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O
M** Tracey Peters CPA, LLC
4833 Ellicott Woods Lane
Ellicott City, MD 21043

2020 TAX ORGANIZER

**T
O** Client

This tax organizer has been prepared for your use in gathering the information needed for your 2020 tax return.

To save you time, selected information from your 2019 tax return has been entered in this organizer. Please line through any information that does not apply to your 2020 tax return.

In some cases, 2019 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER



2020

Personal Information

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Taxpayer:

First Name and Initial _____		Last Name _____		Social Security Number _____	
Occupation _____		Date of Birth (Mo/Da/Yr) _____	Date of Death (Mo/Da/Yr) _____		
Driver's License or State-Issued ID Number _____		Expiration Date (Mo/Da/Yr) _____	Issue Date (Mo/Da/Yr) _____	State _____	<input type="checkbox"/> Does not expire
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification			

Spouse:

First Name and Initial _____		Last Name _____		Social Security Number _____	
Occupation _____		Date of Birth (Mo/Da/Yr) _____	Date of Death (Mo/Da/Yr) _____		
Driver's License or State-Issued ID Number _____		Expiration Date (Mo/Da/Yr) _____	Issue Date (Mo/Da/Yr) _____	State _____	<input type="checkbox"/> Does not expire
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification			

Contact Information:

Street Address _____		Apartment Number _____	
City _____		ZIP or Postal Code _____	
Foreign Province or County _____			
Foreign Country _____			
Taxpayer Daytime/Work Phone _____	Taxpayer Evening/Home Phone _____	Taxpayer Foreign Phone _____	
Taxpayer Cell Phone _____	Taxpayer Fax Number _____		
Spouse Daytime/Work Phone _____	Spouse Evening/Home Phone _____	Spouse Foreign Phone _____	
Spouse Cell Phone _____	Spouse Fax Number _____		
Taxpayer Email Address _____			
Spouse Email Address _____			
Preferred Method of Contact _____			

May the IRS or other taxing authority discuss the return with the preparer?

Is the taxpayer claimed as a dependent on someone else's tax return?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you considered legally blind per IRS regulations?

Do you want to contribute to the Presidential Election Campaign Fund?

Are you a U.S. citizen or Green Card holder?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options

000131 04-01-20

Forms 1, 1A and 2



2020

Dependents and Wages

3A

Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,300?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



2020

Electronic Filing

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Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return ☐

Do not electronically file the state return(s) ☐

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer

Spouse

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN

Spouse PIN



2020

Direct Deposit and Withdrawal**4A****Direct Deposit and Electronic Funds Withdrawal Account Information:**

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2019, your account information may already be included below.

	Yes	No
Would you like any refunds owed to you directly deposited?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due?		
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)		
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due?		
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your federal return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?	<input type="checkbox"/>	<input type="checkbox"/>

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐

	Yes	No
Would you like any refunds owed to you directly deposited?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due?		
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)		
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due?		
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your federal return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?	<input type="checkbox"/>	<input type="checkbox"/>

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: ☐ Checking ☐ Traditional Savings ☐ IRA Savings
☐ Archer MSA Savings ☐ Coverdell Ed. Savings ☐ HSA Savings

Is this a business account? ☐ Yes ☐ No

Account owner ☐ Taxpayer ☐ Spouse ☐ Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct. ☐



2020

U.S. Series I Savings Bonds Purchase

4B

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two other individuals, in \$50 increments.

Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds?

Yes

No

If Yes, provide the information requested for each type of bond you want to purchase using your refund.

If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide the name of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of the bond, if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to be purchased.

Joint:

Co-owner name

Beneficiary name

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, the spouse's name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the savings bond information should be entered in the taxpayer, spouse, or other owner areas below.

Taxpayer:

Co-owner name

Beneficiary name

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Spouse:

Co-owner name

Beneficiary name

Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds

Bond purchases for someone other than the taxpayer or spouse:

Taxpayer name

Co-owner name

Beneficiary name

Amount of purchase

Taxpayer name

Co-owner name

Beneficiary name

Amount of purchase



5A

Include copies of all Forms 1099-INT or other documents for interest received

Total

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2020 Interest Amount	2019 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

**Worksheet: Interest
Form IRS-1099INT**



2020

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
Total					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds Both

Code	Tax-Exempt Interest	2019 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
Total		

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



2020

Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ
Title of filer
Enter all countries where you have foreign bank accounts

Foreign Identification:

Passport
Foreign TIN
If not passport or TIN, enter description
Number
Country of issue

Yes	No

Information on Foreign Financial Accounts:

		1 - Bank Account 2 - Securities Account 3 - Other					
Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name			
A							
B							
Street Address		City					
A							
B							
State		ZIP/Postal Code	Country	GIIN			
A							
B							
If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.							
Type: A - Employer Identification No. (EIN) B - SSN or ITIN C - Foreign							
Last Name or Organization Name		First Name	Middle Initial	Suffix	Taxpayer ID Number		
A							
B							
# of Joint Owners	Street Address		City				
A							
B							
1 - No financial interest 2A - Joint - spouse is joint owner 2B - Joint - other joint owner 3 - Consolidated							
State		ZIP/Postal Code	Country	Owner-ship Code	Filer's Title		
A							
B							
1 - Deposit 2 - Custodial							
Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							



2020

Brokerage Statement Details

5EA

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
N								
O								
P								
Q								
R								
S								
T								

▲
Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-MISC, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

	Yes	No
Mutual fund transactions		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Securities which became worthless		

	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A								
B								
C								
D								

Other Income:

Nature and Source	2020 Amount	2019 Amount

Other Adjustments to Income:

Nature and Source	2020 Amount	2019 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

Paid To	2020 Amount	2019 Amount

Foreign Bank Accounts and Trusts:

At any time during 2020, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

YesNo

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it?



2020

Business Income and Cost of Goods Sold

6

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
Employer ID number _____
Street address _____
City, state, ZIP or postal code, and country _____
Method of inventory _____
Method of accounting _____

Business Questions for 2020:

	Yes	No
Did you dispose of this business? _____	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what was the disposition date? _____ (Mo/Da/Yr) _____		
Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you involved in the operations of this business on a regular, continuous and substantial basis? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you prepared or will you prepare all required Forms 1099? _____	<input type="checkbox"/>	<input type="checkbox"/>

	2020 Amount	2019 Amount
Health insurance premiums paid for yourself and your dependents _____		

Income:

Payment card and third party transactions: Include all Forms 1099-K

Description	2020 Amount	2019 Amount

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

Other Income:

Other gross receipts or sales _____		
Less returns and allowances _____		

Cost of Goods Sold:

	2020 Amount	2019 Amount
Beginning inventory _____		
Purchases less cost of items withdrawn for personal use _____		
Cost of labor (do not include amounts paid to yourself) _____		
Materials and supplies _____		
Other costs of goods sold: _____		

Description	2020 Amount	2019 Amount
Ending inventory _____		



6A

Principal Business or Profession: . . . _____

[illegible][illegible]

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2020

**Business Expenses - Vehicle and
Other Listed Property****6B**

Name of Business:

Principal Business or Profession:

Listed Property Questions for 2020:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

	Vehicle 1
Description of vehicle	
Date placed in service .. (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your vehicle available for use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mileage:

	2020 Miles	2019 Miles
Total miles		
Total business miles		
Total commuting miles for the year ..		

Actual Expenses:

	2020 Amount	2019 Amount
Gasoline, oil, repairs, insurance, etc ..		
Interest		
Taxes		
Fair market value of leased vehicle ..		
Vehicle rentals/leases		

	Vehicle 2
Description of vehicle	
Date placed in service .. (Mo/Da/Yr)	
Do you (or your spouse) have another vehicle available for your personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your vehicle available for use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	2020 Miles	2019 Miles
Total miles		
Total business miles		
Total commuting miles for the year ..		

	2020 Amount	2019 Amount
Gasoline, oil, repairs, insurance, etc ..		
Interest		
Taxes		
Fair market value of leased vehicle ..		
Vehicle rentals/leases		



2020

Business Expenses

6C

Name of Business: _____
Principal Business or Profession: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, please enter the percentage to apply to this business _____ %

	2020 Amount	2019 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		

Other Business Expenses:

Description	2020 Amount	2019 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2020 Amount	2019 Amount
Amount received for other expenses		
Amount received for meals		
Amount received for entertainment		

If you are a statutory employee, does your employer's reimbursement plan for meals

and entertainment allow for offset of other reimbursements?

☐ Yes ☐ No

Vehicle:

If not 100%, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?

☐ Yes ☐ No

Was your vehicle available for personal use during your duty hours?

☐ Yes ☐ No

	2020	2019
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2020 Amount	2019 Amount



2020

Business Use of Home**6D**

Name of Business:

Principal Business or Profession:

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2020	2019

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Sales of Stocks, Securities, Capital Assets & Installment Sales

7

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

Mutual fund transactions
Exchange of any securities or investments for something other than cash
Sales of inherited property
Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days
before or 30 days after the sale
Commodity sales, short sales or straddles
Reinvestment of the proceeds of gains in a qualified opportunity fund
Sale of any investments in qualified opportunity funds
Debts that became uncollectible
Securities that became worthless
Sale of any property where you will receive payments in future years

Yes	No

TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				
E				
F				
G				
H				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				
E				
F				
G				
H				

Installment Sales: Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2020 Principal Received	2019 Principal Received



Sale of Your Home and Moving Expenses

8

Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ
Date acquired (Mo/Da/Yr)
Date sold (Mo/Da/Yr)
Selling price

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No
If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No
If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated

Moving Expenses:

TSJ

Were the moving expenses reimbursed by your employer? ☐ Yes ☐ No
Enter reimbursements not included in wages on your Form W-2

Was the move due to a permanent change of station pursuant to a military order? ☐ Yes ☐ No

Mileage:

Number of miles from old home to new workplace (applicable only on some state returns)
Number of miles from old home to old workplace (applicable only on some state returns)
Number of automobile miles in move

Miles

Transportation Expenses:

Costs of transportation of household goods and personal effects
Costs of travel and lodging (do not include meals or automobile expenses)
Automobile expenses (gasoline, oil, etc.)
Meals (Pennsylvania only)

Amount



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TS

Yes	No

If Yes, explain.

	Total retirement plans converted to Roth IRAs
Q1 2017	16
Q2 2017	18
Q3 2017	20
Q4 2017	22
Q1 2018	24
Q2 2018	26
Q3 2018	28
Q4 2018	30
Q1 2019	32
Q2 2019	34
Q3 2019	36
Q4 2019	38
Q1 2020	40
Q2 2020	42
Q3 2020	44
Q4 2020	46
Q1 2021	48
Q2 2021	50
Q3 2021	52
Q4 2021	54
Q1 2022	56
Q2 2022	58
Q3 2022	60
Q4 2022	62
Q1 2023	64
Q2 2023	66
Q3 2023	68
Q4 2023	70
Q1 2024	72
Q2 2024	74
Q3 2024	76
Q4 2024	78
Q1 2025	80
Q2 2025	82
Q3 2025	84
Q4 2025	86
Q1 2026	88
Q2 2026	90
Q3 2026	92
Q4 2026	94
Q1 2027	96
Q2 2027	98
Q3 2027	100
Q4 2027	102
Q1 2028	104
Q2 2028	106
Q3 2028	108
Q4 2028	110
Q1 2029	112
Q2 2029	114
Q3 2029	116
Q4 2029	118
Q1 2030	120
Q2 2030	122
Q3 2030	124
Q4 2030	126
Q1 2031	128
Q2 2031	130
Q3 2031	132
Q4 2031	134
Q1 2032	136
Q2 2032	138
Q3 2032	140
Q4 2032	142
Q1 2033	144
Q2 2033	146
Q3 2033	148
Q4 2033	150
Q1 2034	152
Q2 2034	154
Q3 2034	156
Q4 2034	158
Q1 2035	160
Q2 2035	162
Q3 2035	164
Q4 2035	166
Q1 2036	168
Q2 2036	170
Q3 2036	172
Q4 2036	174
Q1 2037	176
Q2 2037	178
Q3 2037	180
Q4 2037	182
Q1 2038	184
Q2 2038	186
Q3 2038	188
Q4 2038	190
Q1 2039	192
Q2 2039	194
Q3 2039	196
Q4 2039	198
Q1 2040	200
Q2 2040	202
Q3 2040	204
Q4 2040	206
Q1 2041	208
Q2 2041	210
Q3 2041	212
Q4 2041	214
Q1 2042	216
Q2 2042	218
Q3 2042	220
Q4 2042	222
Q1 2043	224
Q2 2043	226
Q3 2043	228
Q4 2043	230
Q1 2044	232
Q2 2044	234
Q3 2044	236
Q4 2044	238
Q1 2045	240
Q2 2045	242
Q3 2045	244
Q4 2045	246
Q1 2046	248
Q2 2046	250
Q3 2046	252
Q4 2046	254
Q1 2047	256
Q2 2047	258
Q3 2047	260
Q4 2047	262
Q1 2048	264
Q2 2048	266
Q3 2048	268
Q4 2048	270
Q1 2049	272
Q2 2049	274
Q3 2049	276
Q4 2049	278
Q1 2050	280
Q2 2050	282
Q3 2050	284
Q4 2050	286
Q1 2051	288
Q2 2051	290
Q3 2051	292
Q4 2051	294
Q1 2052	296
Q2 2052	298
Q3 2052	300
Q4 2052	302
Q1 2053	304
Q2 2053	306
Q3 2053	308
Q4 2053	310
Q1 2054	312
Q2 2054	314
Q3 2054	316
Q4 2054	318
Q1 2055	320
Q2 2055	322
Q3 2055	324
Q4 2055	326
Q1 2056	328
Q2 2056	3

Contributions made for the 2020 tax year

Include Forms 1099-R and any nontaxable distribution details

[illegible]



Pension, Annuity and Retirement Plan Information

9A

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2020 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2019 Gross Distributions

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?

Do you want to contribute the maximum amount allowed?

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

Taxpayer

Yes

No

Spouse

Yes

No

2020 Amount

2020 Amount



2020

Rental and Royalty Income

10

Location of Property:

TSJ
Type of property

Have you prepared or will you prepare all required Forms 1099?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Ownership percentage if not 100%

How many days was this property rented at fair market value?

How many days was this property used personally (including use by family members)?

2020	2019

Income:

Rents received

Royalties received

2020 Amount	2019 Amount

Payment card and third party transactions: ☐ Include all Forms 1099-K

Description	2020 Amount	2019 Amount

Miscellaneous income: ☐ Include all Forms 1099-MISC

Description	2020 Amount	2019 Amount

Other income:

Description	2020 Amount	2019 Amount



Rental and Royalty Expenses

Location of Property: _____

Expenses:	2020 Amount	2019 Amount
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Dependent care benefits		
Employee benefits		
Other Expenses:		

Description	2020 Amount	2019 Amount



Miscellaneous Income, Adjustments and Alimony

13

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, and 1099-G

Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Unemployment compensation received				
Unemployment compensation repaid in 2020				
Social security benefits received				
Social security benefits repaid in 2020				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2020				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2020 Amount	2019 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security Number	Date of Original Divorce or Separation (Mo/Da/Yr)	Date Divorce or Separation Agreement Modified (Mo/Da/Yr)	Alimony Received?	2020 Amount	2019 Amount



2020

Miscellaneous Adjustments**13A****Educator Expenses:** **Deduction for amounts paid by educators of kindergarten through Grade 12**

TS	2020 Amount	2019 Amount

Health Savings Accounts (HSAs)

TS	Description	2020 Amount	2019 Amount
	Contributions made for 2020		
	Distributions received from all HSAs in 2020		

What type of coverage applies to your high deductible health plan? ☐ Self only ☐ Family

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

Other Adjustments to Income: **Include all Forms 1098-E for Student Loan Interest Paid**

TSJ	Nature and Source	2020 Amount	2019 Amount



2020

Itemized Deductions - Medical and Taxes

14

Medical and Dental Expenses:

Prescription medicines and drugs
Total medical insurance premiums paid *
Long-term care expenses
Total insurance reimbursement
Number of miles traveled for medical care
Lodging
Doctors, dentists, etc.
Hospitals
Lab fees
Eyeglasses and contacts

TSJ	2020 Amount	2019 Amount

Taxpayer long-term care insurance premiums paid
Spouse long-term care insurance premiums paid

2020 Amount	2019 Amount

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2020 Amount	2019 Amount

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes)
General sales taxes paid on specified items

TSJ	2020 Amount	2019 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2020 Amount	2019 Amount

Other Taxes Paid:

TSJ	Description	2020 Amount	2019 Amount

If you purchased or sold your home in 2020, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No



2020

Itemized Deductions - Mortgage Interest and Points**14A****Mortgage Questions for 2020:**

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.) . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? . . .		
Did you purchase a new home or sell your former home during the year? . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? . . .	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? . . .	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2020 Amount	2019 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2020 Amount	2019 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2020 Amount	2019 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2020 Amount	2019 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2020 Amount	2019 Amount



2020

Itemized Deductions - Contributions

15

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2020 Amount	2019 Amount

TSJ	Conservation Real Property	2020 Amount	2019 Amount
	100% limit		
	50% limit		

TSJ	Description	2020 Miles	2019 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling \$500 or Less: Include all documentation.

TSJ	Description of Donated Property	2020 Amount	2019 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A				
B				
C				

1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value
2 - Catalog 4 - Other (Describe)

1 - Gift 3 - Exchange
2 - Inheritance 4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



2020

Itemized Deductions - Business Use of Home**16A**

**These expenses are not deductible on the Federal return
but may be deductible on some state returns.**

Partial Use of Your Home for Business:

Square footage of home used exclusively for business
Total square footage of home
Total hours home was used for day care during the year

2020	2019

Was your home used for day care purposes for the entire year?
Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: **Enter all expenses at 100 percent**

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2020

Child/Dependent Care Expenses & Education Expenses

18

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled?

☐

Yes

☐

No

Did you pay an individual for services performed in your home?

☐

Yes

☐

No

Expenses incurred in 2019 but paid in 2020

Employer-provided dependent care benefits that were forfeited in 2020

2019 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name

Street address

City, state, ZIP or postal code, and country

Social security number OR

Employer identification number

Telephone number (California only)

2020 Amount

2019 Amount

Expenses incurred and paid in 2020

Expenses incurred and not paid in 2020

2020 Amount	2019 Amount

Provider 2:

Name

Street address

City, state, ZIP or postal code, and country

Social security number OR

Employer identification number

Telephone number (California only)

2020 Amount

2019 Amount

Expenses incurred and paid in 2020

Expenses incurred and not paid in 2020

2020 Amount	2019 Amount

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2020 Expenses Incurred	2019 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2020 Qualified Expenses



Federal Tax Payments

20

Refund Application:

If you have an overpayment of 2020 taxes, do you want the excess:

Refunded ☐ Yes ☐ No
Applied to your 2021 estimated tax liability ☐ Yes ☐ No

Federal Estimated Tax Payments:

2020 1st Quarter Estimate (Due 07-15-2020)
2020 2nd Quarter Estimate (Due 07-15-2020)
2020 3rd Quarter Estimate (Due 09-15-2020)
2020 4th Quarter Estimate (Due 01-15-2021)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2019 overpayment applied to 2020 estimate

Tax Planning Information for Tax Year 2021:

Do you expect any of the following to occur in 2021?

	Yes	No
A change in your marital status	<input type="checkbox"/>	<input type="checkbox"/>
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.



2020

State and City Tax Payments

20A

State and City Estimated Tax Payments:

2020 1st Quarter Estimate
2020 2nd Quarter Estimate
2020 3rd Quarter Estimate
2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you

want the excess applied to your 2021 estimated tax liability?

☐ Yes ☐ No

2019 overpayment applied to 2020 estimate

Balance of prior year(s)' tax paid in 2020 plus

amount paid with 2019 extensions

Estimated tax payments for 2019 paid in 2020

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

State and City Estimated Tax Payments:

2020 1st Quarter Estimate
2020 2nd Quarter Estimate
2020 3rd Quarter Estimate
2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you

want the excess applied to your 2021 estimated tax liability?

☐ Yes ☐ No

2019 overpayment applied to 2020 estimate

Balance of prior year(s)' tax paid in 2020 plus

amount paid with 2019 extensions

Estimated tax payments for 2019 paid in 2020

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

State and City Estimated Tax Payments:

2020 1st Quarter Estimate
2020 2nd Quarter Estimate
2020 3rd Quarter Estimate
2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you

want the excess applied to your 2021 estimated tax liability?

☐ Yes ☐ No

2019 overpayment applied to 2020 estimate

Balance of prior year(s)' tax paid in 2020 plus

amount paid with 2019 extensions

Estimated tax payments for 2019 paid in 2020

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid