blender credit	0.046	+[27]
Exported dyed fuels -		
Exported dyed diesel fuel	0.001	+[28]
Exported dyed kerosene	0.001	+[29]

1 = Farming purposes	8 = Diesel & Kerosene fuel other than train or highway vehicle
2 = Off highway business use	9 = Foreign trade
3 = Export	10 = Certain helicopter and fixed wing air ambulance uses
4 = Commercial fishing	11 = Aviation fuel other than propulsion engines
5 = Intercity/local bus	13 = Exclusive use by a nonprofit educational organization
6 = In a qualified local bus	14 = Exclusive use by a state, political subdivision or DC
7 = School bus	15 = In an aircraft or vehicle owned by an aircraft museum

Control Totals +	Form I	D: 4136-3
Control Totals		D. 7130 4

Qualified Business Income Deduction Carryovers2018 to 2019 Amounts		Indefinite Carryovers	2018 to 2019	Amounts	
Qualified business loss (QBID)	+	[1]	Minimum tax credit	+	[3]
Qualified REIT dividends and PTP loss	+	[2]	Investment interest	+	[4]
			Investment interest - AMT	+	[5]
			Short-term capital loss	+	[6]
			Short-term capital loss - AMT	+	[7]
Instructions			Long-term capital loss	+	[8]
Enter carryovers from prior year(s) as posi	tive numbers.		Long-term capital loss - AMT	+	[9]
Enter utilizations from prior year(s) as neg	ative numbers.		Residential energy credit	+	[10]
			D.C. first-time homebuyer credit	+	[11]
			Tax credit bonds	+	[12]

Section 1231 Nonrecaptured Losses

	Ν	Section 1231 lonrecaptured Losses		AMT Section 1231 onrecaptured Losses
2014	+	[13]	+_	[18]
2015	+	[14]	+_	[19]
2016	+	[15]	+_	[20]
2017	+	[16]	+_	[21]
2018	+	[17]	+_	[22]

Charitable Contribution Carryover Items

Prior C/O Year	60% Contributions		50% ributions		30% ributions		/30% ain Prop		0% ibutions
2014		+	[24]	+	[29]	+	[34]	+	[39]
2015		+	[25]	+	[30]	+	[35]	+	[40]
2016		+	[26]	+	[31]	+	[36]	+	[41]
2017		+	[27]	+	[32]	+	[37]	+	[42]
2018	+[23]	+	[28]	+	[33]	+	[38]	+	[43]

AMT Charitable Contribution Carryover Items

Prior C/O Year	60% AMT Contribution	ns	_	0% AMT ntributions		30% AMT ontributions		0% AMT Gain Prop	c	20% AMT contributions
2014			+	[45]	+	[50]	+	[55]	+_	[60]
2015			+	[46]	+	[51]	+	[56]	+_	[61]
2016			+	[47]	+	[52]	+	[57]	+ _	[62]
2017			+	[48]	+	[53]	+	[58]	+_	[63]
2018	+	_[44]	+	[49]	+	[54]	+	[59]	+_	[64]

Qualified Conservation Contribution Carryover Items

Enter carryovers from prior year(s) as positive numbers. Enter utilizations from prior year(s) as negative numbers.

Prior C/O Year	50% Qualified Conservation Contributions		50% AMT Qual Conservation Contributions		100% Qualified Conservation Contributions		100% AMT Qual Conservation Contributions	
2006	+	[1]	+	[14]	+	[27]	+	[40]
2007	+	[2]	+	[15]	+	[28]	+	[41]
2008	+	[3]	+	[16]	+	[29]	+	[42]
2009	+	[4]	+	[17]	+	[30]	+	[43]
2010	+	[5]	+	[18]	+	[31]	+	[44]
2011	+	[6]	+	[19]	+	[32]	+	[45]
2012	+	[7]	+	[20]	+	[33]	+	[46]
2013	+	[8]	+	[21]	+	[34]	+	[47]
2014	+	[9]	+	[22]	+	[35]	+	[48]
2015	+	[10]	+	[23]	+	[36]	+	[49]
2016	+	[11]	+	[24]	+	[37]	+	[50]
2017	+	[12]	+	[25]	+	[38]	+	[51]
2018	+	[13]	+	[26]	+	[39]	+	[52]

Tominib. coo		Busine	ess Creai	t Carryover inform	iation -	Preparer Use Only		89
	Description	on						re)
А В								[2]
C _								[2] [2]
D _								[2]
Prior		Α		В		С		D
C/O Year		[1]		[1]		[1]	_	[1]
1999	+	[3]	+	[3]	+	[3]	+	[3]
2000	+	[4]	+	[4]	+	[4]	+	[4]
2001	+	[5]	+	<u>[</u> 5]	+	<u>[</u> 5]	+	[5]
2002	+	[6]	+	[6]	+	[6]	+	[6]
2003	+	[7]	+	[7]	+	[7]	+	[7]
2004	+	[8]	+	[8]	+	[8]	+	[8]
2005	+	[9]	+	[9]	+	[9]	+	[9]
2006	+	[10]	+	[10]	+	[10]	+	[10]
2007	+	[11]	+	[11]	+	[11]	+	[11]
2008	+	[12]	+	[12]	+	[12]	+	[12]
2009	+	[13]	+	[13]	+	[13]	+	[13]
2010	+	[14]	+	[14]	+	[14]	+	[14]
2011	+	[15]	+	[15]	+	[15]	+	[15]
2012	+	[16]	+	[16]	+	[16]	+	[16]
2013	+	[17]	+	[17]	+	[17]	+	[17]
2014	+	[18]	+	[18]	+	[18]	+	[18]
2015	+	[10]	+	[10]	+	[10]	+	[10]

[20]

[21]

_[22]

[20]

[22]

[20]

[21]

_[22]

NOTES/QUESTIONS:

[22]

2016

2017

2018

Net Operatin	g Loss Carr	vover Infor	mation -	Preparer	Use (Onlv
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20 Year Carryovers - Pre-TCJA **AMT Net** Net C/O Year **Operating Loss Operating Loss** 1999 [1] [21] 2000 [2] 2001 [3] + [23] 2002 [24] [4] 2003 [5] [25] 2004 [6] _____[26] 2005 [27] [7] 2006 [8] [28] 2007 [29] [9] 2008 _[10] + _____[30] 2009 [11] + [31] 2010 [32] _[12] + _____ 2011 _[13] + _____ 2012 [14] + _____[34] 2013 _[15] + _ [35] 2014 _[16] + _____ [36] 2015 ____[17] + _____[37] 2016 _[18] + ____ [38] 2017 _[19] + __ [39] **Indefinite Carryovers - Starting in 2018** Net **AMT Net** Operating Loss **Operating Loss** ____[20] + _____[40] Post-TCJA

NOTES/QUESTIONS:

Form ID: NOLCO

Control Totals + Form ID: NOLCO

This page has been prepared to present the details of prior year income tax returns and is provided for informational purposes only.

	2015 Amounts	2016 Amounts	2017 Amounts	2018 Amounts
Filing Status				
(1 = Single, 2 = MFJ, 3 = MFS, 4 = HOH, 5 = QW)				
Salaries and wages				
Interest income				
Tax-exempt interest				
Dividend income				
Qualified dividends				
Business income/loss				
Capital gains and losses				
Other gains and losses				
IRA distributions, pensions, annuities				
Rent, royalty, farm rental income				
Partnership/S corp income				
Estate or trust income				
Farm income/loss				-
Other income/loss				
Total income -				
Total adjustments to income				
Adjusted gross income -				
Medical expenses				
State and local taxes				
Interest expenses				
Charitable contributions				
Other itemized deductions				
Allowable itemized deductions				
Standard deduction				-
Standard or itemized deduction taken -				-
Exemptions				
Qual Bus Inc Ded (plus DPAD)				
Taxable income -				
Tax on taxable income				
Alternative minimum tax				
Total credits				
Net tax liability -				
Self-employment taxes				
Other taxes				
Total tax -				
Income tax withheld				
Estimated tax payments				
Other payments				
Total payments -				
Tax due/-refund -				
Penalties and interest				
Net tax due/-refund -				
Refund applied to estimated tax payments				
Refund received				
Marginal tax rate -	%	%	%	%
Effective tax rate -	%	%	%	%

	F 1D - 11'-1
	Form ID: History I

	Personal	Information		
iling (Marital) status code (1 = Single, 2 = Married filir	eg joint 2 – Married filing se	parate 4 - Head of household 5 -	- Qualifying widow(er)	
Nark if you were married but living apart all yea		lark if your nonresident al		t have an ITIN
Tark if you were married but living apart all yet		Taxpayer	ien spouse does not	Spouse
ocial security number		ιακράγει		Spouse
irst name	·		·	
ast name				
Occupation				
pesignate \$3.00 to the presidential election car	npaign fund? (1 = Yes. 2	= No. 3=Blank)		
Nark if legally blind				
Nark if dependent of another taxpayer				
axpayer between 19 and 23, full-time student,	. with income less tha	n 1/2 support? (y. N)		
rate of birth		, _ sapps. <u> (.</u> ,,		
rate of death				
Vork/daytime telephone number/ext number				
o you authorize us to discuss your return with				
•	(, ,			
eneral: 1040, Contact	Present M	ailing Address		
ddress				
partment number	_			
ity/State postal code/Zip code				
oreign country name	_			
oreign phone number				
lome/evening telephone number		-		
axpayer email address			-	
pouse email address				
pouse eman address				
eneral: 1040	Dependen	t Information		
				Care
				Months expense in paid for
First Name Last Name	Date of Birth	Social Security No.	Relationship	home depende
Thist italife East italife				
This reality Last reality	_			
That Name Last Name				
Thist Nume Last Nume				
Thist Nume Last Nume				

First and Last name		
Street address		
City, state, and zip code		_
Social security number OR Employer identification number		
Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP)		_
Amount paid to care provider in 2019		
	Taxpayer	Spouse
Employer-provided dependent care benefits that were forfeited		

		W-	2/1099-R/K-1/W-2G/1099
come: W2	Salary and W	ages	
Below is a list of the Fo	Please provide all copies of Form rm(s) W-2 as reported in last year's tax return.	ı W-2 that you receive. If a particular W-2 no longer app	lies, mark the not applicab
T/S	Description	Prior Year Information	Mark if no longer applicable
			_ _ _
etirement: 1099R	Pension, IRA, and Annu	ity Distributions	
Below is a list of the Form	Please provide all copies of Form (s) 1099-R as reported in last year's tax return.	1099-R that you receive. If a particular 1099-R no longer a	applies, mark the not appli
T/S	Description	Prior Year Information	Mark if no longer applicable
			_
			_
ncome: K1, K1T	Schedules K	-1	
Below is a list of the Sch	Please provide all copies of Sched edule(s) K-1 as reported in last year's tax return	ule K-1 that you receive. If a particular K-1 no longer ap	plies, mark the not applica
T/S/J	Description	Form	Mark if no longer applicable
			<u>—</u>
			<u> </u>
<u> </u>			<u> </u>
_			_
			_
ncome: W2G	Gambling Inc	ome	
Below is a list of the Form	Please provide all copies of Form n(s) W-2G as reported in last year's tax return.	W-2G that you receive. If a particular W-2G no longer ap	oplies, mark the not applica
T/S	Description	Prior Year Information	Mark if no longer applicable
			_

Qualified Education Plan Distributions

Educate: 1099Q

Income Summary

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A

INTEREST/DIVIDENDS/CAPITAL GAINS/OTHER INCOME

Income: B1		iterest Income				
Please provide all copies of T/S/J Payer	Form 1 Name	099-INT or other sta	tements reporting	interest i Intere Incon	est	Prior Year Information
T, S, J Payer's name		anced Mortgage	Interest Payer's social secur	rity numb	er	
Payer's address, city, state, zip code Amount received in 2019	_		Amount received in	n 2018		
Income: B2	Di	vidend Income				
Please provide copies of all T/S/J Payer Name — — — — — — — — — — — — — — — — — — —		099-DIV or other sta	Ordinary Dividends	dividend i Quali Divide	fied	Prior Year Information
		pies of all Forms 109 Date Acquired	9-B and 1099-S.	operty Gross Sale Less expense		Cost or Other Basis
Income: Income Please prov		Other Income ies of all supporting	documentation.			
State and local income tax refunds			2019 Infor	mation	Prior \	ear Information
Alimony received	T/S	Agreement Date	2019 Infor	mation	Prior \	ear Information
Unemployment compensation Unemployment compensation repaid Social security benefits Medicare premiums to be reported on Schedule A Railroad retirement benefits	_	Taxpayer	Spouse		Prior \	ear Information
T/S/J Other Income: ————————————————————————————————————			2019 Inform	nation	Prior \	ear Information
		Lite-3 II	NTEREST/DIVIDEND	S/CAPITA	AL GAINS	JOTHER INCOM

1040 Adj: IRA

Adjustments to Income - IRA Contributions

Please provide year end statements for each account and any Form 8606 not prepared by this office.

					Taxpayer	Spouse
	-	A Contributions f				
•			aximum allowable traditional IRA			
		• •	= Deductible only, 2 = Both deductible and n	ondeductible)		
			ontributions made for use in 2019	_		
		tributions for 201				
			the maximum Roth IRA contribution	on		
Enter t	he tota	I Roth IRA contrib	utions made for use in 2019	_		
Educat	te: Educat	e2	Higher Education	n Deductions and	or Credits	
i e	Co	mplete this section	on if you paid interest on a qualifi			
			your spouse, or a person who w	-	-	
T/S 	_		Qualified student loan interest pa	aid 	2019 Information	Prior Year Information
	Qual	ified education ex	ete this section if you paid qualific openses include tuition and fees r Please provid		or attendance at an el	
T/S	Code*	Student's SSN	Student's First Name	Student's Last	Name Qualified	Expenses Information
<u> </u>	 _*E	ducation Expense	Code: 1 = American opportunity	credit: 2 = Lifetime lea	rning credit: 3 = Tuition	and fees deduction
The s	studen	t qualifies for the	American opportunity credit who completed the first 4 years of po	en enrolled at least half	f-time in a program lea	ding to a degree, certificate,
1040 A	Adj: 3903		Job Relat	ed Moving Expens	ses	
		Con	nplete this section if you moved t	o a new home due to s	arvice in the armed for	cos
Doccrir	ption of		ipiete tilis section il you moveu t	o a new nome due to s	ervice iii tile arilleu ioi	ces.
-		use/Joint (T, S, J)				
	-		rvice in the armed forces			
			e to new workplace			_
			to old workplace			
			States or its possessions			
		n and storage exp	•			_
-		lging (not includin				
		reimbursed for m				
1040 A	Adj: Other	Adj	Other Ad	justments to Incor	ne	
	ony Pai		Desirient name	Desiminant CCN	2010 Informatio	on Prior Year Information
T/S	o Da	te*	Recipient name	Recipient SSN	2019 Information	on Prior Year Information
Stree	– —— et addr	ess				
City,	. State a	and Zip code				-
•		ce/separation agreeme	nt date			-
		, ,		Taxpayer	Spouse	Prior Year Information
Educ	ator ex	penses:			·	
Othe	r adius	tments:				
					Lite-4	ADJUSTMENTS/EDUCATE

ITEMIZED DEDUCTIONS

Itemized	: A1 Medical and D	Pental Expenses	THEIMIZED DEDUCTIONS
T/S/J		2019 Information	Prior Year Information
_	Medical and dental expenses		
	Medical insurance premiums you paid***		
_	Long-term care premiums you paid*** Prescription medicines and drugs		
_	Miles driven for medical items		
- *	**Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid	d for your self-employed business, or Medicare prem	iums entered on Form Lite-3
Itemized	Tax Exp	penses	
T/S/J		2019 Information	Prior Year Information
	State/local income taxes paid		
	2018 state and local income taxes paid in 2019		
	Sales tax paid on actual expenses		
_	Real estate taxes paid Personal property taxes		
_	Other taxes		
 Itemized		Expenses	
T/S/J		2019 Information	Prior Year Information
1/3/1	Home mortgage interest From Form 1098	2013 Illioillation	Prior real information
_	Other home mortgage interest paid to individuals:		
T/S/J		SSN or EIN 2019 Information	Prior Year Information
_	Address	City	State Zip Code
T/S/J		2019 Information	Prior Year Information
	Investment interest expense, other than on Sch K-1s:	Refinan	
T/S/J	ncing Information: Refinance #1	Retinan	ce #2
	pient/Lender name	_	_
-	I points paid at time of refinance		_
	of refinance		
	n of new loan (in months)		
Repo	orted on Form 1098 in 2019		
Itemized	: A3 Charitable C	ontributions	
T/S/J		2019 Information	Prior Year Information
_	Contributions made by cash or check		
	Volunteer miles driven		
	Noncash items, such as: Goodwill, Salvation Army		
Itemized	: A3, A-St Miscellaneou	us Deductions	
T/S/J		2019 Information	Prior Year Information
., ., .	Other expenses, not subject to the 2% AGI limitation:		
_	Gambling losses (enter only if you have gambling income)		
_	***STATE USE ONLY - Complete the following fields on	nly if you file a state return in AL, AR, 0	CA, HI, MN, NY or PA
T/S/J		2019 Information	Prior Year Information
_	Unreimbursed expenses***		
_	Union dues, other than amounts reported on Form W-2***		
_	Tax preparation fees*** Other expenses, subject to 2% AGI limitation***:		
	other expenses, subject to 2% Adminimation · · · :		
_			
_	Safe deposit box rental***		
_	Investment expenses, other than on Schedule(s) K-1 or Form(s)	1099-DIV/INT**	
		Lite-5	ITEMIZED DEDUCTIONS

General: Bank

Direct Deposit/Electronic Funds Withdrawal Information

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct.	_
Primary account:	
Financial institution routing transit number	
Name of financial institution	
Your account number	
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	_
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)	_
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	_
Enter the maximum dollar amount, or percentage of total refund Dollar	or Percent (xxx.xx)
Secondary account #1:	
Financial institution routing transit number	
Name of financial institution	
Your account number	
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)	_
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	_
	or Percent (xxx.xx)
Secondary account #2:	
Financial institution routing transit number	
Name of financial institution	
Your account number	
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)	
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account)	_
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States)	_
	or Percent (xxx.xx)
*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the ba	
refunds may only be direct deposited to established traditional, Roth of SEP-IRA accounts. Make sure direct deposits will be accepted by the ba	nk of financial institution.
Electronic Filing: ID Auth Identity Authentication	
Taxpayer -	
Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not p	provided)
Identification number	
Issue date	
Expiration date	
Location of issuance	
Document number (New York only)	
Document number (New York only)	
Spouse -	
Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided in the control of the	provided)
Identification number	
Issue date	
Expiration date	
Location of issuance	
Document number (New York only)	

Form ID: OrgDp	Depreciation - Asset List
	Depieciation - Asset List

	Preparer use only		
Activity name			

HOW TO REPORT DISPOSALS: Use the blank line directly below the asset information to indicate any asset disposals. Enter the date of the disposal and/or sale proceeds, if applicable. Enter additional information regarding the asset disposal in the comments section, such as if the asset was sold on installment, traded for other asset(s), disposed of due to casualty, or sold to a related party. See the EXAMPLE asset below.

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Asset No.	Description of Property	Date in Service	Cost or Basis
	Comments	Date Sold/Disposed	Sales Price
EXAMPLE	Machinery and equipment (EXAMPLE ASSET)	11/21/12	42,500
ANVIPLL	Collected in 5 equal payments over 2 yrs	03/09/19	20,000

Form	ID:	OrgDp2

Depreciation - Asset Acquisitions

	Preparer use only

Activity name

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

			Description of Asset Acquired	Date Acquired	Cost or Basis
FΧΔ	MPLE		2019 Model T - (EXAMPLE ASSET)	03/09/19	25,750
_/\/		Comments:	22,500 job-related miles, 25,000 total miles	, ,	
1					
		Comments:			
2					
		Comments:			
3					
		Comments:			
4					
		Comments:		1	
5					
		Comments:			
6					
		Comments:		1	
7		Camananta			
		Comments:			
8		Comments:			
		comments.			
9		Comments:			
		Comments.			
10		Comments:			
		comments.			
11		Comments:			
		comments			
12		Comments:			
40					
13		Comments:			
14					
14		Comments:			
15					
		Comments:			
16					
		Comments:			
17					
		Comments:		1	
18					
-		Comments:		<u> </u>	
19		Commercial			
		Comments:			
20		Comments:			
		comments.			
21		Comments:			
_		John Micheller			
22		Comments:			
33					
23		Comments:			
24					
24		Comments:			
25					
23		Comments:			
					Form ID: OrgDp2

Form ID: AL	Alabama General Information		
If you moved during the tax year, name of Alabama If divorced during the tax year, enter former spous If you did not file a prior year Alabama tax return, e	_[1] Zip code _	[2] [3] [4]	
	Contributions		
Enter t	he amount of contributions you wish to make: Political Contributions		
Election campaign fund contribution (\$1.00) (1 = Dem	nocratic party fund, 2 = Republican party fund)	Taxpayer ^[5]	Spouse ^[6]
	Charitable Contributions		
Senior Services Trust Fund	[7] Firefighters Benefit Fund		[16]
Arts Development Fund	[8] Breast and Cervical Cancer Program	_	[17]
Nongame Wildlife Fund	[9] Victims of Violence Assistance	_	[18]
Child Abuse Trust Fund	[10] Military Support Foundation	_	[19]
Veterans Program	_[11] Spay-Neuter Program	_	[20]
Historic Preservation Fund	[12] Cancer Research Institute	_	[21]
State Veterans Cemetery at Spanish Fort Foundation	<u> </u>	_	[22]
Foster Care Trust Fund	[14] USS Alabama Battleship Commission	_	[23]
Mental Health	^[15] Children First Trust Fund	_	[24]
Part-yea	ar Resident and Nonresident Information		
	resident during the tax year, enter the dates you lived in	n Alabama	
Part-year residency dates:			
From			[25]
To	sidoneo		[26]
If a nonresident of Alabama, enter state of legal res	sidefice		[27]
	Credits		
Basic Skills Education Credit:			
Dept of Education certification number			[20]
Name of sponsoring employer or firm	-		[28]
Name of approved provider			[30]
Location of provider			[31]
Total expenses			[32]
Rural Physician Credit:			
Hospital where services provided			[33]
Community where services provided			[34]

Form ID: AZ	
Arizona General Information	
Last name on prior returns, if different	[1]
	International Condition Assessed
If you were a part-year resident during the tax year, enter the c Part-year residency dates:	lates you lived in Arizona
From	[2]
То	[3]
Other state(s) of residency (Part-year residents only)	[4][5][6][7]
Mark if on active military assignment in Arizona during the year (Part-year residents and Nonresidents	only)[8]
Contributions	
Amount of political and charitable contributions you w	ish to make to:
Political Contributions	
Political gift	[9]
Name of party (1 = Arizona Green Party, 2 = Democratic, 3 = Libertarian, 4 = Republican)	[10]
Charitable Contributions	
Solutions Teams Assigned to Schools	[11]
Arizona Wildlife Fund	[12]
Child Abuse Prevention Fund	[13]
Domestic Violence Shelter Fund	[14]
Neighbors Helping Neighbors Fund	[15]
Special Olympics Fund	[16]
Veterans Donation Fund	[17]
I Didn't Pay Enough Fund Sustainable State Parks and Road Fund	[18]
Spay/Neuter of Animals	[19] [20]
Property Tax Credit Information	
Full Year Residents Only	
Homestead status on December 31 (1 = Rent, 2 = Own)	[21]
Mark if you:	
Received Title 16, SSI payments	[22]
Lived alone	[23]
Property taxes paid through rent payments	[24]
If claimed as a dependent on another's return, enter claimant's information:	(0.7)
Name Social security number	[25]
	artment number [28]
City [29] State [30] Zip code	[26]
Income earned by other household residents	[32]
•	

Form ID: AR Arkansas General Infor	rmation		
Taxpayer deaf			[1]
Spouse deaf			– [2]
Early childhood program - certificate number			- [3]
State political contribution	<u> </u>		_ [4]
	Taxpayer	Spouse	
Contributions to a long-term intergenerational trust	[5]		_[6]
Contributions			
Amount of charitable contributions yo	ou wish to make to:		
Disaster Relief Program			_[7]
Game and Fish Foundation			_[8]
School for the Blind and Deaf	<u> </u>		_[9]
Baby Sharon's Children's Catastrophic Illness Program	<u> </u>		_[10]
Organ Donor Awareness Education Program	<u> </u>		_[11]
Area Agencies on Aging			_[12]
Military Family Relief			_[13]
Newborn Umbilical Cord Blood Initiative	_		_[14]
Part-year Resident and Nonresi	ident Information		
If you were a part-year resident during the tax year, o	enter the dates you lived in Arka	nsas	
Part-year residency dates:			
From			[15]
То			[16]
State of residency if nonresident of Arkansas			[17]

Form ID: CA California General Information			
Prior year last name Taxpayer Spouse			[1] [2]
	Use 1	Гах	
Item purchased	Purchase price	County (City)	Sales Tax paid
	Contrib	utions	
A	mount of contribution	ns you wish to make to:	
Seniors Special Fund	[4]	State Parks Protection Fund	[15]
Alzheimer's Disease/Related Dementia Fund	[5]	Protect Our Coast and Oceans Fund	[16]
Rare and Endangered Species Preservation Progr		Keep Arts in Schools Fund	[17]
Breast Cancer Research Fund	[7]	Prevention Animal Homelessness & Cruelty	[18]
Firefighters' Memorial Fund	[8]	California Senior Citizen Advocacy Fund	[19]
Emergency Food for Families Fund	[9]		[20]
Peace Officer Memorial Foundation Fund	[10	· -	[21]
Sea Otter Fund	[11	<u> </u>	[22]
Cancer Research Fund	[12		
School Supplies for Homeless Children Fund	[13		[24]
Parks Pass Purchase (\$195)	[14] Suicide Prevention Fund _	[25]
	Renter Info	ormation	
Number of months rented principal residence in	California in 2019		
Lived with person claiming dependency exemption		inths (Dependent of another only)	[32]
Property rented was exempt from property tax in		Titlis (Dependent of another only)	[33]
Taxpayer claimed homeowner's property tax exe			[34]
Spouse claimed homeowner's property tax exem			[35] [36]
Maintained separate residencies for the entire ye			[37]
Addresses if more than one or different from ma	iling address		[5/]
Address			[38]
City			
State			
Zip Code			
Date Rented From			
Date Rented To			
Landlord information			
Name			[39]
Address			
City			
State			
Zip Code			
Telephone			

Form ID: CA2 California Res	idency Information	
Part-year	, Nonresident	
•	Taxpayer	Spouse
State of domicile	[1]	[2]
Number of days spent in California	[3]	[4]
Owned California home or property	[5]	[6]
Part-year resident:		
Date moved into California	[7]	[9]
Prior state of residence	[8]	[10
Date moved out of California	[11]	[13
New state of residence	[12]	[14
Nonresident or full-year resident for entire year:		
State of residence	[15]	[16
Prior Year Res	idency Information	
	Taxpayer	Spouse
Prior residency information:		•
From	[17]	[19
То	[18]	[20
Military	r Personnel	
Part-year	, Nonresident	
,	Taxpayer	Spouse
State in which stationed	[21]	[22
Electronic Filing I	nformation for Military	
	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	[23]	[26
Date returned from overseas or combat zone/QHDA	[24]	[27
zata i stanica i form oversedo or combat zone, qui bit		

___[25]

NOTES/QUESTIONS:

Taxpayer

Spouse

 $Duty \ (A = Military \ overseas, \ B = Combat \ Zone/QHDA, \ C = NAT \ Guard)$

Combat Zone/QHDA Operation/Area served

_[28]

_[29] _[30]

Form ID: CO Colorado Use Tax		
Purchases subject to state sales or use tax		[1]
Special district code Purchases subject to special district sales or use tax if less than the total purchase		[2]
ruichases subject to special district sales of use tax if less than the total purchase		[3]
Contributions		
Amount of charitable contributions you wish	to make to:	
Nongame and Endangered Wildlife Fund		[4]
Domestic Abuse Fund		[5]
Homeless Prevention Activities Fund		[6]
Western Slope Military Veterans Cemetery Fund		[7]
Pet Overpopulation Fund Military Family Relief Fund		[8]
American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund		[9] [10]
Habitat for Humanity of Colorado Fund		[11]
Special Olympics of Colorado		[12]
Colorado Healthy Rivers Fund		[13]
Alzheimer's Association Fund		[14]
Colorado Cancer Fund		[15]
Make-A-Wish Foundation of Colorado Fund		[16]
Unwanted Horse Fund		[17]
Urban Peak Housing and Support Fund		[18]
Family Caregiver Support Fund		[19]
Young American Center for Financial Education Fund		[20]
Colorado Nonprofit Fund		[21]
Charitable organization Secretary of State registration number		[22]
Name of registered organization		[23]
Part-year Resident and Nonresident	Information	
If you were a part-year resident during the tax year, enter the		
Decidency status (s	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different): Resident	fo.1	
Nonresident	[24]	[25]
Part-year resident	[26]	[27]
Military nonresident	[28]	[29]
Part-year residency dates:	[30]	[31]
From	[32]	[34]
To	[33]	[35]
		[33]

Form ID: CT Connecticut Charitable Contributions				
Amount of contributio	ns you wish to make to:			
AIDS Research[1	Safety Net Services ^[5]			
	Military Relief			
	CHET Baby Scholar[7]			
Breast Cancer Research[4]	Mental Health Community Investment Account [8]			
Use Tax In	formation			
Use Tax-Enter any out-of-state purchases ma	ade on which sales tax was not paid to the seller:			
Purchase 1 Description	Date of purchase			
Retailer/Service Provider:	Purchase price			
Type Code:	Out of state tax paid			
Purchase 2 Description	Date of purchase			
Retailer/Service Provider:	Purchase price			
Type Code:	Out of state tax paid			
Type code.	Out of state tax paid			
Use Tax Ty	pe Codes			
1 = Computer & data processing service	s 3 = General sales tax			
2 = Boats, boat motors and trailers	4 = Luxury items			
2 Boats) Boat motors and trainers	. Luxury items			
Property Tax	Information			
	ary residence and/or motor vehicle:			
	•			
Primary Residence Description (Enter street address)(Resident only)	[10]			
Auto 1 Description (Enter year, make and model)(Resident only) Auto 2 Description (Enter year, make and model)(MFJ Resident only)	[11] [12]			
Name of CT Tax Town				
or District	Date Paid Amount Paid			
Primary Residence (Resident only)[13]	[14][15]			
Auto 1 (Resident only) [16]	[17][18][19]			
Auto 2 (MFJ Resident only)[20]	[21][22][23]			
<u>-</u>	ent Information			
If you were a part-year resident during the t	ax year, enter the dates you lived in Connecticut:			
Enter residency dates:	Taxpayer Spouse			
From	[24] [26]			
To	[25]			
Indicate type of move (1 = Moved into Connecticut, 2 = Moved out of Connecticut)				
Did you earn income from Connecticut sources during nonresident per	. <u></u> —			
State of prior or new residence	IOd ? (Y, N)[29][32][33]			
State of prior of new residence	[30][33]			
Enter the following amounts only if you do NOT know	the exact amount of your Connecticut source information			
Basis for calculating apportionment (1 = Working days, 2 = Sales, 3 = Mileage)	[34]			
Working days (or other basis) outside Connecticut	[35]			
Working days (or other basis) inside Connecticut	[36]			
Nonworking days (holidays, weekends, etc)	[37]			
Total income being apportioned	[38]			

Form ID: DE Delaware General	Information	
	Taxpayer	Spouse
Mark if totally disabled	[1]	[2]
Volunteer firefighter Fire Company number (Resident only)	[3]	[4]
Contributi	ons	
Amount of contributions yo	ou wish to make to:	
	Taxpayer	Spouse
Non-Game Wildlife	[5]	[6]
Beau Biden Foundation	[7]	[8]
Emergency Housing	[9]	[10]
Breast Cancer Education	[11]	[12]
Organ Donations	[13]	[14]
Diabetes Education	[15]	[16]
Veteran's Home	[17]	[18]
Delaware National Guard	[19]	[20]
Juvenile Diabetes Fund	[21]	[22]
Multiple Sclerosis Society	[23]	[24]
Ovarian Cancer Fund	[25]	[26]
21st Fund for Children	[27]	[28]
White Clay Creek	[29]	[30]
Home of the Brave	[31]	[32]
Senior Trust Fund	[33]	[34]
Veteran's Trust Fund	[35]	[36]
Protecting Delaware's Children Fund	[37]	[38]
Food Bank of Delaware	[39]	[40]
Ctrl DE Habitat for Humanity	[41]	[42]
B+ Childhood Cancer	[43]	[44]
Part-year Resident	Information	
If you were a part-year resident during the tax		re
	Taxpayer	Spouse
Part-year residency dates:		
From	[45]	[47]
To	[46]	[48]

Form ID: DC

District of Columbia Property Tax Credit Information

<u>-</u>		ation below (Residents only)		
Type of property (1 = Private home, 2 = Apartment, 3 = Rooming ho	ouse, 4 = Condominium)			[1]
Landlord's name Landlord's address (Number and street)				[2] [3]
Editatora 3 address (Number and street)				[3] [4]
Apartment number				
City				[6]
State				[7]
Zip code				[8]
Landlord's telephone number				[9]
Rent paid				[10]
Rent supplements received				[11]
	owner, enter real p	property information below		
Square number				[12]
Suffix number				[13]
Lot number				[14]
	Use Ta	эх		
Purchases subject to use tax				
Merchandise, services and rentals				[15]
Alcoholic beverages				[16]
Purchases of catered food or drink				[17]
Rentals of non-commercial vehicles				[18]
	Contribu	ıtion		
	nt of contribution	you wish to make to:		
DC Statehood Delegation Fund (Political Contribution)				[19]
Public Trust for Drug Prevention and Children at Risk (C				[20]
Anacostia River Cleanup and Prevention Fund (Charitable	Contribution)			[21]
Pa	rt-year Reside	nt Information		
If you were a part-year resident d			District of Col	umbia
Part-year residency dates:		•		
From			_	[22]
То			_	[23]
	Disability Inf	formation		
Name of Employer		Payer, if other than employ	er	No. of Weeks
Taxpayer	[24]		[25]	[26]
Spouse	[27]		[28]	[29]
Mark if physician's certification previously filed				[30]
Otherwise, enter:		[04] [00]		[00]
Physician's name		[31][32]		[33]
Address, apartment number City, state, zip code		Inc.		[34][35]
Telephone number		[36] _	[37]	
relephone number				[39]

Form ID: GA Georgia General Information			
	Taxpayer	Spouse	
If disabled, enter the following:			
Type of disability	[1]	[2]	
Date of disability	[3]	[4]	
Cont	ributions		
Amount of contribu	tions you wish to make to:		
Wildlife Conservation Fund		[5]	
Fund for Children and Elderly		[6]	
Cancer Research Fund		[7]	
Land Conservation Program		[8]	
National Guard Foundation		[9]	
Dog and Cat Sterilization Fund		[10]	
Save the Cure Fund		[11]	
Realizing Educational Achievement Can Happen Program	-	[12]	
Public Safety Memorial Grant		[13]	
Part-year Re	sident Information		
If you were a part-year resident during	the tax year, enter the dates you lived in G	eorgia	
	Taxpayer	Spouse	
Part-year residency dates:			
From	[14]	[16]	
То	[15]	[17]	

Form ID: HI	lufa um aki an
Hawaii General	ntormation
Mark if first time filer	[1]
Mark if address has changed from prior year	[2]
If you (or spouse) are blind, deaf or totally disabled, has impairment been	
Current year distributions from an individual housing account not used for	home purchase[4]
Reservist or National Guard pay included in W-2 income	[5]
Payments to an individual housing account	[6]
Contribut	ons
Amount of contributions y	ou wish to make to:
Election campaign fund - taxpayer (Y, N)	[7]
Election campaign fund - spouse (Y, N)	[8]
\$2 School-Level Minor Repairs and Maintenance Special Fund (T = Taxpayer, S	= Spouse, B = Both)[9]
\$2 Public Libraries Special Fund (T = Taxpayer, S = Spouse, B = Both)	[10]
\$5 Children's Trust, Domestic Violence, and Abuse Special Accounts (T = Tax	payer, S = Spouse, B = Both) [11]
Rental Credit Ir	formation
Rental credits can only be claimed by persons with Hawai	residence of 9 or more months during the calendar year
Residence Information: Starting Month of Occupancy	Ending Month of Occupancy[12]
Address	
City	
State	
Zip	
Owner Information: Name	
Business Name	
Address	
City State	
Zip	
Foreign Providence/State	
Foreign Country Code	
Foreign Country	
Foreign Postal Code	
Tax ID #	
Total rents received for this unit	
Part-year Residen	t Information
If you were a part-year resident during the ta	x year, enter the dates you lived in Hawaii
Part-year residency dates:	
From	[13]
То	[14]

Form ID: ID Idaho General Information		
Mark if:		
Taxpayer or spouse is a disabled veteran		[1]
Receiving Idaho Public Assistance	Townsian	[2]
Number of days eligible for grocery credit if less than full year or total time spent as part year resident	Taxpayer [3]	Spouse [4]
Use Tax		
Purchases subject to use tax		[5]
Contributions		
Amount of charitable contributions you wish to make to:		
Nongame Wildlife Conservation Fund		[6]
Children's Trust Fund and Child Abuse Prevention		[7]
Special Olympics Idaho		[8]
Idaho Guard and Reserve Family Support Fund		[9]
American Red Cross of Idaho		[10]
Veterans Support Fund		[11]
Idaho Food Bank Opportunity Scholarship Program Fund		[12]
Donate grocery credit to the Cooperative Welfare Fund		[13]
Donate grocery credit to the cooperative wenale runu		[14]
Part-year Resident and Nonresident Information		
If you were a part-year resident during the tax year, enter the dates you live	ed in Idaho	
Tax	payer	Spouse
Residency status (1 = Resident, 2 = Resident on active military, 3 = Nonresident, 4 = Part-year resident, 5 = Military nonresident) Part-year residency dates:	[15]	[16]
From	[17]	[19]
To	[18]	[20]
State of residence	[21]	[22]
Adjustments and Credits		
Energy efficiency upgrades		[22]
Adoption expenses		[23]
Mark if taxpayer or spouse has a developmental disability (T = Taxpayer, S = Spouse, B = Both)		[25]
		[23]

Form ID: IL		Illinois General Informa	tion		
		Use Tax			
General merchandise p					[1]
	escription drugs and medical a	appliances purchases			[2]
Sales tax already paid to	o another state				[3]
		Contributions			
	Amou	nt of contributions you wish t	o make to:		
Wildlife Preservation	Aillou	int of contributions you wish t	o make to.		[4]
Alzheimer's Disease Res	search				[5]
Assistance to the Home					[6]
Diabetes Research Fund	d				[7]
Hunger Relief Fund					[8]
		Credits			
	(Qualified Education Expe	enses		
		,		School	Total Tuition,
		ol Name	School City		Books, Lab fees
	[10]				[14]
	[16]				[20]
	[22] [28]	[23] [29]			[26] [32]
	[34]				[38]
	[40]	[41]			[44]
[45]	[46]	[47]		[48][49]	[50]
[51]	[52]	[53]		[54] _[55]	[56]
		Property Taxes			
Desc	ription		Property	Index N	
					[57
	Part-year	Resident and Nonreside	ent Information		
	If you were a part-year re	esident during the tax year, er		llinois	
Dart waar rasidansy dat			Taxpayer		Spouse
Part-year residency dat From	es.			[58]	[60]
To			-	— ^[50] –	[61]
Mark if you were a resid	dent of any of the following sta	ates during the tax year:	A[62] KY[63]	MI	_[64] WI [65]
In what states other tha		r file a tax return during the ta			
	State postal code	State postal code	State postal code	_	
	State postal code State postal code	State postal code	State postal code State postal code		
	State postal code State postal code	State postal code State postal code	State postal code		
NOTES/QUESTION	IS:				

Form ID: IL

Form ID: IN	Indiana General In	formation		
			Taxpayer	Spouse
County of residence (as of January 1 of tax year) County of employment (as of January 1 of tax year)	r)		[5]	[4] [6]
Household employment taxes: Employee Name Income County Tax Withheld		Employee SSN State Tax Withheld County Code		[7]
	Contribution			
Nongame Wildlife Fund Military Family Relief Fund Public K-12 Education Fund	Amount of contribution you	wish to make to:		[8] [9] [10]
Cred	it for Donation to an India	na College or University		
Mark this field if you made a cash or noncash	contribution to an Indiana colleg	e or university		[11]
	Renter's Inform	nation		
Taxpayer, Spouse, Joint (T,S,J) Number of months rented	Principal address City, state, zip code Total rent paid			
Landlord name Landlord address Landlord city, state, zip code				[13]
Pa	art-year Resident and Non	resident Information		
State of recidency (v. 1) (S.1) (Enter the dates you lived in Indi		ayer	Spouse

			. anpaye.	opouse
State of residency (Use these fields if you o	or your spouse had only one state of residency)		[14]	[15]
States of residency (Use these fields if you	u or your spouse had more than one state of resid	dency)		
Taxpayer, Spouse(T,S)	State Postal Code	From Date		To Date
<u> </u>			_	[16]
			_	
_			_	
		<u> </u>	_	

Form ID: IA	Iowa Genera	al Information	
County of School dis	residence as of December 31st trict		[1] [2]
	Contri	butions	
	Amount of charitable contrib	outions you wish to make to:	
State Fairg Firefighter	Vildlife Fund grounds Renovation rs Fund and Veterans Trust Fund se Prevention		[3] [4] [5]
	Residency	Information	
Residency		ocy Code 4 = Taxpayer nonresident, spouse part-year re 5 = Taxpayer resident, spouse part-year reside	
	2 = Taxpayer resident, spouse nonresident 3 = Taxpayer part-year resident, spouse nonresident	6 = Taynaver nart-year resident shouse reside	
	Part-year Resid	dent Information	
	If you were a part-year resident during t	the tax year, enter the dates you lived in Iowa	Tavaavaa
Moved i	residency dates: nto Iowa out of Iowa		Taxpayer [10][11]
	Nonresiden	t Information	
	idents: Iges or salary only or salary and other lowa source income		[12] [13]

Form ID: KS Kansas General Information	
County of residence	[1]
School district number	[2]
Mark if name or address has changed	[3]
Use Tax	
Use Tax due but receipts or records not available	[4]
Purchases Subject to Use Tax, receipts or records are available	
City/county.	A
City/county	Amount
	[5]
Contributions	
Enter the amount of charitable contributions you wish to make to:	
Chickadee Checkoff	[6]
Senior Citizens Meals On Wheels Contribution Program	[7]
Breast Cancer Research Fund	[8]
Military Emergency Relief Fund	[9]
Kansas Hometown Heroes Fund	[10]
Kansas Creative Arts Industry Fund	[11]
School District Contribution Fund	[12]
School district headquarters county School district number	[13]
School district number	[14]
Part-year Resident Information	
If you were a part-year resident during the tax year, enter the dates you lived i	n Kansas
Part-year residency dates:	
From	[15]
То	[16]

Form ID: KY	Kentucky General Information	on		
National Guard member - taxpayer				[1]
National Guard member - spouse				[2]
Enter your state of residency at the end of the tax y	ear (Part-year and Nonresident only)			[3]
	Use Tax			
	Description	Date of Purchase	Amount	
Enter any out-of-state purchases made on which				
sales tax was not paid to the seller				[4]
	Contributions			
Amount of poli	tical and charitable contributions yo Political Contributions	u wish to make to:		
	. Ontion Continuations		Spouse	Taxpayer
Political Party Fund (1 = Democratic, 2 = Republican, 3 = No De	esignation)		[5]	[6]
	Charitable Contributions			
Nature and Wildlife Fund				[7]
Child Victims' Trust Fund				[8]
Veterans' Program Trust Fund Breast Cancer Research and Education Trust Fund				[9] [10]
Farms to Food Banks Trust Fund				[11]
Local History Trust Fund				[12]
Special Olympics Kentucky Pediatric Cancer Research Trust Fund				[13]
Rape Crisis Center Trust Fund				[15]
Court Appointed Special Advocate Trust Fund				[16]
YMCA Youth Association Fund				[17]
	Part-year Resident Informati	on		
	esident during the tax year, enter th		entucky	
Part-year residency dates:	.	•	•	
From To				[18] [19]
State moved from				[20]
State moved to				[21]
	Nonresident Information			
Manula if.			Spouse	Taxpayer
Mark if: Commuted daily to Kentucky employment (VA resid	ent)		[22]	[23]
All Kentucky wage income earned while a residen		s) below)	[24]	[25]
Resident of state(s)			[0.0]	
Taxpayer Spouse		[28] OH[29] VA _ [35] OH[36] VA _		
	II	OH VA _		
NOTES/QUESTIONS:				

Form ID: KY

Form ID: LA	Louis	iana Ge	neral Inform	ation			
Mark if name has changed Credit for certain disabilities (B = Blind, Taxpayer Spouse	D = Deaf, L = Loss of limb, M	= Mentally inc	capacitated):				[1] [2] [3]
Dependents: Code Disability	,	Fi	rst Name	Last	Name	SSN	
							[4]
_							
Value of computer or other technolo	gical equipment dona	ted			_		[5]
		Us	е Тах				
Enter the amount of any out-of-state	purchases on which s	sales tax w	as not paid				[6]
		Contr	ibutions				
Military Family Assistance Fund		[7]	Louisiana Asso	ciation of Unite	ed Ways / 2-1-1		[15]
Coastal Protection and Restoration F	· · · · · · · · · · · · · · · · · · ·		American Red		•		[16]
START Program		[9]			for Military Fun	ierals	[17]
Wildlife Habitat and Natural Heritage	Fund		Louisiana State	•			[18]
Louisiana Cancer Trust Fund			Friends of Palr				[19]
Pet Overpopulation Advisory Council Louisiana Food Bank Association			Louisiana Hors	-	es at the Emerg	e Center	
Make-A-Wish of Texas Gulf Coast/Lo	uisiana	[13] [14]			ciation omestic Violenc		[21]
Wake A Wish of Texas dan coast, Est		[17]	Louisiana coar	Teloti Againse D	- Violence		[22]
	Part-	year Res	sident Inform	nation			
Part-year residency dates:					Taxpayer	Spouse	
From						[23]	[25]
То				_		[24]	
	Re	tiremen	t Informatio	n	Tayrayay	Snaves	
Date retired as a:					Taxpayer	Spouse	
Louisiana state employee						[27]	[28]
Louisiana teacher				_		[29]	
Federal employee				_		[31]	
					Taxpayer	Spouse	
	Reti	rement Sy	stem Name		• •	e Retired	
Other retirement information:							
							[33]
NOTES/QUESTIONS:							

Form ID: LA

Form ID: ME Maine Use Tax		
Calculate use tax using table (For purchases < \$1000 per purchase only) Out of state purchases (Enter total if not using table or enter purchases > \$999 if using table) Use tax already paid to another jurisdiction Casual rental income		[1][2][3][4]
Contributions		
Political Contributions		
Contribute \$3 (\$6 if joint) to the Maine Clean Election Fund (1 = Taxpayer, 2 = Spouse, 3 = Joint)		[5]
Charitable Contributions		
Endangered and Nongame Wildlife Fund "Chickadee Check-off" Maine Children's Trust Companion Animal Sterilization Fund Maine Military Family Relief Fund Maine Veterans' Memorial Cemetery Maintenance Fund Maine Public Library Fund		[6][7][8][9][10][11]
State Park Passes		
Number of individual park passes Number of vehicle passes		[12] [13]
Property Tax Fairness Credit		
Not required to file federal or Maine tax return (Filing for Property Tax Fairness only) Married filing separate but claiming credit of same homestead Physical street address if different from mailing address City, state, zip code Property tax paid during 2019 (For home up to 10 acres less portion related to business use and special assessments) Rent paid for 2019 Social security disability / supplemental security income (If part-year resident, enter portion received during Rent includes heat, utilities, furniture, snow plowing, etc[24] Amount related to heat, et Landlord #1 name Landlord #2 part landlord #2 name Landlord #2 part land	residency)	[14][15] _[16][20][21][22][23][25]
Part-year Resident Information		
Part-year residency dates: From To State where stationed State of prior residency Nonresident state of residence		
Number of days in Maine for any reason Maine property owners only: Municipality where owned, taxpayer Municipality where owned, spouse	[37]	[38] [39] [40]

Form ID: MD	Maryland General Information	
	Taxpayer	Spouse
County of residence	[1]	[2]
City of residence		[3]
	Contributions	
Amount o	f charitable contributions you wish to make to:	
Chesapeake Bay and Endangered Species Fund		[4]
Developmental Disabilities Waiting List Equity Fund		[5]
Maryland Cancer Fund		[6]
Fair Campaign Financing Fund		[7]
Part-yea	r Resident and Nonresident Information	on
If you were a part-year re	esident during the tax year, enter the dates you	lived in Maryland
Part-year residency dates:		
From		[8]
То		[9]
State of legal residence (Other than Maryland)		[10]
If Maryland return filed for previous year, indicate ty	/Pe (Nonresident only) (1 = Resident, 2 = Nonresident)	[11]
Mark if taxpayer or spouse in military (Nonresident only)		[12]

Form ID: MA	assachusett	s General Information		
Mark if name and address have changed since last y	ear			[1]
Mark if noncustodial parent				[2]
In care of address or address of legal residence or d	omicile:			
Street City, state, zip code			[4][5]	[3] [6]
Foreign country name				
Foreign province or county				[8]
Foreign postal code				[9]
	U	Jse Tax		
	¢1 000			[40]
Estimate use tax for out of state purchases less than		Salac tay naid to other state		[10]
Out of state purchases	[11]	Sales tax paid to other state		[12]
	Con	tributions		
Amount of poli	tical and charit	able contributions you wish to m		C
Mark to contribute to the State Election Campaign I	und		Taxpayer (13)	Spouse [14]
Wark to contribute to the State Election Campaign	una			
Organ Transplant Fund		United States Olympic Fund		[18]
Endangered Wildlife Conservation		Military Family Relief Fund Homeless Animal Prevention an	d Cara Fund	[19]
Public Health HIV and Hepatitis Fund	[17]	nomeless Animai Prevention an	a care run <u>a</u>	[20]
4	Adjustments	and Deductions		
	Renta	l Deduction		
Residence #1 rented address				[21]
Landlord's name and address				`
Date from Date to		Rent paid		
Residence #2 rented address				
Landlord's name and address				
Date from Date to		Rent paid		
ŀ	lealth Insur	ance Information		
		Taxpayer	Spor	use
Enrolled in Minimum Creditable Coverage (MCC) he	alth insurance	• •	·	[23]
Insurance information has changed from last year		Yes[24] No[25]	Yes[26] No	[27]
Federal identification number		[28]		[29]
Subscriber number		[30]		[31]
Name of insurance company (Taxpayer) Name of insurance company (Spouse)				[32] [33]
	Commut	er Deduction	NADTA Turnelt / community	
Taxpayer		Tolls paid through Fastlane [34]	MBTA Transit/commute	er passes
Spouse		[34] [35]		
	Part-year Re	esident Information		
		e tax year, enter the dates you li	ved in Massachusetts	
Part-year residency dates:	_	-		
From				[36]
То				[37]

Form ID: MA

Form ID: MI Michigan General Information		
School district name		[1]
School district code		[2]
Mark if 2/3 income from seafaring		[3]
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Taxpayer	Spouse
Do you want \$3.00 to go to the state campaign fund? (Y, N)	[4]	[5]
Mark the applicable boxes if the following conditions apply to you and/or your spouse:		<u> </u>
Paraplegic, quadriplegic or hemiplegic	[6]	[7]
Totally and permanently disabled	[8]	[9]
Deaf	[10]	
Qualified disabled veteran	[12]	[13]
Use Tax		
Purchases up \$1000 per purchase subject to use tax		[14]
Purchases exceeding \$1000 per purchase subject to use tax		[15]
		-
Contributions		
Amount of charitable contribution you wish to		
Contributions must be a minimum of \$5, \$10 or any amou	int greater than \$10	
American Red Cross of Michigan	-	[16]
Animal Welfare Fund	-	[17]
Children's Trust Fund - Preventing Child Abuse in Michigan	_	[18]
Fostering Futures Scholarship Trust Fund	-	[19]
Kiwanis Fund	-	[20]
Lions of Michigan Foundation Fund	-	[21]
Michigan World War II Legacy Memorial Fund	-	[22]
Military Family Relief Fund	_	[23]
United Way Fund	-	[24]
Part-year Resident Information		
If you were a part-year resident during the tax year, enter the c	lates you lived in Michigan	
	Taxpayer	Spouse
From	[25]	[27]
То	[26]	[28]
Residency status of spouse (If different from taxpayer)(1 = Resident, 2 = Nonresident, 3 = Part-year resident)		[29]

Form	ID:	MI2

Michigan Credits - Homestead Property Tax Credit Information

omestead occupied	entire	tax year:Taxable	e value		eowner [1]	Special Assessm	nents	[:
omestead property t TSJ	axes l		C	Description			-	Amount
_								[4
ddress at end of tax	year, i	f different from	that entered	on Organize		or Lite-1):		
Street address				[5]	Taxable value			
City					Number of days	•		[:
State[7]	Zip code		[8]	Property taxes I	evied for the yea	ar	[:
ddress of homestead	l sold (during tax year:						
Street address				[12]	Taxable value			[
City				[13]	Number of days			[
State[14]	Zip code		[15]	Property taxes I	evied for the yea	ar]
				Rental I	nformation			[:
Rental #1 Address						No. months	Monthly rent	Mobile home
City		Zip co	ode	-				
Landlord #1 Name								
Address				City			State Zip Code	2
Rental #2 Address						No. months	Monthly rent	Mobile home
City		Zip	code	-				
Landlord #2 Name								
Address				City			State Zip Code	2
				Househ	old Income			
E	nter a	mounts of nont	axable incon		during the tax ye	ear by any memb	per of your house	ehold
ild support and fost								[
orker's compensation								[
mily Independence			lic assistance	payments				[
	on vo	ur behalf						[
· · · · · · · · · · · · · · · · · · ·	-							
fts or expenses paid ther nontaxable inco	-	nheritances, etc)	:					[

Form ID: MI3 Michigan Cities General Information		
Mark the applicable boxes if the following conditions apply to you and/or your spouse:	Taxpayer Spous	e
Disabled	[1][[2]
Deaf	[3][[4]

Form ID: MN	l		Minne	sota	General Info	rmation				
-	ou or your spouse are dis mounts received	abled								[1] [2]
				Cor	tributions					
		Amount of	political and	d chari	table contributi	ons you wish t	o mal	ce to:		
					I Contributio					
State cam	npaign fund (Enter the approp	oriate code for the	e \$5 political par	ty contril	bution on Form M1 or	Form M1PR from t	he list b		axpayer ^[3]	-
				Po	olitical Parties					
	11 = Republican 12 = Democratic Fa 13 = Independent	rmer-Labor	14 = Grass 15 = Greer 16 = Libert	າ Party	Legalize Cannab of Minnesota	is Party 17 = 1 99 = 0	Legali Gene	ze Marijuana ral Campaign	Now Pa Fund	rty
			Cha	aritak	ole Contribut	ion				
Nongame	Wildlife Fund									[5]
			Cre	dits a	ınd Subtracti	ions				
			Long Te	erm C	Care Insuranc	ce Credit				
Nama of i	incurance company /Tayı	ayor)	_							[6]
	insurance company (Taxpinsurance company (Spo									[6] [7]
	mber (Taxpayer)	uscj								[/] [8]
-	mber (Spouse)									[9]
·										
			K-1	2 Edu	ication Expei	nses				
Childle	Name Grade Clas	- F	India Face		Textbook				Ç	
Child S	[10][11]	s Fees		[12]	Material	Costs	[1 []	Software		
	[18][19]									
	[26] [27]									
		, _		_, , _			, .		_,,	
	Chile	d One			Child Two)		Child 1	Three	
Class nam	ne		[34]			[35	j]			[36]
Class type			[37]							
	name									
	type									
	type		[46]							
Musical in			[49]			[50	-			[51]
	chool attended ovider		[52]				[]			[54]
rransp pr	ovide <u>i </u>		[55]			[56	·J			[57]
			M1F	DR Dr	operty Tax C	redit				
	Note: Ple	ase attach co			ear CRP's and/or		Prope	rty Tax State	ments	
		Part-v	ear Resid	lent a	and Nonresid	lent Informa	atior	<u> </u>		
	If you w		'		the tax year, er				sota	
	n you w	c.c a part-ye	ar resident	uuring	are tax year, er	iter the dates)	, ou iii	Taxpayer	Jula	Spouse
Part-year	residency dates:							. F		· l
From	,							[5	58]	[60]
To									59]	
Other sta	te of residence (State/Forei	gn country require	ed for other non	residents	s)				52]	[63]
NOTES	QUESTIONS:									

Form ID: MN

Form ID: MS Mississippi General Information			
County of residence	[1]		
Contributions			
Amount o	f contributions you wish to make to:		
Military Family Relief Fund	[2]		
Commission for Volunteer Service Fund	[3]		
Wildlife Heritage Fund	[4]		
Educational Trust Fund	[5]		
Wildlife Fisheries and Parks Foundation	[6]		
Burn Care Fund	[7]		

Form ID: MO Misso	ouri General Information		
County of residence name County of residence			[1] [2]
	Contributions		
Amount of of Children's Trust Fund Veterans Trust Fund	contributions you wish to make to	:	[3] [4]
Elderly Home Delivered Meals Trust Fund Missouri National Guard Trust Fund Workers' Memorial Trust Fund			[5] [6] [7]
Childhood Lead Testing Trust Fund Missouri Military Family Relief Trust Fund General Revenue Trust Fund			[8] [9] [10]
Organ Donor Program Trust Fund Trust Fund		[12]	[11] [13]
Trust Fund	Trust Fund Codes	[14]	[15]
01 = American Cancer Society09 = National Arthritis Foundation02 = American Diabetes Association10 = National Multiple Sclerosis Society03 = American Heart Association12 = Cervical Cancer Fund04 = American Lung Association13 = Breast Cancer Awareness Fund05 = ALS (Lou Gehrig's Disease)14 = Adoptive Parent's Recruitment and Retention07 = Muscular Dystrophy Association18 = Pediatric Cancer Trust08 = March of Dimes19 = Missouri National Guard Foundation Fund			on
-	dent and Nonresident Info		
Missouri residency dates:	t during the tax year, enter the da	Taxpayer	Spouse
From To Other state residency dates:		[16] [18]	[17] [19]
From To Other state of residency		[20] [22] [24]	[21] [23] [25]
If your reason for residence in Missouri was to serve in the Taxpayer Spouse	military, enter Missouri place of sta		[26] [27]
Pro	perty Tax Information		
Mark if you are a 100% disabled veteran Mark if you are disabled per section 135.010(2), RSMo Mark if surviving spouse social security benefits were receiv	Residents only ved during the tax year		[28] [29] [30]

Form	ID:	MT

Montana Contributions

Amount of contributions you wish to make to:

Amount of contribution	ons you wish to make to.	
	Taxpayer	Spouse
Nongame Wildlife Program	[1]	[2]
Child Abuse and Neglect Prevention Program	[3]	[4]
Agriculture in Montana Schools Program	[5]	[6]
Montana Military Family Relief Fund		[8]
Political Contributions	[9]	[10]
Part-year Resid	dent Information	
If you were a part-year resident during the	e tax year, enter the dates you lived in M	ontana
Part-year residency dates:		
From		[11]
То		[12]
State moved to		[13]
State moved from		[14]
Elderly Homeow	ner or Renter Credit	
Please provide copi	es of property tax bills	
Mark if owned or rented a Montana residence for 6 months or more d	during the current tax year	[15]
Taxpayer, Spouse, Joint		[16]

Nebraska General Information			
County of residence Public school district	[1] [2]		
Contrib	outions		
Amount of charitable contribu	utions you wish to make to:		
Wildlife Conservation Fund	[3]		
Part-year Resid	lent Information		
If you were a part-year resident during the	tax year, enter the dates you lived in Nebraska		
Part-year residency dates:			
From	[4]		
То	[5]		

Form ID: NH New Hampshire General Information				
	Taxpayer	Spouse		
Mark if disabled on the last day of the tax year	[1]	[2]		
		DP-10		
Name change since last filing				
Part-year Resident Information				
If you were a part-year resident during the tax year, enter the dates you lived in New H	ampshire			
From		[4]		
То		[5]		
Business Tax Summary				
Mark to indicate final return		[6]		

Country or Municipality code	Form ID: NJ	New Jerse	ey General Information		
In care of address Mark if: Tax forms, instructions and booklet are not needed You are not eligible for the property tax deduction or credit You maintain the same residence as your spouse (Married filing separate returns ONLY) Mark if: Contributed to the Social Security Fund (Eligible to receive benefits) You want to designate \$1 to the gubernatorial election campaign fund Contributions Amount of contributions Amount of contribution you wish to make to: Endangered Wildlife Fund Amount of contribution you wish to make to: Endangered Wildlife Fund Amount of contribution you wish to make to: Endangered Research Fund Children's Trust Fund to prevent child abuse New Jersey Vietnam Veterans' Memorial Fund New Jersey Vietnam Veterans' Memorial Fund USS New Jersey Educational Museum Fund Other (see codes below) Other (see codes below) Other (see codes below) Other (see codes below) 10 = Cat and Dog Spay and Neuter17 = Leukemia and Lymphoma - NJ 22 = Non-Profit Veterans Org 33 = Organ Donor 10 = Cat and Dog Spay and Neuter17 = Leukemia and Lymphoma - NJ 24 = Autism Programs 04 = AIDS Services 11 = Lung Cancer Research 12 = Nor NJ Vet Memorial Cometer25 = Soy Scouts Councils in NJ 05 = Litteraty Vol 12 = Boys and Girls Club 19 = NJ Farm to School / School Gardede = NJ Memorial To War Veterans Ge = Prostate Cancer 13 = NJ National Guard State Famil@0 = Local Library Support 27 = Jersey Fresh Program 07 = World Trade Center 14 = American Red Cross NJ 21 = ALS Association Support 28 = NJ World War II Vet Is Memorial Tif you were a part-year resident during the tax year, enter the dates you lived in New Jersey Part-year residency dates: From From Type Trade Center 1 = American Red Cross NJ 21 = ALS Association Support 22 = NJ World War II Vet Is Memorial 22 = NJ World War II Vet Is Memorial 23 = NJ World War II Vet Is Memorial 24 = Autism Programs 25 = NJ World War II Vet Is Memorial 26 = Prostate Cancer 27 = Jersey Fresh Program 28 = NJ World War II Vet Is Memorial 29 = NJ World War II Vet Is Memorial 20 = N	County or Municipality cod	le			[1]
Mark if: Tax forms, instructions and booklet are not needed You are not eligible for the property tax deduction or credit You maintain the same residence as your spouse (Married filling separate returns ONLY) Mark if: Contributed to the Social Security Fund (Eligible to receive benefits) Contributed to the Social Security Fund (Eligible to receive benefits) You want to designate \$1 to the gubernatorial election campaign fund Contributions Amount of contribution you wish to make to: Endangered Wildlife Fund Children's Trust Fund to prevent child abuse New Jersey Vietnam Veterans' Memorial Fund Museum Fund USS New Jersey Vietnam Veterans' Memorial Fund USS New Jersey Educational Museum Fund Uther (see codes below) Uther (see codes below) Other (see codes		-		_	
You are not eligible for the property tax deduction or credit You maintain the same residence as your spouse (Married filing separate returns ONLY) Mark if: Contributed to the Social Security Fund (Eligible to receive benefits) You want to designate \$1 to the gubernatorial election campaign fund Contributions Contributions Contributions Contributions Contribution you wish to make to: Endangered Wildlife Fund Amount of contribution you wish to make to: Endangered Wildlife Fund Amount of contribution you wish to make to: Endangered Wildlife Fund New Jersey Vietnam Veterans' Memorial Fund New Jersey Vietnam Veterans' Memorial Fund New Jersey Vietnam Veterans' Memorial Fund Other (see codes below) O1 = Drug Abuse Educate 08 = Veterans Haven Support 01 = Drug Abuse Educate 08 = Veterans Haven Support 02 = Korean Veterans' 09 = Community Food Pantry 16 = Homeless Veterans Grant 04 = AIDS Services 11 = Lung Cancer Research 18 = North NJ Vet Memorial Centure 75 = Boy Scotot Councils in NJ 05 = Literacy Vol 12 = Boys and Girls Club 19 = NJ Farm to School / School Garde26 = NJ Memorial To War Veterans 06 = Prostate Cancer 13 = NJ National Guard State Familia 0 = Local Library Support 07 = World Trade Centure 14 = American Red Cross NJ 21 = ALS Association Support 22 = Irsey Fresh Program 07 = World Trade Centure 14 = American Red Cross NJ 21 = ALS Association Support 22 = Irsey Fresh Program 23 = NJ World War III Vet Veterans 06 = Prostate Cancer 13 = NJ National Guard State Familia 0 = Local Library Support 27 = Jersey Fresh Program 28 = NJ World War III Vet Veterans 06 = Prostate Cancer 13 = NJ National Guard State Familia 0 = Local Library Support 28 = NJ World War III Vet Veterans 06 = Prostate Cancer 13 = NJ Wational Guard State Familia 0 = Local Library Support 28 = NJ World War III Vet Veterans 06 = Prostate Cancer 19 = Veterans Red Cross NJ 21 = ALS Association Support 28 = NJ World War III Vet Veterans					
You are not eligible for the property tax deduction or credit You maintain the same residence as your spouse (Married filing separate returns ONLY) Mark if: Contributed to the Social Security Fund (Eligible to receive benefits) You want to designate \$1 to the gubernatorial election campaign fund Contributions Contributions Contributions Contributions Contribution you wish to make to: Endangered Wildlife Fund Amount of contribution you wish to make to: Endangered Wildlife Fund Amount of contribution you wish to make to: Endangered Wildlife Fund New Jersey Vietnam Veterans' Memorial Fund New Jersey Vietnam Veterans' Memorial Fund New Jersey Vietnam Veterans' Memorial Fund Other (see codes below) O1 = Drug Abuse Educate 08 = Veterans Haven Support 01 = Drug Abuse Educate 08 = Veterans Haven Support 02 = Korean Veterans' 09 = Community Food Pantry 16 = Homeless Veterans Grant 04 = AIDS Services 11 = Lung Cancer Research 18 = North NJ Vet Memorial Centure 75 = Boy Scotot Councils in NJ 05 = Literacy Vol 12 = Boys and Girls Club 19 = NJ Farm to School / School Garde26 = NJ Memorial To War Veterans 06 = Prostate Cancer 13 = NJ National Guard State Familia 0 = Local Library Support 07 = World Trade Centure 14 = American Red Cross NJ 21 = ALS Association Support 22 = Irsey Fresh Program 07 = World Trade Centure 14 = American Red Cross NJ 21 = ALS Association Support 22 = Irsey Fresh Program 23 = NJ World War III Vet Veterans 06 = Prostate Cancer 13 = NJ National Guard State Familia 0 = Local Library Support 27 = Jersey Fresh Program 28 = NJ World War III Vet Veterans 06 = Prostate Cancer 13 = NJ National Guard State Familia 0 = Local Library Support 28 = NJ World War III Vet Veterans 06 = Prostate Cancer 13 = NJ Wational Guard State Familia 0 = Local Library Support 28 = NJ World War III Vet Veterans 06 = Prostate Cancer 19 = Veterans Red Cross NJ 21 = ALS Association Support 28 = NJ World War III Vet Veterans	Tax forms, instructions a	nd booklet are not needed			[3]
Nou maintain the same residence as your spouse (Married filling separate returns ONLY) Mark if: Contributed to the Social Security Fund (Eligible to receive benefits) You want to designate \$1 to the gubernatorial election campaign fund Contributions Contributions	,				
Mark if: Contributed to the Social Security Fund (sligible to receive benefits) [6] [7] 7 7 7 9 1	You maintain the same re	esidence as your spouse (Married filing	separate returns ONLY)		
Mark if: Contributed to the Social Security Fund (Eligible to receive benefits)		, ,		Taxpaver	Spouse
Contributions Amount of contribution you wish to make to: Endangered Wildlife Fund	Mark if:				
Contributions Amount of contribution you wish to make to: Endangered Wildlife Fund	Contributed to the Social	Security Fund (Eligible to receive benefits	s)	[6]	[7]
Amount of contribution you wish to make to: Endangered Wildlife Fund	You want to designate \$1	L to the gubernatorial election camլ	paign fund	[8]	[9]
Amount of contribution you wish to make to: Endangered Wildlife Fund					
Endangered Wildlife Fund to prevent child abuse		C	Contributions		
Children's Trust Fund to prevent child abuse 111 New Jersey Vietnam Veterans' Memorial Fund 121 Breast Cancer Research Fund 123 USS New Jersey Educational Museum Fund 141 USS New Jersey Educational Museum Fund 143 USS New Jersey Educational Museum Fund 143 USS New Jersey Educational Museum Fund 143 Uther (see codes below) 155 166 Other (see codes below) 177 188 Other (see codes below) 197 198 Other See codes below) 199 199 Uther (see codes below) 199 199 Uther (see codes below) 199 199 Uther See codes below) 199 Uther See codes below) 199 199 Uther See codes below) 199 Uther See codes below) 199 Uther See codes below) 199 Uther See codes below 199 U		Amount of co	ontribution you wish to make to:		
New Jersey Vietnam Veterans' Memorial Fund Breast Cancer Research Fund USS New Jersey Educational Museum Fund Other (see codes below) Other See codes below) Other See codes below) Other See codes below) Other Funds	Endangered Wildlife Fund				[10]
Breast Cancer Research Fund USS New Jersey Educational Museum Fund Other (see codes below) Other (see codes below) Other (see codes below) Other (see codes below) Other Funds	Children's Trust Fund to pr	event child abuse			[11]
USS New Jersey Educational Museum Fund [14] Other (see codes below) [15] [16] Other (see codes below) [17] [18] Other (see codes below) [19] [20] Description Descrip	New Jersey Vietnam Veter	ans' Memorial Fund			[12]
Other (see codes below) Other Funds Other	Breast Cancer Research Fu	nd			[13]
Other (see codes below) Other (see codes below) Other Funds O1 = Drug Abuse Educate 08 = Veterans Haven Support 15 = Girl Scouts Council in NJ 22 = Non-Profit Veterans Org 02 = Korean Veterans' 09 = Community Food Pantry 16 = Homeless Veterans Grant 23 = NJ Yellow Ribbon 03 = Organ Donor 10 = Cat and Dog Spay and Neuter17 = Leukemia and Lymphoma - NJ 24 = Autism Programs 04 = AIDS Services 11 = Lung Cancer Research 18 = North NJ Vet Memorial Cemetery25 = Boy Scouts Councils in NJ 05 = Literacy Vol 12 = Boys and Girls Club 19 = NJ Farm to School / School Garde26 = NJ Memorial To War Veterans 06 = Prostate Cancer 13 = NJ National Guard State Famil20 = Local Library Support 27 = Jersey Fresh Program 07 = World Trade Center 14 = American Red Cross NJ 21 = ALS Association Support 28 = NJ World War II Vet's Memoria To War Veterans 19 Part-year Resident and Nonresident Information Part-year Resident and Nonresident Information Part-year residency dates: From	USS New Jersey Education	al Museum Fund			[14]
Other (see codes below) Other Funds O1 = Drug Abuse Educate 08 = Veterans Haven Support 15 = Girl Scouts Council in NJ 22 = Non-Profit Veterans Org 02 = Korean Veterans' 09 = Community Food Pantry 16 = Homeless Veterans Grant 23 = NJ Yellow Ribbon 03 = Organ Donor 10 = Cat and Dog Spay and Neuter17 = Leukemia and Lymphoma - NJ 24 = Autism Programs 04 = AIDS Services 11 = Lung Cancer Research 18 = North NJ Vet Memorial Cemetery25 = Boy Scouts Councils in NJ 05 = Literacy Vol 12 = Boys and Girls Club 19 = NJ Farm to School / School Garde26 = NJ Memorial To War Veterans 06 = Prostate Cancer 13 = NJ National Guard State Famil20 = Local Library Support 27 = Jersey Fresh Program 07 = World Trade Center 14 = American Red Cross NJ 21 = ALS Association Support 28 = NJ World War II Vet's Memoria To Vert-year Resident and Nonresident Information If you were a part-year resident during the tax year, enter the dates you lived in New Jersey Part-year residency dates: From	Other (see codes below)			[15]	[16]
Other Funds 01 = Drug Abuse Educate 08 = Veterans Haven Support 15 = Girl Scouts Council in NJ 22 = Non-Profit Veterans Org 02 = Korean Veterans' 09 = Community Food Pantry 16 = Homeless Veterans Grant 23 = NJ Yellow Ribbon 03 = Organ Donor 10 = Cat and Dog Spay and Neuter17 = Leukemia and Lymphoma - NJ 24 = Autism Programs 04 = AIDS Services 11 = Lung Cancer Research 18 = North NJ Vet Memorial Cemeterv25 = Boy Scouts Councils in NJ 05 = Literacy Vol 12 = Boys and Girls Club 19 = NJ Farm to School / School Garde 26 = NJ Memorial To War Veterans 06 = Prostate Cancer 13 = NJ National Guard State Famil 20 = Local Library Support 27 = Jersey Fresh Program 07 = World Trade Center 14 = American Red Cross NJ 21 = ALS Association Support 28 = NJ World War II Vet's Memoria Part-year Resident and Nonresident Information If you were a part-year resident during the tax year, enter the dates you lived in New Jersey Part-year residency dates: From [21] To [22]	Other (see codes below)			[17]	[18]
01 = Drug Abuse Educate 08 = Veterans Haven Support 15 = Girl Scouts Council in NJ 22 = Non-Profit Veterans Org 02 = Korean Veterans' 09 = Community Food Pantry 16 = Homeless Veterans Grant 23 = NJ Yellow Ribbon 03 = Organ Donor 10 = Cat and Dog Spay and Neuter17 = Leukemia and Lymphoma - NJ 24 = Autism Programs 04 = AIDS Services 11 = Lung Cancer Research 18 = North NJ Vet Memorial Cemetery25 = Boy Scouts Councils in NJ 05 = Literacy Vol 12 = Boys and Girls Club 19 = NJ Farm to School / School Garde26 = NJ Memorial To War Veterans 06 = Prostate Cancer 13 = NJ National Guard State Famil 20 = Local Library Support 27 = Jersey Fresh Program 07 = World Trade Center 14 = American Red Cross NJ 21 = ALS Association Support 28 = NJ World War II Vet's Memoria Part-year Resident and Nonresident Information If you were a part-year resident during the tax year, enter the dates you lived in New Jersey Part-year residency dates: From [21] To [22]	Other (see codes below)			[19]	[20]
02 = Korean Veterans' 09 = Community Food Pantry 16 = Homeless Veterans Grant 23 = NJ Yellow Ribbon 03 = Organ Donor 10 = Cat and Dog Spay and Neuter17 = Leukemia and Lymphoma - NJ 24 = Autism Programs 04 = AIDS Services 11 = Lung Cancer Research 18 = North NJ Vet Memorial Cemeter 25 = Boy Scouts Councils in NJ 05 = Literacy Vol 12 = Boys and Girls Club 19 = NJ Farm to School / School Garde 26 = NJ Memorial To War Veterans 06 = Prostate Cancer 13 = NJ National Guard State Famil 20 = Local Library Support 27 = Jersey Fresh Program 07 = World Trade Center 14 = American Red Cross NJ 21 = ALS Association Support 28 = NJ World War II Vet's Memoria Part-year Resident and Nonresident Information If you were a part-year resident during the tax year, enter the dates you lived in New Jersey Part-year residency dates: From			Other Funds		
03 = Organ Donor 10 = Cat and Dog Spay and Neuter17 = Leukemia and Lymphoma - NJ 24 = Autism Programs 04 = AIDS Services 11 = Lung Cancer Research 18 = North NJ Vet Memorial Cemeter)25 = Boy Scouts Councils in NJ 05 = Literacy Vol 12 = Boys and Girls Club 19 = NJ Farm to School / School Garde26 = NJ Memorial To War Veterans 06 = Prostate Cancer 13 = NJ National Guard State Famil20 = Local Library Support 27 = Jersey Fresh Program 07 = World Trade Center 14 = American Red Cross NJ 21 = ALS Association Support 28 = NJ World War II Vet's Memoria Part-year Resident and Nonresident Information If you were a part-year resident during the tax year, enter the dates you lived in New Jersey Part-year residency dates: From	01 = Drug Abuse Educat	e 08 = Veterans Haven Support	15 = Girl Scouts Council in NJ	22 = Non-Profit Veterans	org
04 = AIDS Services 11 = Lung Cancer Research 05 = Literacy Vol 12 = Boys and Girls Club 19 = NJ Farm to School / School Garde26 = NJ Memorial To War Veterans 06 = Prostate Cancer 07 = World Trade Center 14 = American Red Cross NJ 21 = ALS Association Support 22 = NJ World War II Vet's Memorial Part-year Resident and Nonresident Information If you were a part-year resident during the tax year, enter the dates you lived in New Jersey Part-year residency dates: From [21] To [22]	02 = Korean Veterans'	09 = Community Food Pantry	16 = Homeless Veterans Grant		
05 = Literacy Vol 12 = Boys and Girls Club 19 = NJ Farm to School / School Garde26 = NJ Memorial To War Veterans 06 = Prostate Cancer 13 = NJ National Guard State Famil20 = Local Library Support 27 = Jersey Fresh Program 07 = World Trade Center 14 = American Red Cross NJ 21 = ALS Association Support 28 = NJ World War II Vet's Memoria Part-year Resident and Nonresident Information If you were a part-year resident during the tax year, enter the dates you lived in New Jersey Part-year residency dates: From	03 = Organ Donor	10 = Cat and Dog Spay and Neute	er17 = Leukemia and Lymphoma - NJ	24 = Autism Programs	
06 = Prostate Cancer 13 = NJ National Guard State Famil® = Local Library Support 27 = Jersey Fresh Program 28 = NJ World War II Vet's Memoria Part-year Resident and Nonresident Information If you were a part-year resident during the tax year, enter the dates you lived in New Jersey Part-year residency dates: From	04 = AIDS Services	11 = Lung Cancer Research	18 = North NJ Vet Memorial Cemete	ry25 = Boy Scouts Councils	in NJ
Part-year Resident and Nonresident Information If you were a part-year resident during the tax year, enter the dates you lived in New Jersey Part-year residency dates: From	05 = Literacy Vol		-	le 2 6 = NJ Memorial To Wa	r Veterans
Part-year Resident and Nonresident Information If you were a part-year resident during the tax year, enter the dates you lived in New Jersey Part-year residency dates: From	06 = Prostate Cancer	13 = NJ National Guard State Fam	ni lA O = Local Library Support	27 = Jersey Fresh Progra	m
Part-year residency dates: From [21] To [22]	07 = World Trade Cente	r14 = American Red Cross NJ	21 = ALS Association Support	28 = NJ World War II Vet	<u>'s Memor</u> ial
Part-year residency dates: From [21] To [22]		Part-year Resider	nt and Nonresident Information	on	
From [21] To [22]		•			
From [21] To [22]	Part-year residency dates:				
To[22]					[21]
	-				
		nts only)			[23]

Form ID: NJ2

New Jersey Property Information

For principal residences owned or rented in New Jersey during the tax year, enter address information

General Informa	tion	
Principal residence for 2019		[1]
Property tax credit not claimed with homestead benefit, claim on NJ-1040		[2]
	Part 1	Part 2
Block number	[3]	[4]
Lot number	 [5]	[6]
Qualifier number (Condos)	· ,	[7]
Co-op or continuing care retirement facility resident		[8]
Municipal code at the end of if different from current residence		[9]
Homeowner Info	rmation	
Total property taxes paid	imation	[10]
Street		[11]
City		[12]
Number of days as an owned property		[13]
Your share of property owned		[14]
Share used as principal residence		[15]
Your share of property taxes		[16]
Renter and Mobile Home O	wner Information	
Total rent paid or mobile home fees		[17]
Street		[18]
Apartment number		[19]
City		[20]
Days you were a tenant during 2019		[21]
Total number of tenants		[22]
Your share of rent paid		[23]
Other Tenant Info	ormation	
First name		[24]
Middle initial		
Last name		
Social security number		
Donasta Tau Balada		
Property Tax Reimb		40 2040
	20	
Taxpayer received social security disability	_	[25][26]
Spouse received social security disability	_	[27][28]
You lived continuously in New jersey since December 31, 2008	41.1	[29]
You owned and lived in home since December 31, 2015 or are otherwise eli	gible	[30]
You are a mobile home owner Mobile home park site, number		—[31] [32]
IVIONUE NOME NARK SITE NUMBER		1321

NOTES/QUESTIONS:

Homestead Benefit Identification Number (Enter as 999-999-999)

Taxpayer needs a PTR-A or PTR-B to take tax collector/mobile home part owner or manager to verify taxes paid

[33]

[34]

Form	ın.	NI	Λ/

New Mexico General Information

If you were a part-year resident during the tax year, enter the dates you lived in New Mexico

First year resident	From	^[1]
Part-year residency dates:		
Taxpayer	[2]	
Spouse	[4]	[5]
Do NOT have a commercial domicile in New Mexico		[6]
Contributions		
Amount of political and charitable contributions you wis Political Contributions	sh to make to:	
Political party (1 = Democratic, 2 = Republican, 3 = Libertarian, 4 = Green, 5 = Better for America, 6 = Constitution)	Taxpayer ^[7]	Spouse [8]
Charitable Contributions		
New Mexico Housing Trust Fund		[9]
Share with Wildlife		[10]
Veterans' State Cemetery Fund		[11]
Substance Abuse Education Fund		[12]
Forest Re-Leaf Program		[13]
National Guard Member and Family Assistance Kids 'N Parks Transportation Grant Program		[14]
Amyotrophic Lateral Sclerosis Research Fund		[15]
Vietnam Veterans Memorial		[17]
Veterans Enterprise Fund		[18]
Lottery Tuition Fund		[19]
Horse Shelter Rescue Fund		[20]
Animal Care and Facility Fund Supplemental Senior Services		[21]
Sexual Assault Examination Kit Processing Fund		[23]
<u> </u>		
Additions and Deductions		
Income of an Indian		[24]
Name of the taxpayer's Indian nation, tribe, or pueblo		[25]
Name of the spouse's Indian nation, tribe, or pueblo		[26]
Contributions refunded from the New Mexico approved Section 529 College Savings Plan		[27]
Rebate and Credit Schedule		
Dublic assistance, AFDC welfers handite		[28]
Public assistance, AFDC, welfare benefits Supplemental security income (SSI)	_	[29]
Amount of rent paid during the tax year on principal place of residence		[30]
Mark if rent includes amount paid on your behalf by a government entity		[31]
Resident county (1 = Los Alamos, 2 = Santa Fe)		[32]

Form ID: NY	New York Gener	al Information			
			Taxpayer	Spouse	
Mark if you were a resident of New York City at	any time during the curr	ent tax year	[1]	[2]	
Mark if you were a resident of Yonkers at any time during the current tax year			[3]	[4]	
County of residence				[5]	
School district				[6]	
	Use Ta	эх			
Use tax due but receipts or records not available	2			[7]	
	Contribu	tions			
	mount of contributions	you wish to make to:			
Return a Gift to Wildlife	[8]	Autism Awareness and Research Fund		[21]	
Missing or Exploited Children Clearinghouse Fur	nd[9]	Veterans' Homes Assistance Fund		[22]	
Breast Cancer Research and Education Fund	[10]	Love Your Library Fund		[23]	
Alzheimer's Disease Fund	[11]	Lupus Fund	_	[24]	
Olympic Fund (Maximum \$2 per filer)	[12]	Military Family Fund	_	[25]	
Prostate and Testicular Cancer Research and Ed		CUNY Fund	_	[26]	
9/11 Memorial	[14]	Life Pass it on Fund		[27]	
Volunteer Firefighting and EMS Recruitment Fu		ALS Research Fund	_	[28]	
Teen Health Education Fund	[16]	School-based Health Centers	_	[29]	
Veterans Remembrance and Cemetery Fund	[17]	Gifts to Food Banks Fund	_	[30]	
Homeless Veterans Assistance Fund	[18]	Meals on Wheels for Seniors		[31]	
Mental Illness Anti-Stigma Fund	[19]	Gifts to the Arts Fund		[32]	
Women's Cancers Education and Prevention Fu	nd[20]				
	Property Tax Cred	dit Information			
Resident who lived six or more months in same		narket value \$85,000 or less			
Mark if you lived in a nursing home and qualify				[33]	
Enter amounts received for cash public assistan				[34]	
Enter any other income not reported elsewhere				[35]	
Homeowners:				[36]	
Enter the amount of special assessments you	•		ear		
•	Enter the amount of taxes not paid due to the exemption for persons 65 or older under section 467				
Tenants:				[38]	
Enter the total rent you and all members of yo	our nousehold paid during	g current tax year			
Rent includes charges for (Specify)	3 Heat and 1 Let 2	O. National and A.		[39]	
4 = Heat, gas, electricity, furnishings and board3 = Heat, gas, electricity and furnishings	2 = Heat, gas and electricity 1 = Heat or heat and gas	0 = Nothing included		[40]	

Form ID: NY2	New York - Part-year Resident and Nonresident Information

		Taxpayer		Spouse	
	New York State	New York City	Yonkers	New York City	Yonkers
Part-year residency dates:					
From	[1]	[3]	[5]	[7]	[9]
То	[2]	[4]	[6]	[8]	[10]
County of residence while a nonresident of New York City			[11]		[12]

Nonresident Information for Apartment or Living Quarters Maintained in the State/City

Address #1		
Mark if this address is still maintained by or for you		[13]
Number of days in NYC		
Street address		
City, State and Zip code	<u></u>	<u> </u>
Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City)		
Address #2		
Mark if this address is still maintained by or for you		
Number of days in NYC		
Street address		
City, State and Zip code		
Is this address within city limits? Specify city (YON = Yonkers, NYC = New York City)		

Form ID: NC	North Carolina General Inforn	nation	
County of residence			[1]
	Contributions		
	Amount of charitable contributions you wish	to make to:	
Endangered Wildlife Fund	·		[2]
Education Endowment Fund			[3]
Breast and Cervical Cancer Control F	Program		[4]
	Part-year Resident Informa	tion	
If you were	a part-year resident during the tax year, enter the	e dates you lived in North Caroli	na
		Taxpayer	Spouse
Part-year residency dates:			
From		[5]	[7]
То		[6]	[8]

Fo	North Dakota General Information				
Sc	chool district code				[1]
In	come source code				[2]
		Inco	ome source code		
	1 = Farming, ranching	4 = Public, private education	7 = Manufacturing	10 = Finance, banking, in	sur
	· · · · · · · · · · · · · · · · · · ·	·	8 = Communication, trnspn, utilities	•	
	3 = Government service	6 = Construction	9 = Gas, oil, coal	12 = Retirement	
		Co	ontributions		
		Amount of cont	ributions you wish to make to:		
Watchable Wildlife Fund[3]					
Trees for North Dakota Fund			[4]		
Ve	eterans Postwar Trust Fund				[5]
	Part-year Resident and Nonresident Information				
If you were a part-year resident during the tax year, enter the dates you lived in North Dakota					
			Taxpayer	Spou	ise
	art-year residency dates:				
	From -				[8]
	To			[7]	[9]
O.	ther state of residency			[10]	[11]

Form ID: OH Ohio General Informa	tion		
Enter your current Ohio county of residence School district number			[1] [2]
Use Tax			
Mark this field to certify no sales or use tax is due Purchases subject to use tax			[3] [4]
Contributions			
Amount of charitable contributions you Military injury relief fund Natural areas and endangered species fund Wildlife species and endangered wildlife Ohio History Fund Breast and cervical cancer project Wishes for sick children	wish to make to:		[5] [6] [7] [8] [9]
Credits			
Displaced worker training expenses for 12-month period since loss of job Amount contributed to Ohio political campaigns	Taxpayer [11] [13] [13]	Spouse	[12] [14]
Part-year Resident and Nonresident	dent Information		
If you were a part-year resident during the tax year,	enter the dates you lived in	Ohio	
Part-year residency dates: From To	Taxpayer	[15] [16]	[17] [18]
		Taxpayer	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresi If nonresident, enter state of residency If foreign, enter country of residency	dent)	[19] [21] [23]	[20] [22] [24]

Form ID: OK Oklahoma Use Tax						
Mark if not subject to Use Tax						[1]
		Contribution	ons			
	Amount of ch	aritable contributi	ons you wish to make to:			
Court Appointed Advocates						[2]
Indigent Veteran Burial Program						[3]
General Revenue Fund	_					[4]
Emergency Responders Assistance	ce Program					[5]
Folds of Honor						[6]
Wildlife Diversity Fund					·	[7]
Regional Food Banks						[8]
Public Classroom Support Fund Pet Overpopulation Fund						[9]
AIDS Care Fund						[10] [11]
71125 Care Faria						[±±]
	Part-year R	esident and No	nresident Informatio	n		
If you	were a part-year reside	ent during the tax y	ear, enter the dates you li	ved i	n Oklahoma	
Part-year residency dates:						
From						[12]
То						[13]
Nonresident state of residence		[14] Noni	resident country of residence	ce		[15]
Resident and part-year or nonre	•					
Taxpayer	's residence		Spous	e's r	esidence	
State postal code [16]	Country code	[17]	State postal code	[18]	Country code	[19]
State postal code	Country code		State postal code		Country code	
State postal code	Country code		State postal code		Country code	
State postal code	Country code		State postal code		Country code	
	_					
	Prop	erty Tax and Sa	les Tax Credits			
Mark if you were not an Oklahor	na resident for the enti	re tax year				[20]
Mark if you (or spouse) were dis	abled for the entire tax	year				[21]
Home real estate tax						[22]
Workmen's compensation/loss of	of time insurance					[23]
Support money						[24]
Cash public assistance						[25]

Form ID: OR Oregon General Information					
Indicate if severely disabled (T = Taxpayer, S = Sp	ouse, B = Both)			T	[1]
Number of months of federal service before Total number of months of federal service (es)		Taxpayer [2][4]	Spouse [3][5]
	Contrib	utions			
А	mount of charitable contri	butions you wisl	h to make to:		
Cascade AIDS Project	[6]	The Salvation A	ırmy		[21]
Veterans Suicide Prevention	 [7]		hildren's Hospital		[22]
Oregon Non-game Wildlife	[8]	Oregon Vetera			[23]
Prevent Child Abuse	[9]	ALS Association	1		[24]
Alzheimer's Disease Research	[10]	Planned Parent	hood		[25]
Stop Domestic and Sexual Violence	[11]	Lions Sight & H	earing Foundation		[26]
Habitat for Humanity	[12]	Shriners Hospit	als for Children		[27]
Head Start Association	[13]	Special Olympic	CS		[28]
American Diabetes Association	[14]	Susan G. Kome	n		[29]
SMART - Start Making A Reader Today	[15]	Military Assista	nce Program		[30]
Oregon Coast Aquarium	[16]	Historical Socie	ty		[31]
SOLVE - Stop Oregon Litter and Vandalism _	[17]	Food Bank			[32]
The Nature Conservancy	[18]	Albertina Kerr I	Kid's Crisis Care		[33]
St. Vincent DePaul Society of Oregon	[19]	American Red (Cross		[34]
Oregon Humane Society	[20]				
	Political party you wish to	make contribut	ions to:		
	, , , , , , , , , , , , , , , , , , ,			Taxpayer	Spouse
Political Party				[35]	[36]
	Political Party	Contributions			
FOO - Constitution Party of Oragon	503 = Libertarian Party	of Orogon	EOC - Drogressiy	o Dorty	
500 = Constitution Party of Oregon 501 = Democratic Party of Oregon	504 = Oregon Republica	_	506 = Progressiv 507 = Working F	-	Oregon
502 = Independent Party of Oregon	505 = Pacific Green Part	•	307 - Working F	allilles Party O	Oregon
Pa	art-year Resident and	Nonresident	Information		
If you were a pa	ort-year resident during the	tax year, enter		-	
Datas of wasiday av			Taxpayer	Sį	oouse
Dates of residency:					
From			[37]		[39]
То			[38]		[40]

Governor Robert P. Casey Memorial Organ/Tissue Trust Fund Juvenile (Type 1) Diabetes Cure Research Fund Children's Trust Fund American Red Cross Pediatric Cancer Research Fund Fart-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Part-year residency dates: From [21] [23]	Form ID: PA Pennsylvania Gener	al Information	
Final return Contributions Amount of contributions you wish to make to: Taxpayer Spouse Breast and Cervical Cancer Wild Resource Conservation Fund Military Family Relief Assistance Governor Robert P. Casey Memorial Organ/Tissue Trust Fund Liughten's Trust Fund (I11) Juvenile (Type 1) Diabetes Cure Research Fund American Red Cross Pediatric Cancer Research Fund Part-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pensylvania Taxpayer Spouse Part-year residency dates: From [21] [23] Spouse	County of residence		[1]
Contributions Amount of contributions you wish to make to: Taxpayer Spouse Breast and Cervical Cancer [5] [6] Wild Resource Conservation Fund [7] [8] Military Family Relief Assistance [9] [10 Governor Robert P. Casey Memorial Organ/Tissue Trust Fund [11] [12] Juvenile (Type 1) Diabetes Cure Research Fund [13] [14] American Red Cross [17] [18] Pediatric Cancer Research Fund [19] [20 Part-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Spouse Part-year residency dates: From [21] [23] [23]	School district name		[2]
Contributions Amount of contributions you wish to make to: Taxpayer Spouse Breast and Cervical Cancer [5] [6] Wild Resource Conservation Fund [7] [8] Military Family Relief Assistance [9] [10 Governor Robert P. Casey Memorial Organ/Tissue Trust Fund [11] [12] Juvenile (Type 1) Diabetes Cure Research Fund [13] [14] American Red Cross [17] [18] Pediatric Cancer Research Fund [19] [20 Part-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Spouse Part-year residency dates: From [21] [23] [23]		_	
Contributions Amount of contributions you wish to make to: Taxpayer Spouse Breast and Cervical Cancer [5] [6] [6] Wild Resource Conservation Fund [7] [8] Military Family Relief Assistance [9] [10] Governor Robert P. Casey Memorial Organ/Tissue Trust Fund [11] [12] Juvenile (Type 1) Diabetes Cure Research Fund [13] [14] Children's Trust Fund [15] [16] American Red Cross [17] [18] Pediatric Cancer Research Fund [19] [20] Part-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Spouse Part-year residency dates: From [21] [23] [23]	Final ratura	Тах	
Amount of contributions you wish to make to: Taxpayer Spouse Breast and Cervical Cancer [5] [6] Wild Resource Conservation Fund [7] [8] Military Family Relief Assistance [9] [10 Governor Robert P. Casey Memorial Organ/Tissue Trust Fund [11] [12] Juvenile (Type 1) Diabetes Cure Research Fund [13] [14] Children's Trust Fund [15] [16] American Red Cross [17] [18] Pediatric Cancer Research Fund [19] [20] Part-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Spouse Part-year residency dates: From [21] [23]	rinarieturn	_	[3][4]
Breast and Cervical Cancer Wild Resource Conservation Fund Military Family Relief Assistance Governor Robert P. Casey Memorial Organ/Tissue Trust Fund Juvenile (Type 1) Diabetes Cure Research Fund Children's Trust Fund American Red Cross Pediatric Cancer Research Fund If you were a part-year resident uring the tax year, enter the dates you lived in Pennsylvania Taxpayer Part-year residency dates: From Taxpayer Spouse	Contribution	ons	
Breast and Cervical Cancer [5] [6] Wild Resource Conservation Fund [7] [8] Military Family Relief Assistance [9] [10 Governor Robert P. Casey Memorial Organ/Tissue Trust Fund [11] [12] Juvenile (Type 1) Diabetes Cure Research Fund [13] [14] Children's Trust Fund [15] [16] American Red Cross [17] [18] Pediatric Cancer Research Fund [19] [20 Part-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Spouse Part-year residency dates: From [21] [23]	Amount of contributions yo	ou wish to make to:	
Wild Resource Conservation Fund Military Family Relief Assistance Governor Robert P. Casey Memorial Organ/Tissue Trust Fund Juvenile (Type 1) Diabetes Cure Research Fund [11] [12] Juvenile (Type 1) Diabetes Cure Research Fund [13] [14] Children's Trust Fund American Red Cross [17] [18] Pediatric Cancer Research Fund [19] [20] Part-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Spouse Part-year residency dates: From [21] [23]		Taxpayer	Spouse
Military Family Relief Assistance Governor Robert P. Casey Memorial Organ/Tissue Trust Fund Juvenile (Type 1) Diabetes Cure Research Fund Children's Trust Fund American Red Cross Pediatric Cancer Research Fund Part-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Spouse Part-year residency dates: From [21] [23]	Breast and Cervical Cancer	[5]	[6]
Governor Robert P. Casey Memorial Organ/Tissue Trust Fund Juvenile (Type 1) Diabetes Cure Research Fund Children's Trust Fund American Red Cross Pediatric Cancer Research Fund Fart-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Spouse Part-year residency dates: From [21] [23]	Wild Resource Conservation Fund	[7]	[8]
Juvenile (Type 1) Diabetes Cure Research Fund Children's Trust Fund American Red Cross [15] [16] American Red Cross [17] [18] Pediatric Cancer Research Fund [19] [20] Part-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Part-year residency dates: From [21] [23]	Military Family Relief Assistance	[9]	[10]
Children's Trust Fund [15] [16] American Red Cross [17] [18] Pediatric Cancer Research Fund [19] [20] Part-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Spouse Part-year residency dates: From [21] [23]	Governor Robert P. Casey Memorial Organ/Tissue Trust Fund	[11]	[12]
American Red Cross Pediatric Cancer Research Fund Part-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Spouse Part-year residency dates: From [21] [23]	Juvenile (Type 1) Diabetes Cure Research Fund	[13]	[14]
Pediatric Cancer Research Fund Part-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Spouse Part-year residency dates: From [21] [23]	Children's Trust Fund	[15]	[16]
Part-year Resident Information If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Spouse Part-year residency dates: From [21] [23]	American Red Cross	[17]	[18]
If you were a part-year resident during the tax year, enter the dates you lived in Pennsylvania Taxpayer Spouse Part-year residency dates: From[21][23]	Pediatric Cancer Research Fund	[19]	[20]
Part-year residency dates: From Taxpayer Spouse [21] [23]	Part-year Resident	Information	
Part-year residency dates: From[21][23	-		sylvania
From[21][23			•
	Part-year residency dates:		
Te	From	[21]	[23]
[22][24	То	[22]	[24]

Form ID: RI Rhode Island Ge	eneral Information	
Enter city or town of legal residence		[1]
Use	Тах	
Purchases subject to use tax	_	[2]
Total sales tax paid to other states	-	[3]
Purchases subject to use tax is unknown except purchases over \$1000	(Use tax table based on federal AGI)	[4]
Purchases subject to use tax over \$1000:		_
Description	Purchases Subject to Use or sales Tax	Sales Tax Paid to Other State
	[5]	
Contrib	butions	
	e contributions you wish to make to:	
Mark to make an electoral system contribution (NOTE: This will NOT increase		[6]
If you wish for a portion of your electoral contribution to be paid to a		[7]
Charitable C	Contributions	
Drug Program Account		[8]
Mark if you wish to make an Olympic Contribution	_	[9]
Organ Transplant Fund	-	[10]
Council on the Arts	-	[11]
Nongame Wildlife Fund	_	[12]
Childhood Disease Victims' Fund Military Family Relief Fund	-	[13]
Military Family Relief Fund		[14]
Part-year Resid	dent Information	
Part-year residency dates:		
From		[15]
То		[16]
	Daliaf Claim	
Property Ta	x Relief Claim	
Mark if disabled and received social security disability payments during	g the tax year	[17]
Live in household or rent dwelling subject to property tax? (Y, N)		[18]
Current for property taxes and rent due for 2019 and all prior years (Y,	N)	[19]
Rent paid (Enter 100%) If renting, Landlord name:		[20]
Landlord Address:		[21] [22]
Landlord city, state and zip code	[23] [24]	
Landlord phone number:	[27]	[26]
NOTES/QUESTIONS:		

South Carolin	a General Information	
rtment of Revenue (Y, N) fund, select alternative method of aid Debit Card issued by Bank of America	receiving refund	[1][2][3][4]
Additions	and Subtractions	
ome lumber of days)		[5][6][7][8][9]
Volunteer De	duction Codes	
1 = Volunteer De 1 = Volunteer Firefighter 2 = HAZMAT team member 3 = Rescue Squad worker 4 = DNR officer	5 = Reserve Police officer 6 = State Guard member 7 = State Constable	
Part-year Resident	and Nonresident Information	1
ere a part-year resident during th	e tax year, enter the dates you lived	in South Carolina
Con	tributions	
Amount of contrib	utions you wish to make to:	
Fund rust Fund gram ogram		[12] [13] [14] [15] [16] [17] [18] [19] [20] [21] [22] [23] [24] [25]
	rtment of Revenue (Y, N) fund, select alternative method of aid Debit Card issued by Bank of America Additions Ome Iumber of days) Volunteer De 1 = Volunteer Firefighter 2 = HAZMAT team member 3 = Rescue Squad worker 4 = DNR officer Part-year Resident arere a part-year resident during the ere a part-year resident during the ere at p	Additions and Subtractions Additions and Subtractions Molunteer Deduction Codes 1 = Volunteer Firefighter

Form ID: TN Tennessee 0	General Information	
County City		[1] [2]
Account number		[3]
Mark if quadriplegic	Taxpayer [4]	Spouse [5]

Form ID: UT Utah	General Information
If you were a part-year resident	during the tax year, enter the dates you lived in Utah
Part-year residency dates: From To State of residency (Nonresidents)	[1] [2] [3]
	Use Tax
	County/City Purchases
Use tax	[4]
	Contributions
	haritable contributions you wish to make to: tical Contributions
Election campaign fund	Taxpayer Spouse [5] [6]
Enter the appropriate code for the political party from the list	<u> </u>
	Political Party
C = Constitutio D = Democratio G = Green M = Independe	
Making a selection from this list will designate \$2 to the party	of your choice. Your refund or amount of tax due will not be affected
Chari	table Contributions
Pamela Atkinson Homeless Trust Account Kurt Oscarson Children's Organ Transplant Account School district code School District and Nonprofit School District Foundation	[7] [8] [9] [10]
Se	chool district code
01 = Alpine 07 = Davis 13 = Iron 19 = Morgan 02 = Beaver 08 = Duchesned = Jordan 20 = Murray 03 = Box Elder 09 = Emery 15 = Juab 21 = Nebo 04 = Cache 10 = Garfield 16 = Kane 22 = North Sanp 05 = Carbon 11 = Grand 17 = Logan 23 = North Sumr 06 = Daggett 12 = Granite 18 = Millard 24 = Ogden	25 = Park City 31 = Sevier 37 = Wasatch 26 = Piute 32 = S. Sanpete 38 = Washington 27 = Provo 33 = S. Summit 39 = Wayne ete 28 = Rich 34 = Tintic 40 = Weber nit 29 = Salt Lake City 35 = Tooele 41 = Utah Assistive Technology 30 = San Juan 36 = Uintah 42 = Canyons
Clean Air Fund	[11]

Governor's Suicide Prevention Fund

_[12]

Form ID: VT Vermont	General Information
School district name	[1]
School district code	[2]
Contrib	utions and Use Tax
	Use Tax
Calculate use tax using the reporting table	[3]
Total out-of-state purchases for items that cost less than \$1,000	[4]
Total out-of-state purchases for items that cost \$1,000 or more	[5]
Sales tax paid on out-of-state purchases	[6]
C	ontributions
	e contributions you wish to make to:
Nongame Wildlife Fund	[7]
Children's Trust Fund	[8]
Vermont Veterans' Fund	[5] [9]
Green Up Day Vermont	[10]
Part-year Residen	t and Nonresident Information
If you were a part-year resident dur	ing the tax year, enter the dates you lived in Vermont
Part-year residency dates:	
From	[11]
То	[12]
Other state of residency	[13]
Proper	ty Tax Information
Н	omeowners
Anticipate selling Vermont housesite on or before April 1st	[14]
SPAN number from 2019/2020 property tax bill	[15]
Housesite value	[16]
Housesite education tax	[17]
Housesite municipal tax	[18]
Ownership percentage of property	[19]
Mobile home lot rent	[20]
	Renters
Rent paid	
nent paid	[21]

Form ID: VA	rginia Genera	l Information		
Virginia city or county of residence on January 1, 2020; I Mark to indicate name has changed from last year (Reside Mark to indicate filing status has changed from last year Mark to indicate address has changed from last year (Res Mark to indicate that a Virginia return was not filed last	ent and nonresident or (Resident only) ident and nonresident	nly)		[1] [2] [3] [4] [5]
	Use Tax			
Consumer's Use Tax				[6]
	Contribu	tions		
		ons you wish to make to:	_	
If you contributed to a public school	-		mation to your acco	
Virginia Nongame and Endangered Wildlife Program	[7]	Spay and Neuter Fund		[14]
Virginia Housing Program	[8]	Virginia Cancer Centers		[15]
Department for Aging and Rehabilitative Services	[9]	Federation of Food Bank		[16]
Virginia Arts Foundation Open Space Recreation and Conservation	[10]	Chesapeake Bay Restora Family and Children's Tr		[17]
Children of America Finding Hope	[11]	Virginia's State Forests F		[18]
Virginia Federation of Humane Societies	[12] [13]	Virginia Salate Forests F Virginia Military Family F		[19] [20]
Part	t-year Reside	nt Information		
If you were a part-year resid	dent during the t	ax year, enter the dates	you lived in Virginia	
Part-year residency dates:			Spouse	Taxpayer
From			[21]	[23]
То		_	[22]	[24]
r	Nonresident I	nformation		
State of residence (Nonresidents only)				[25]

Form ID: WV West Virginia G	General Information	
County of residence Notice received for mandatory electronic payments		[1]
Notice received for mandatory electronic payments		[2]
Us	е Тах	
Purchases		[3]
	Municipality	Purchases
Municipality purchases Municipality purchases		[4]
	ibutions	
Amount of contribute West Virginia Children's Trust Fund	ions you wish to make to:	[5]
<u> </u>		
Part-year Resident an	d Nonresident Information	
Part-year residency status		[6]
1 = Moved into West Virginia		
 2 = Moved out of West Virginia with West Virginia source income during period of nonres 3 = Moved out of West Virginia with no West Virginia source income during period of non 		
If you were a part-year resident during the	tax year, enter the dates you lived in W	est Virginia/
Part-year residency dates: From		[7]
То		[8]
State of residence		[9]
If state of residence is Virginia or Pennsylvania, enter number of da	ys in West Virginia (Nonresidents only)	[10]

Form ID: WI Wisconsin Ger	eral Information
City of residence Village of residence Town of residence County of residence School district Mark if divorce decree Enter rent paid: Heat included Heat not included	[1] [2] [3] [4] [5] [6] [7] [8]
Use	Тах
Mark if not subject to Use Tax Sales and use tax on out-of-state purchases Sales and use tax on out-of-state purchases Sales and use tax on out-of-state purchases	ounty Purchases [10]
Contri	outions
Cancer research Endangered resources Military family relief Multiple sclerosis Amount of charitable control [11] [12] [13] [14]	Second Harvest / Feeding America [16]
Part-year Resident and	Nonresident Information
Residency code Resider Blank = Both spouses have the same residency status (De 1 = Taxpayer nonresident, spouse resident 2 = Taxpayer resident, spouse nonresident 3 = Taxpayer part-year, spouse nonresident	cy code fault) 4 = Taxpayer nonresident, spouse part-year 5 = Taxpayer resident, spouse part-year 6 = Taxpayer part-year, spouse resident
If you were a part-year resident during the	tax year, enter the dates you lived in Wisconsin
Part-year residency dates: From To State of residency (Nonresidents only) Country of residency (Nonresidents only) Nonresident aliens: Taxpayer or Spouse is a U.S. citizen or a resident alien Resident of: IL[2]	Taxpayer Spouse [20] [22] [21] [23] [24] [25] [26] [27] 9] IN [30] KY [31] MI [32]