

Shippen, Pope & Associates, PLLC  
200 E 16th St Ste 200  
Yuma, AZ 85364

CLIENT NAME  
CLIENT ADDRESS

Shippen, Pope & Associates, PLLC  
200 E 16th St Ste 200  
Yuma, AZ 85364

CLIENT NAME

Dear Client:

The 2020 Tax Organizer will assist you in collecting and reporting information necessary for us to properly prepare your 2020 income tax return. Please complete the organizer sections as appropriate and provide supporting documentation where necessary. Prior year data is included on the organizer sections for your reference.

Please provide us with the following additional information:

- A copy of your 2019 tax return, if not prepared by this office
- Form(s) W-2 (wages, etc.)
- Form(s) 1099 (interest, dividends, etc.)
- Schedule(s) K-1 (income/loss from partnerships, S corporations, etc.)
- Form(s) 1098 (mortgage interest) and property tax statements
- Brokerage statements from stock, bond or other investment transactions
- Closing statements pertaining to real estate transactions
- Form(s) 1099-K (Merchant Card and Third Party Network Payments)
- All other supporting documents (schedules, checkbooks, etc.)
- Any tax notices received from the IRS or other taxing authorities

Thank you for your help in the completion of the Tax Organizer. Please contact us if you need further assistance.

Sincerely,

Rex A. Pope

|      |      |    |                    |   |
|------|------|----|--------------------|---|
| 2020 | 1040 | US | Client Information | 1 |
|------|------|----|--------------------|---|

**Shippen, Pope & Associates, PLLC**  
 200 E 16th St Ste 200  
 Yuma, AZ 85364  
 Telephone number: (928) 726-9470  
 Fax number: (928) 726-9400  
 E-mail address: plan@yumacpa.com

**Tax Return Appointment**

Date:  
 Time:  
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2020 tax return. Please add, change, or delete information as appropriate.

**CLIENT INFORMATION**

|                 |  |  |
|-----------------|--|--|
| Filing Status   | Filing status (table) .....                                    |  |
|                 | 1=married filing separate and lived with spouse .....          |  |
|                 | Year spouse died, if qualifying widow(er) (2018 or 2019) ..... |  |
| Taxpayer        | First name and initial .....                                   |  |
|                 | Last name .....  |  |
|                 | Title/suffix .....   |  |
|                 | Social security number .....                                   |  |
|                 | Occupation .....   |  |
|                 | Date of birth (m/d/y) .....                                    |  |
|                 | Date of death (m/d/y) .....                                    |  |
|                 | 1=blind .....  |  |
| Spouse          | First name and initial .....                                   |  |
|                 | Last name .....  |  |
|                 | Title/suffix .....   |  |
|                 | Social security number .....                                   |  |
|                 | Occupation .....   |  |
|                 | Date of birth (m/d/y) .....                                    |  |
|                 | Date of death (m/d/y) .....                                    |  |
|                 | 1=blind .....  |  |
| Address         | In care of .....   |  |
|                 | Street address .....   |  |
|                 | Apartment number .....   |  |
|                 | City .....   |  |
|                 | State .....  |  |
|                 | ZIP code .....   |  |
| Foreign Address | Region .....   |  |
|                 | Postal code .....  |  |
|                 | Country .....  |  |

**Filing Status**

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying widow(er)

Please add, change or delete information for 2020.

**CLIENT INFORMATION**

|                                    |  |  |  |
|------------------------------------|--|--|--|
| Taxpayer<br>Contact<br>Information | Home phone.....<br>Work phone.....<br>Work extension.....<br>Daytime phone (table).....<br>Mobile phone.....<br>Fax number.....<br>E-mail address..... |  | <b>Daytime Phone</b><br><br>1 = Work<br>2 = Home<br>3 = Mobile |
| Spouse<br>Contact<br>Information   | Home phone.....<br>Work phone.....<br>Work extension.....<br>Daytime phone (table).....<br>Mobile phone.....<br>Fax number.....<br>E-mail address..... |  |  |
| Taxpayer<br>Authentication         | Driver's license no.....<br>Driver's license state.....<br>Issue date (m/d/y).....<br>Expiration date (m/d/y).....<br>Theft protection PIN.....        |  |  |
| Spouse<br>Authentication           | Driver's license no.....<br>Driver's license state.....<br>Issue date (m/d/y).....<br>Expiration date (m/d/y).....<br>Theft protection PIN.....        |  |  |

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**Miscellaneous Questions**

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

**PERSONAL INFORMATION**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did your marital status change during the year?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your address change during the year?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Could you be claimed as a dependent on another person's tax return for 2020? |

**DEPENDENTS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any changes in dependents?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2020?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200? |

**HEALTH CARE COVERAGE**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), if so, please attach. |
|--------------------------|--------------------------|--|

**INCOME**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive unreported tip income of \$20 or more in any month?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive any disability income?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any foreign income or pay any foreign taxes?  |

**PURCHASES, SALES AND DEBT**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? |
|--------------------------|--------------------------|---|

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**Miscellaneous Questions**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you buy or sell any stocks, bonds or other investment property in 2020?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2021?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you purchase a home in 2020 and you were overseas on official extended duty?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any debts cancelled or forgiven?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does anyone owe you money which has become uncollectible?   |

**RETIREMENT PLANS**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan?            |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2020?              |

**EDUCATION**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |

**ITEMIZED DEDUCTIONS**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
|--------------------------|--------------------------|---|

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**Miscellaneous Questions**

- Did you work out of town for part of the year?
- Did you use your car on the job (other than to and from work)?

**ESTIMATED TAXES**

- Did you apply an overpayment of 2019 taxes to your 2020 estimated tax (instead of being refunded)?
- If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)?
- Do you expect your 2021 taxable income and withholdings to be different from 2020?

**MISCELLANEOUS**

- Do you want to electronically file your tax return?
- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?
- Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?
- Was your home rented out or used for business?
- Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
- Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
- Did you engage the services of any household employees?

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**Miscellaneous Questions**

- Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
- Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?
- Did your bank account information change within the last twelve months?
- Did you receive, sell, send, exchange or otherwise acquire any financial interest in virtual currency?

**CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT  
(CARES ACT)**

- Did you receive an economic impact payment? If so, how much?
- Did your business have any PPP loan amounts forgiven?
- Did you receive a distribution from your retirement plan because of COVID?



Please enter all pertinent 2020 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1=direct deposit of federal tax refund into bank account ..... |  |  |  |  |  |
| 1=electronic payment of balance due .....                      |  |  |  |  |  |
| 1=electronic payment of estimated tax .....                    |  |  |  |  |  |
| 1=state direct deposit .....                                   |  |  |  |  |  |
| 1=state electronic payment of balance due .....                |  |  |  |  |  |

**BANK INFORMATION**

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|--------------|----------------------------|----------------|----------------|---------------------------|---------------------------|
|              |                            |                |                |                           |                           |
|              |                            |                |                |                           |                           |
|              |                            |                |                |                           |                           |

**2020 ESTIMATED TAX / 1040-ES (6)**

**Federal**

|  | Amount Paid | Date Paid | TS | 2020 Voucher Amount |
|--|-------------|-----------|----|---------------------|
| Overpayment applied from 2019 .....        |             |           |    |                     |
| 1st quarter payment .....                  |             |           |    |                     |
| 2nd quarter payment .....                  |             |           |    |                     |
| 3rd quarter payment .....                  |             |           |    |                     |
| 4th quarter payment .....                  |             |           |    |                     |
| Additional Estimated Tax Payments          |             |           |    |                     |
| Paid with extension .....                  |             |           |    |                     |
| Former spouse SSN if joint estimates ..... |             |           |    |                     |

**State**

|                                     | Amount Paid | Date Paid | TS | 2020 Voucher Amount |
|-------------------------------------|-------------|-----------|----|---------------------|
| Overpayment applied from 2019 ..... |             |           |    |                     |
| 1st quarter payment .....           |             |           |    |                     |
| 2nd quarter payment .....           |             |           |    |                     |
| 3rd quarter payment .....           |             |           |    |                     |
| 4th quarter payment .....           |             |           |    |                     |
| Additional Estimated Tax Payments   |             |           |    |                     |
| Paid with extension .....           |             |           |    |                     |

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

|                                       |  |
|---------------------------------------|--|
| 1 = Checking or savings (default)     | 6 = Coverdell savings account (ESA)      |
| 2 = Taxpayer's IRA (next year limits) | 7 = Other                                |
| 3 = Spouse's IRA (next year limits)   | 8 = Taxpayer's IRA (current year limits) |
| 4 = Health savings account (HSA)      | 9 = Spouse's IRA (current year limits)   |
| 5 = Archer MSA                        |  |

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2020 information.

APPLICATION OF 2020 OVERPAYMENT (7.1)

If you have an overpayment of 2020 taxes, do you want the excess refunded?  or applied to 2021 estimate?

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2021 ESTIMATED TAX INFORMATION

Do you expect your 2021 taxable income to be different from 2020? ..... Yes  No   
If "yes" explain any differences in income, deductions, dependents, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you expect your 2021 withholding to be different from 2020? ..... Yes  No   
If "yes" explain any differences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.1

|             |             |           |   |                       |
|-------------|-------------|-----------|---|-----------------------|
| <b>2020</b> | <b>1040</b> | <b>US</b> | <b>Wages, Pensions, Gambling Winnings</b> | <b>10, 13.1, 13.2</b> |
|-------------|-------------|-----------|---|-----------------------|

Please enter all pertinent 2020 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

**WAGES, SALARIES, TIPS (10)**

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) |  | Wages, Tips, Other Compensation (Box 1) | Tax Withheld    |                         |                  |                |                | Wages |
|-----|--------------------------|----------------------------|--|---|-----------------|-------------------------|------------------|----------------|----------------|-------|
|     |                          | 1=spouse                   |  |   | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) |       |
|     |                          |                            |  |   |                 |                         |                  |                |                |       |
|     |                          |                            |  |   |                 |                         |                  |                |                |       |
|     |                          |                            |  |   |                 |                         |                  |                |                |       |
|     |                          |                            |  |   |                 |                         |                  |                |                |       |
|     |                          |                            |  |   |                 |                         |                  |                |                |       |

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

| No. | Name of Payer | Distribution code #2 |  | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld    |                | Value of all IRAs at 12/31/20 | Distribution |
|-----|---------------|----------------------|--|----------------------------|-------------------------|-----------------|----------------|-------------------------------|--------------|
|     |               | Distribution code #1 |  |                            |                         | Federal (Box 4) | State (Box 12) |                               |              |
|     |               | 1=IRA/SEP/SIMPLE     |  |                            |                         |                 |                |                               |              |
|     |               |                      |  |                            |                         |                 |                |                               |              |
|     |               |                      |  |                            |                         |                 |                |                               |              |
|     |               |                      |  |                            |                         |                 |                |                               |              |
|     |               |                      |  |                            |                         |                 |                |                               |              |
|     |               |                      |  |                            |                         |                 |                |                               |              |
|     |               |                      |  |                            |                         |                 |                |                               |              |

**GAMBLING WINNINGS (W-2G) (13.2)**

| No. | Name of Payer | 1=spouse | Gross Winnings (Box 1) | Tax Withheld    |                |                | Winnings |
|-----|---------------|----------|------------------------|-----------------|----------------|----------------|----------|
|     |               |          |                        | Federal (Box 4) | State (Box 15) | Local (Box 17) |          |
|     |               |          |                        |                 |                |                |          |
|     |               |          |                        |                 |                |                |          |
|     |               |          |                        |                 |                |                |          |

**GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)**

|  |             |    |             |  |
|--|-------------|----|-------------|--|
|  | 2020 Amount | TS | 2019 Amount |  |
| Total gambling losses .....              |             |    |             |  |
| Winnings not reported on Form W-2G ..... |             |    |             |  |

**10, 13.1, 13.2**

|             |             |           |                                       |               |
|-------------|-------------|-----------|---------------------------------------|---------------|
| <b>2020</b> | <b>1040</b> | <b>US</b> | <b>Interest &amp; Dividend Income</b> | <b>11, 12</b> |
|-------------|-------------|-----------|---------------------------------------|---------------|

Please enter all pertinent 2020 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.  
Last year's amounts are provided for your reference.

**INTEREST INCOME (11)**

| No. | Name of Payer<br>(also enter SSN & address<br>for seller-financed mortgage) | 1=taxpayer<br>2=spouse | Interest Income                       |                                     |                                   | Tax-Exempt Interest         |                                | Early<br>Withdrawal<br>Penalty<br>(Box 2) | Interest |
|-----|---|------------------------|---------------------------------------|-------------------------------------|-----------------------------------|-----------------------------|--------------------------------|---|----------|
|     |   |                        | Banks,<br>S&Ls, C/Us,<br>etc. (Box 1) | Seller-<br>Financed<br>Mtg. (Box 1) | U.S. Bonds,<br>T-Bills<br>(Box 3) | Total<br>Municipal<br>Bonds | In-state<br>Municipal<br>Bonds |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |
|     |   |                        |                                       |                                     |                                   |                             |                                |   |          |

**DIVIDEND INCOME (12)**

| No. | Name of Payer | 1=taxpayer<br>2=spouse | Dividend Income                         |                                    |  |                               |                           | Tax-Exempt Interest         |                                       | Foreign<br>Tax Paid<br>(Box 7) | 2019<br>Dividends |
|-----|---------------|------------------------|---|------------------------------------|--|-------------------------------|---------------------------|-----------------------------|---------------------------------------|--------------------------------|-------------------|
|     |               |                        | Total Ordinary<br>Dividends<br>(Box 1a) | Qualified<br>Dividends<br>(Box 1b) | Total Capital<br>Gain Distrib.<br>(Box 2a) | SubSection<br>199A<br>(Box 5) | U.S. Bonds<br>(% or amt.) | Total<br>Municipal<br>Bonds | In-state<br>Muni-bonds<br>(% or amt.) |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |
|     |               |                        |   |                                    |  |                               |                           |                             |                                       |                                |                   |

Please enter all pertinent 2020 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

**MISCELLANEOUS INCOME**

|   | 2020 Amount |        | 2019 Amount |        |
|---|-------------|--------|-------------|--------|
|   | Taxpayer    | Spouse | Taxpayer    | Spouse |
| Social security benefits (SSA-1099, box 5) .....      |             |        |             |        |
| Medicare premiums paid (SSA-1099) .....               |             |        |             |        |
| 1=treat Medicare premiums paid as SE health ins. .... |             |        |             |        |
| Tier 1 RR retirement benefits (RRB-1099, box 5) ....  |             |        |             |        |
| 1=lump-sum election for SS benefits .....             |             |        |             |        |
| Alimony received .....                                |             |        |             |        |
| Taxable scholarships and fellowships .....            |             |        |             |        |
| Jury duty pay .....                                   |             |        |             |        |
| Household employee income not on W-2 .....            |             |        |             |        |
| Excess minister's allowance .....                     |             |        |             |        |
| Alaska permanent fund dividends .....                 |             |        |             |        |
| Income from rental of personal property .....         |             |        |             |        |
| Income subject to S/E tax:                            |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| Other income (1099-MISC, box 3, 8)                    |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |
| _____   |             |        |             |        |

**TAX WITHHELD** (not entered elsewhere)

|                                   |  |  |  |  |
|-----------------------------------|--|--|--|--|
| Federal income tax withheld ..... |  |  |  |  |
| State income tax withheld .....   |  |  |  |  |
| Local income tax withheld .....   |  |  |  |  |

**Please enter all pertinent 2020 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

**MEDICAL AND DENTAL EXPENSES**

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

|  | 2020 Amount | TS | 2019 Amount |
|--|-------------|----|-------------|
| Prescription medicines and drugs .....   |             |    |             |
| Doctors, dentists and nurses .....   |             |    |             |
| Hospitals and nursing homes .....  |             |    |             |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .. |             |    |             |
| Long-term care premiums - taxpayer .....   |             |    |             |
| Long-term care premiums - spouse .....   |             |    |             |
| Insurance reimbursement (enter as a positive number) .....                                 |             |    |             |
| Lodging and transportation:  |             |    |             |
| Out-of-pocket expenses .....   |             |    |             |
| Medical miles driven .....   |             |    |             |
| Other medical and dental expenses:   |             |    |             |
| _____  |             |    |             |
| _____  |             |    |             |
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**TAXES PAID** (State and local withholding and 2020 estimates are automatic.)

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|--|--|--|--|
| State income taxes - 1/20 payment on 2019 state estimate .....           |  |  |  |
| State income taxes - paid with 2019 state return extension .....         |  |  |  |
| State income taxes - paid with 2019 state return .....                   |  |  |  |
| State income taxes - paid for prior years and/or to other state .....    |  |  |  |
| City/local income taxes - 1/20 payment on 2019 city/local estimate ..... |  |  |  |
| City/local income taxes - paid with 2019 city/local extension .....      |  |  |  |
| City/local income taxes - paid with 2019 city/local return .....         |  |  |  |

**SALES AND USE TAXES PAID**

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| State and local sales taxes (except autos and special items) ..... |  |  |  |
| Use taxes paid on 2020 purchases .....                             |  |  |  |
| Use taxes paid with 2019 state return .....                        |  |  |  |
| Sales tax on autos not included above .....                        |  |  |  |
| Sales tax on boats, aircraft, other special items .....            |  |  |  |

**OTHER TAXES PAID**

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| Real estate taxes - principal residence:   |  |  |  |
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| Real estate taxes - held for investment :  |  |  |  |
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| Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ... |  |  |  |
| Foreign income taxes .....   |  |  |  |
| Other taxes:   |  |  |  |
| _____  |  |  |  |

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2020 Amount

TS

2019 Amount

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Includes lines for reporting mortgage interest and points.

Home mortgage interest not reported on Form 1098:

Form for reporting home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Row for Amount paid.

Points not reported on Form 1098:

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows for reporting points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . . .

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows for reporting investment interest.

Passive interest . . . . .

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Row for passive interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows for reporting cash or check contributions to churches, schools, hospitals, and other charitable organizations.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: 2020 Amount, TS, 2019 Amount. Rows for reporting cash or check contributions to veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**NONCASH CONTRIBUTIONS**

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in *good* used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

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| 2020 Amount | TS | 2019 Amount |
|-------------|----|-------------|
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30% limitation (see above):

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30% capital gain property (gifts of capital gain property to 50% limit orgs.):

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20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

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**STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT** (subject to 2% AGI limit)

Union and professional dues .....

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Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

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Investment expense:

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Tax return preparation fee .....

Safe deposit box rental .....

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Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

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