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2019 | 1040 | US | Tax Organizer

Wertz & Company LLP
5450 Trabuco Road
Irvine CA 92620
Telephone number: (949) 756-5000
Fax number: (949) 756-1618
E-mail address:

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2019 tax return. Please enter all pertinent 2019 information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

	Taxpayer	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		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		

Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	

DEPENDENTS

	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

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Please enter all pertinent 2019 information. If you have attached a government form for an item, check the box and do not enter a 2019 amount.

WAGES, SALARIES AND TIPS

Employer name:	2019 Amount	2018 Amount
☐	Attach Forms W-2	
☐		
☐		
☐		
☐		

INTEREST INCOME

Payer name:		
☐	Attach Forms 1099-INT	
☐		
☐		
☐		
☐		

DIVIDEND INCOME

Payer name:		
☐	Attach Forms 1099-DIV	
☐		
☐		
☐		
☐		

PENSIONS, IRA AND GAMBLING INCOME

Payer name:		
☐	Attach Forms 1099-R & W-2G	
☐		
☐		
☐		
☐		
Winnings not reported on W-2G		
Total gambling losses		

OTHER GOVERNMENT FORMS - INCOME

☐ Form 1099-B - Sales of stock (also include transaction history)	Attach Forms 1099	
☐ Form 1099-MISC - Miscellaneous income		
☐ Form 1099-K - Merchant card and third party network payments		
☐ Form 1099-S - Sales of real estate (also include closing statements)		
☐ Form 1099-G - State tax refunds	Attach Forms 1099	

Taxpayer:

☐ Form SSA-1099 - Social security benefits	Attach Forms 1099	
☐ Form 1099-G - Unemployment compensation		
☐ Form 1099-Q (529 Plan)		
☐ Form 1099-QA/5498-QA (ABLE Accounts)		

Spouse:

☐ Form SSA-1099 - Social security benefits	Attach Forms 1099	
☐ Form 1099-G - Unemployment compensation		
☐ Form 1099-Q (529 Plan)		
☐ Form 1099-QA/5498-QA (ABLE Accounts)		

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MISCELLANEOUS INCOME

Taxpayer: Alimony received		
Spouse: Alimony received		
Other:		

RETIREMENT PLAN CONTRIBUTIONS

	2019 Amount	2018 Amount
Taxpayer: Traditional IRA contributions (1=maximum)		
Roth IRA contributions (1=maximum)		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)		
Spouse: Traditional IRA contributions (1=maximum)		
Roth IRA contributions (1=maximum)		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)		

OTHER GOVERNMENT FORMS - DEDUCTIONS

☐ Form 1098-E - Student loan interest	Attach Forms 1098	
☐ Form 1098-T - Tuition and related expenses		

AFFORDABLE CARE ACT

☐ Form 1095-A - Health Insurance Marketplace Statement	Attach Forms 1095	
☐ Form 1095-B - Health Coverage		
☐ Form 1095-C - Employer-Provided Health Insurance Offer and Coverage		

ADJUSTMENTS TO INCOME

Taxpayer:		
Self-employed health insurance premiums		
Educator expenses		
Other adjustments to income:		
Alimony paid - Recipient name & SSN		
Spouse:		
Self-employed health insurance premiums		
Educator expenses		
Other adjustments to income:		
Alimony paid - Recipient name & SSN		

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs		
Doctors, dentists and nurses		
Hospitals and nursing homes		
Insurance premiums		
Long-term care premiums - taxpayer		
Long-term care premiums - spouse		
Insurance reimbursement		
Out-of-pocket lodging and transportation expenses		
Number of medical miles		
Other:		

TAXES PAID

State income taxes - 1/19 payment on 2018 state estimate		

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TAXES PAID (continued)

	2019 Amount	2018 Amount
State income taxes - paid with 2018 state extension		
State income taxes - paid with 2018 state return		
State income taxes - paid for prior years and/or to other states		
City/local income taxes - 1/19 payment on 2018 city/local estimate		
City/local income taxes - paid with 2018 city/local extension		
City/local income taxes - paid with 2018 city/local return		
State and local sales taxes (except autos and special items)		
Use taxes paid on 2019 purchases		
Use taxes paid on 2018 state return		
Sales tax on autos not included above		
Sales taxes paid on boats, aircraft, and other special items		
Real estate taxes - principal residence		
Real estate taxes - property held for investment		
Foreign income taxes		
☐ Personal property taxes (including automobile fees in some states)	**Attach Tax Notice**	

INTEREST PAID

Home mortgage interest and points paid:

☐ _____	**Attach Forms 1098**	
☐ _____		

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

_____		
_____		

Points not reported on Form 1098:

_____		
_____		
Mortgage insurance premiums on post 12/31/06 contracts		

Investment interest (interest on margin accounts):

_____		
_____		
Passive interest		

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).

_____		
_____		
Volunteer expenses (out-of-pocket)		
Number of charitable miles		

NONCASH CONTRIBUTIONS

NOTE: 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.

_____		
_____		

MISCELLANEOUS DEDUCTIONS

Union and professional dues		
Tax return preparation fee		
Safe deposit box rental		
Investment expenses		
Estate tax, section 691(c)		

Unreimbursed employee expenses:

_____		
_____		
Other: _____		
_____		

2019	1040	US	Client Information	1

Wertz & Company LLP
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E-mail address:

Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2019 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) (2017 or 2018)	
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)

2019	1040	US	Client Information (continued)	1 p2

Please add, change or delete information for 2019.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone	
	Work phone	
	Work extension	
	Daytime phone (table)	
	Mobile phone	
	Fax number	
	E-mail address	
Spouse Contact Information	Home phone	
	Work phone	
	Work extension	
	Daytime phone (table)	
	Mobile phone	
	Fax number	
	E-mail address	
Taxpayer Authentication	Driver's license no.	
	Driver's license state	
	Issue date (m/d/y)	
	Expiration date (m/d/y)	
	Theft protection PIN	
Spouse Authentication	Driver's license no.	
	Driver's license state	
	Issue date (m/d/y)	
	Expiration date (m/d/y)	
	Theft protection PIN	

Daytime Phone

1 = Work
2 = Home
3 = Mobile

2019	1040	US	Dependents	2

Please add, change or delete information for 2019.

DEPENDENTS

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death		
Date of adoption		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death		
Date of adoption		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death		
Date of adoption		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

	Dependent	Dependent
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death		
Date of adoption		
Social security number		
Relationship		
Months lived at home		
Type of dependent (see table)		
Earned income credit (see table)		
Claimed by: 1=taxpayer, 2=spouse		

Type of Dependent

1 = Child living w/taxpayer
2 = Child not living w/taxpayer
3 = Dependent other than child
4 = Head of household or qualifying widow(er) only, not a dependent
5 = Earned income credit only, not a dependent

Earned Income Credit

1 = When applicable (default)
2 = Student age 19 to 23
3 = Disabled
4 = Force
5 = Suppress

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:

1. School records or statement
2. Landlord or property management statement
3. Health care provider statement
4. Medical records
5. Child care provider records
6. Placement agency statement
7. Social service records or statement
8. Place of worship statement
9. Indian tribe office statement
10. Employer statement

NOTE: If your child is disabled, please provide one of the following forms of proof of disability:

1. Doctor statement
2. Other health care provider statement
3. Social services agency or program statement

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If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and if "YES" provide additional information where necessary. (For Example: Escrow statements for purchase or refinancing, foreign account statements, new dependents, social security number, 1099's, k-1's)

TAX RETURN DELIVERY - **Choose One**:

Yes	No	
☐	☐	Docusign: Would you like to receive your returns and e-file authorization forms by DocuSign online service? This is our preferred delivery method for safe and secure processing. (You may also request a hard paper copy or PDF copy of your returns).
☐	☐	Email PDF: Would you like to receive your returns and e-file authorization forms by email as secure PDF downloads?
☐	☐	Hard Copy: Would you like to receive your returns and e-file authorization forms in paper by mail or pick up at our office?

PERSONAL INFORMATION

Yes	No	
☐	☐	Did your marital status change during the year? If so, please provide details of this change plus the last 3 years of Tax Returns for the new spouse, where appropriate.
☐	☐	Did your address change during the year? If so, please provide details of this change.
☐	☐	Could you be claimed as a dependent on another person's tax return for 2019? If yes, please explain.

DEPENDENTS

Yes	No	
☐	☐	Were there any changes in dependents? If so, please provide details of this change (First and Last Name, SSN, Birthdate, Relationship).
☐	☐	Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2019?
☐	☐	Did you have any children under age 19 or full-time students under age 24 at the end of 2019, with interest and dividend income in excess of $1,050, or total investment income in excess of $2,100? If so, please consult with us prior to those returns being prepared so that we may make sure that the appropriate tax rate is applied to your child's income tax return.

INCOME

Yes	No	
☐	☐	Did you receive any disability income? If yes, please provide information on source, amount, etc.
☐	☐	Did you have any foreign income or pay any foreign taxes? If yes, please describe.
☐	☐	Did you have gross gambling income? If yes, please provide all the tax forms received, as well as a summary of your overall gains/losses.

2019 | 1040 | US | Miscellaneous Questions

PURCHASES, SALES AND DEBT

Yes	No	
☐	☐	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, REMIC or LLC? If yes, please provide details, or a K-1 statement.
☐	☐	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If yes, please identify.
☐	☐	Did you buy or sell any stocks, bonds or other investment property in 2019? If yes, please provide information regarding these transactions. Such as complete 1099 forms from the brokerage, if applicable.
☐	☐	Did you invest\trade in virtual currency (e.g. Bitcoin, Litecoin, Etherium, etc) during the year? If so, please provide gain / loss reports covering the entire year.
☐	☐	Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2020? If yes, wash sale rules might apply. Please provide details regarding these transactions.
☐	☐	Did you receive employer stock including restricted stock, stock options, exercise stock options or participate in an employee stock purchase program? Please provide copies of applicable statements regarding these programs and transactions.
☐	☐	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan? If yes, please provide final (closing) escrow statement (HUD-1).
☐	☐	Did you make any residential energy-efficient improvements or purchases involving any solar energy, wind energy, geothermal, or fuel cell resources? If so, please provide purchase details.
☐	☐	Did you purchase a new motor vehicle in 2019? If yes, please provide a copy of the purchase statement.
☐	☐	Did you purchase a new plug in electric drive motor vehicle in 2019? If yes, please provide a copy of the purchase statement.
☐	☐	Did you have any debts cancelled or forgiven? If yes, please provide a copy of form 1099-C and/or details of debt cancelled or forgiven.
☐	☐	Did anyone owe you money which has become uncollectible? If yes, please let us know details such as name of person, amount uncollectible and any other details.
☐	☐	Did you purchase any tangible, personal property online or from an out of state vendor where you did not pay the use tax directly to the state of California (or your home state if not california)? If so, what is the amount of the purchase?

RETIREMENT PLANS

Yes	No	
☐	☐	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If yes, please provide a copy of Form 1099-R

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☐	☐	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? If yes, please specify to what plan, the amount and date of contribution.
☐	☐	Did you convert part or all of your traditional IRA, SEP, or SIMPLE IRA to a Roth IRA? If yes, please provide a copy of form 1099-R.
☐	☐	Did you receive a distribution from a retirement plan that was rolled over into another retirement account within 60 days? If yes, please provide a copy of form 1099-R.
☐	☐	Did you make a qualified charitable distribution from your IRA directly to a charity? If yes, please provide details.

EDUCATION

Yes	No	
☐	☐	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? If yes, please provide a copy of form 1098-Q. Also, please confirm whether or not the funds were used entirely for education purposes or something different.
☐	☐	Did you, your spouse, or a dependent incur any tuition expenses to attend a college, university, or vocational school? If yes, please provide a copy of form 1098-T along with a detailed listing of books and supplies.

HEALTH CARE COVERAGE

Yes	No	
☐	☐	Did you and your dependents have healthcare coverage for the full year?
☐	☐	If you or your dependents did not have health care coverage for the entire the year, do you fall into one of the following exemption categories: Indian tribe membership, health sharing ministry membership, religious sect membership, incarceration, exempt non-citizen or economic hardship? Please provide additional details regarding the exempt status. If you received an exemption certificate, please provide a copy of all such documents.
☐	☐	Were either you or your spouse covered under or eligible to participate in an employer's health insurance plan?
☐	☐	If not covered under an employer, were you covered under some other health insurance plan (e.g. individual policy, health insurance exchange plan, etc)?
☐	☐	Did you receive any of the following IRS Documents: Form 1095-A (Health Insurance Marketplace Statement), 1095-B (Health Coverage) or Form 1095-C (Employer Provided Health Insurance Offer and Coverage)? If so, please provide a copy of all such documents.
☐	☐	For 2019 and / or 2020, if you applied for and will be getting health insurance via the health insurance marketplace (i.e. healthcare.gov or coveredca.com), did you apply for a premium assistance tax credit? If so, please provide information about the credit you will be receiving.
☐	☐	If self-employed, please provide the total amount of premiums paid for health, dental, vision and for long term care insurance during the year.

2019 | 1040 | US | Miscellaneous Questions

ITEMIZED DEDUCTIONS

Yes	No	
☐	☐	Did you make charitable contributions by check, credit cards or cash? If so, be aware that tougher documentation standards for all donations now require a cancelled check, charge receipt or acknowledgement from the charitable organization. An acknowledgement from the charity must be available for any donation of $250 or more. If yes, please provide a listing of charitable donations and amounts.
☐	☐	Did you make charitable donations of property (furniture, clothing, household items, electronic equipment) valued between $250 and $5,000? If yes, please provide a description of the donated property and a receipt from the charity.
☐	☐	Did you make charitable donations of property (furniture, clothing, household items, electronic equipment) valued over $5,000? If so, a qualified appraisal of the property must also be obtained which includes information about the property and the appraisal.
☐	☐	Did you incur a loss because of damaged or stolen property? If yes, please provide details about your loss including a description of the property, your original basis, how the loss came about (i.e. fire, theft, flood, etc), and any insurance reimbursements.
☐	☐	Did you work out of town for part of the year? If yes, please provide the dates you worked out of town and the reason for working out of town.
☐	☐	Did you use your car on the job (other than to and from work)? If yes, please provide the total miles driven for the year, and the total miles you drove for business and for which you were <u>not</u> reimbursed. Also provide the year, make and model of your car.

ESTIMATED TAXES

Yes	No	
☐	☐	Did you apply an overpayment of 2018 taxes to your 2019 estimated tax (instead of being refunded)?
☐	☐	If you paid any 2019 estimated taxes, please provide the date, amount, and to whom they were paid. See Page 3,6.
☐	☐	If you have an overpayment of 2019 taxes, do you want the excess applied to your 2020 estimated tax (instead of being refunded)?
☐	☐	Do you expect your 2020 taxable income and withholdings to be generally the same as 2019? If No, what do you expect to significantly change?

MISCELLANEOUS

Yes	No	
☐	☐	**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? If yes, please provide details about all such accounts including bank name and account number, highest balance in the account during the year, and your interest in the account (i.e. acount owner, trustee, signature authority, etc).**
☐	☐	Do you own any part of a foreign company? If yes, please provide details.

2019 1040 US Miscellaneous Questions

☐	☐	Did you receive over $100,000 during 2019 from foreign sources (for example: gift, or inheritance, or sale of property or investment)? If yes, please provide all details.
☐	☐	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?
☐	☐	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If yes, please provide details including amounts and dates of distributions and where distributions were received from.
☐	☐	Was your home rented out or used for business? If yes, please provide details about how your home was either rented or used for business, dates and income/expense amounts.
☐	☐	Did you (or someone on your behalf, including your employer) make contributions to a health savings account (HSA) this year? Or, did you receive an HSA distribution or acquire an interest in an HSA due to the death of the account beneficiary? If yes, please provide details including forms 1099-SA and 5498-SA.
☐	☐	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? If yes, please provide details including forms 1099-SA and 5498-SA.
☐	☐	Did you incur moving expenses due to a change of employment? If yes, please advise how many miles you moved and provide a summary of unreimbursed moving expenses you incurred.
☐	☐	Did you engage the services of any household employees and pay wages of $1,900.00 or more in 2019? If yes, please provide details about how much was paid to each employee.
☐	☐	Were you notified or audited by either the Internal Revenue Service or the State taxing agency? If yes, please provide a copy of the notice(s) for our review.
☐	☐	Did you or your spouse make any gifts to an individual that total more than $15,000, or any gifts to a trust? If yes, please provide details about the gifts including dates and amounts of gifts (by individual or trust).
☐	☐	Were you or was any of your property located in a federally declared disaster area?
☐	☐	Did you or your spouse receive a pension or annuity in 2019 for services performed as an employee of the U.S., state or local government from work not covered by social security? If yes, please provide details about such income.
☐	☐	Did you or your spouse elect to receive COBRA continuation health coverage? If yes, please provide the amounts you paid for such coverage during the year.

PLEASE IDENTIFY WHICH OF THE FOLLOWING SERVICES MIGHT BE OF VALUE TO YOU. IF ANY OF THESE APPLY, PLEASE CONTACT US TO DISCUSS.

Yes	No	
☐	☐	Tax planning for the year 2020 (proactive planning to uncover and identify tax strategies to help you reduce tax liability / increase tax refund)

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☐	☐	Preparation of a personal financial statement (useful for estate and financial planning, retirement planning, for borrowing purposes, etc.)
☐	☐	Financial planning (planning, identifying and implementing wealth building strategies)
☐	☐	Retirement planning (near retirement and post retirement assessment and funding strategies)
☐	☐	IRA or Social Security Planning. Will you be collecting benefits soon? Will you be 70 soon? Are you trying to decide about collecting early?
☐	☐	Estate, legacy planning and update (preserving, directing and transferring wealth)
☐	☐	College education funding (funding, investment and distribution strategies)
☐	☐	Investment strategy (review of existing programs, development of investment policy and/or investment management)
☐	☐	Insurance (identifying and managing risk to preserve capital)
☐	☐	Banking (analyzing and solving personal banking issues)
☐	☐	Lending (analyzing capital needs and directing the right financing source i.e. personal, home, business loans and lines of credit)

PLEASE SUBMIT THE FOLLOWING FORMS WITH THIS TAX ORGANIZER

Form W-2
Form 1099
Form 1098
Form 1098-T
Form K-1
Form 1095-A
Form 1095-B
Form 1095-C
All notices and correspondence from IRS, Franchise Tax Board or other State Tax Agencies.
Escrow statements for any real estate purchase, sale, or refinance.
Any other pertinent tax documentation that will assist us in preparing your return.

2019	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6

Please enter all pertinent 2019 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	

BANK INFORMATION

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

2019 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2019 Voucher Amount
Overpayment applied from 2018				
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	2019 Voucher Amount
Overpayment applied from 2018				
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)
2 = Taxpayer's IRA (next year limits)
3 = Spouse's IRA (next year limits)
4 = Health savings account (HSA)
5 = Archer MSA
6 = Coverdell savings account (ESA)
7 = Other
8 = Taxpayer's IRA (current year limits)
9 = Spouse's IRA (current year limits)

2019	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1

Please enter all pertinent 2019 information.

APPLICATION OF 2019 OVERPAYMENT (7.1)

If you have an overpayment of 2019 taxes, do you want the excess refunded?. . ☐ or applied to 2020 estimate?. . . . ☐

Other (please explain): _____

2020 ESTIMATED TAX INFORMATION

Do you expect your 2020 taxable income to be different from 2019? . . . . . Yes ☐ No ☐

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2020 withholding to be different from 2019? . . . . . Yes ☐ No ☐

If "yes" explain any differences: _____

2019	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2

Please enter all pertinent 2019 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)	1=spouse	Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2018 Wages
					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	Distribution code #1	1=IRA/SEP/SIMPLE	1=spouse	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/19	2018 Distribution
								Federal (Box 4)	State (Box 12)		

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2018 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

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

		2019 Amount	TS	2018 Amount
Total gambling losses	12			
Winnings not reported on Form W-2G	10			

2019	1040	US	Interest & Dividend Income	11, 12

Please enter all pertinent 2019 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 (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2018 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller-Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income					Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2018 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

	11, 12

2019	1040	US	Miscellaneous Income	14.1

Please enter all pertinent 2019 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2019 Amount		2018 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				

2019	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2

Please add, change or delete 2019 information as appropriate.
Be sure to attach all 1099-G forms.

STATE AND LOCAL TAX REFUNDS / UNEMPLOYMENT COMPENSATION (Form 1099-G)

		2019 1099-G Amount
	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	2019 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2018 (Box 3)	
	Federal income tax withheld (Box 4)	
No. ☐	RTAA payments (Box 5)	
	Taxable grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	
	Market gain (Box 9)	
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	

	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	2019 Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not 2018 (Box 3)	
	Federal income tax withheld (Box 4)	
No. ☐	RTAA payments (Box 5)	
	Taxable grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	
	Market gain (Box 9)	
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	

2019	1040	US	Education Distributions (ESA's and QTP's)	14.3

Please enter all pertinent 2019 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

ESA'S AND QTP'S (Form 1099-Q)

		2019 Amount	2018 Amount
No. ☐	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2019 contributions to this ESA		
	Value of this account at 12/31/19 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/18		

No. ☐	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2019 contributions to this ESA		
	Value of this account at 12/31/19 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/18		

No. ☐	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	2019 contributions to this ESA		
	Value of this account at 12/31/19 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/18		

2019 | 1040 | US | ABLE Distributions | 14.4

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

ABLE DISTRIBUTIONS / CONTRIBUTIONS

		2019 Amount	2018 Amount
No. ☐	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		

No. ☐	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		

No. ☐	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		

2019	1040	US	Business Income (Schedule C)	No.	16

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, if different from Form 1040	
State, if different from Form 1040	
ZIP code, if different from Form 1040	
Foreign region	
Foreign postal code	
Foreign country	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual	
Inventory method: 1=cost, 2=lower cost/market, 3=other	
1=change of inventory method	
1=spouse, 2=joint	
1=first Schedule C filed for this business	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	
1=not subject to self-employment tax	
1=did not "materially participate"	
1=personal services is not a material income producing factor	
1=investment	
1=minister's Schedule C	
1=single member limited liability company	
1=trader in financial instruments or commodities	

INCOME

	2019 Amount	2018 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		
Inventory at end of the year		

2019	1040	US	Business Income (Schedule C) (cont.)	No.	16 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2019 Amount	2018 Amount
Accounting		
Advertising		
Answering service		
Bad debts from sales or service		
Bank charges		
Car and truck expenses (not entered elsewhere)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Janitorial		
Laundry and cleaning		
Legal and professional		
Miscellaneous		
Office expense		
Outside services		
Parking and tolls		
Pension and profit sharing plans - contributions		
Pension and profit sharing plans - admin. and education costs		
Postage		
Printing		
Rent - vehicles, machinery, & equipment (not entered elsewhere)		
Rent - other		
Repairs		
Security		
Supplies		
Taxes - real estate		
Taxes - payroll		
Taxes - sales tax included in gross receipts		
Taxes - other (not entered elsewhere)		
Telephone		
Tools		
Travel		
Total meals in full (50%)		
Department of Transportation meals in full (80%)		
Uniforms		
Utilities		
Wages		

Other expenses:

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2019	1040	US	Capital Gains & Losses (Schedule D)	17

If you sold any stocks, bonds, or other investment property in 2019, please list the pertinent information for each sale below or provide a spreadsheet file with this information. Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)

2019	1040	US	Installment Sales (Form 6252)	17 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

No.		2019 Amount	2018 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No.		2019 Amount	2018 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No.		2019 Amount	2018 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No.		2019 Amount	2018 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No.		2019 Amount	2018 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No.		2019 Amount	2018 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No.		2019 Amount	2018 Amount
No.	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

2019	1040	US	Sale of Home & Moving Expenses	17, 27

If you sold your home or moved in 2019, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)	
Date acquired (m/d/y)	
Date sold (m/d/y) (Box 1)	
Sales price (Box 2)	
1=sale of home	
1=owned and used property as main home for at least 2 of 5 years before sale	
1=first-time homebuyer credit was previously taken on this home	
1=business use in year of sale	
Number of days after December 31, 2008 that home was not used as principal residence	

Adjusted Basis

Original cost	
Improvements:	
_____	
_____	
_____	
_____	
Adjusted basis	

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

_____	
_____	
_____	
_____	
Total expenses of sale	

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: **a)** Did not meet the ownership and use tests *, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	
1=sale due to change in health, employment or unforeseen circumstances	
Days used as main home - taxpayer	
Days used as main home - spouse	
Days property owned - taxpayer	
Days property owned - spouse	

MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent change in station)

1=spouse, 2=joint	
1=armed forces move due to permanent change of station	
Miles from old home to new work place	
Miles from old home to old work place	
Expenses for transportation and storage of household goods and personal effects	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile)	
Parking fees and tolls	
Gas and oil	
Miles driven to new home	

(* owned and used property as main home for at least 2 of 5 years before sale)

2019	1040	US	Rental & Royalty Income (Schedule E)	No.	18

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2019 Amount	2018 Amount
Description of property		**Type of Property** 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented		

Percentage of ownership if not 100% (.xxxx)		1=did not actively participate	
Percentage of tenant occupancy if not 100% (.xxxx)		1=real estate professional	
1=spouse, 2=joint		1=rental other than real estate	
1=qualified joint venture		1=investment	
1=nonpassive activity, 2=passive royalty		1=single member limited liability company	

If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no

INCOME

	2019 Amount	2018 Amount
Rents or royalties received		

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2019	1040	US	Rental & Royalty Income (Sch. E) (cont.)	No.	18 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	
Foreign postal code	
Foreign country	

OIL AND GAS

	2019 Amount	2018 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

Advertising		
Association dues		
Auto and travel (not entered elsewhere)		
Cleaning and maintenance		
Commissions		
Gardening		
Insurance		
Legal and professional fees		
Licenses and permits		
Management fees		
Miscellaneous		
Mortgage interest (paid to banks, etc.)		
Qualified mortgage insurance premiums		
Excess mortgage interest		
Other interest (not entered elsewhere)		
Painting and decorating		
Pest control		
Plumbing and electrical		
Repairs		
Supplies		
Taxes - real estate		
Taxes - other (not entered elsewhere)		
Telephone		
Utilities		
Wages and salaries		
Other:		
_____		
_____		
_____		
_____		
_____		
_____		

2019	1040	US	Farm Income (Schedule F/Form 4835)	No.	19

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product	
Employer ID number	

Agricultural activity code	
Accounting method: 1=cash, 2=accrual	
1=spouse, 2=joint	
1=farm rental (Form 4835)	
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other	
1=crop insurance proceeds election	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	
1=did not "materially participate" (Schedule F only)	
1=did not actively participate (Farm rental only)	
1=real estate professional (farm rental only)	
1=single member limited liability company	
% of ownership if not 100% (.xxxx) (Farm rental only)	

FARM INCOME

	2019 Amount	2018 Amount
Cash method:		
Sales of livestock and other resale items		
Cost or basis of livestock or other resale items		
Sales of products raised		
Accrual method:		
Sales of livestock, produce, etc.		
Beginning inventory of livestock, etc.		
Cost of livestock, etc. purchased		
Ending inventory of livestock, etc.		
Other farm income:		
Total cooperative distributions		
Taxable cooperative distributions		
Total agricultural program payments (other than CRP)		
Taxable agricultural program payments (other than CRP)		
Total conservation reserve program payments		
Taxable conservation reserve program payments		
Commodity credit loans reported under election		
Total commodity credit loans forfeited or repaid		
Taxable commodity credit loans forfeited or repaid		
Total crop insurance proceeds received in 2019		
Taxable crop insurance proceeds received in 2019		
Taxable crop insurance proceeds deferred from 2018		
Custom hire (machine work) income not included above		

2019	1040	US	Farm Income (Sch. F/Form 4835) (cont.)	No.	19 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

FARM INCOME (continued)

Other income:	2019 Amount	2018 Amount

FARM EXPENSES

Car and truck expenses (not entered elsewhere)		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Labor hired		
Pension and profit sharing - contributions		
Pension and profit sharing plans - admin. and education costs		
Rent - vehicles, machinery, and equipment (not entered elsewhere)		
Rent - other (land, animals, etc.)		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes (not entered elsewhere)		
Utilities		
Veterinary, breeding, and medicine		
Capitalized preproductive period expenses (also enter below)		

Other expenses:		

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2019	1040	US	Partnership and S corporation Information	20.1,20.2

Please add, change or delete 2019 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

	20.1,20.2

2019	1040	US	Estate or Trust and REMIC Information	20.3,20.4

Please add, change or delete 2019 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

2019	1040	US	Asset Disposition List	22

If you disposed of any business assets in 2019, please enter date sold, sales price, and expenses of sale.
For real estate transactions, be sure to attach all 1099-S forms and closing statements.

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale

2019	1040	US	Asset Acquisition List	22 p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2019, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method

2019	1040	US	Vehicle Expenses	No.	22 p3

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2019 Amount	2018 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months of business use if changed from 100% personal use		

AUTOMOBILE MILEAGE

Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		

ACTUAL EXPENSES

Parking fees and tolls (business portion only)		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2019	1040	US	Adjustments to Income	24

Please enter all pertinent 2019 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) ($6,000/$7,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
2019 payments from 1/1/20 to 4/15/20				

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) ($6,000/$7,000 if 50 or older)				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				
_____				
_____				
_____				

Alimony paid:	Taxpayer	Spouse
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2018 amt:	2018 amt:

2019	1040	US	Itemized Deductions	25

Please enter all pertinent 2019 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.

	2019 Amount	TS	2018 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:			
_____			
_____			
_____			

TAXES PAID (State and local withholding and 2019 estimates are automatic.)

State income taxes - 1/19 payment on 2018 state estimate			
State income taxes - paid with 2018 state return extension			
State income taxes - paid with 2018 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/19 payment on 2018 city/local estimate			
City/local income taxes - paid with 2018 city/local extension			
City/local income taxes - paid with 2018 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2019 purchases			
Use taxes paid with 2018 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

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

2019 | 1040 | US | Itemized Deductions (continued) | 25 p2

Please enter all pertinent 2019 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:	2019 Amount	TS	2018 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	
Payee's SSN or FEIN	
Payee's street address	
Payee's city	
Payee's state	
Payee's ZIP code	
Payee's region	
Payee's postal code	
Payee's country	

	2019 Amount	TS	2018 Amount
Amount paid			
Points not reported on Form 1098:			
Mortgage insurance premiums on post 12/31/06 contracts (Box 4)			
Investment interest (interest on margin accounts):			
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:			
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:			
Volunteer expenses (out-of-pocket)			
Number of charitable miles			

2019	1040	US	Itemized Deductions (continued)	25 p3

Please enter all pertinent 2019 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.

	2019 Amount	TS	2018 Amount
50% limitation (see above):			
30% limitation (see above):			
30% capital gain property (gifts of capital gain property to 50% limit orgs.):			
20% capital gain property (gifts of capital gain property to non-50% limit orgs.):			

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

Union and professional dues			
Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):			
Investment expense:			
Tax return preparation fee			
Safe deposit box rental			
Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):			

2019	1040	US	Itemized Deductions (continued)	25 p4

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

OTHER MISCELLANEOUS DEDUCTIONS

	2019 Amount	TS	2018 Amount
Estate tax, section 691(c)			
Other miscellaneous deductions:			

2019 | 1040 | US | Itemized Deductions (continued) | 25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded $100,000 at any time during 2019 ($50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded $750,000 at any time during 2019 ($375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2019 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

	2019 Amount	TS	2018 Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2019			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2019			
Grandfather debt balance - beginning of year			

Loan #2			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2019			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2019			
Grandfather debt balance - beginning of year			

Form

1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

2019 | 1040 | US | Itemized Deductions (continued) | 25 p5 cont

Please enter all pertinent 2019 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3	2019 Amount	TS	2018 Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2019			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2019			
Grandfather debt balance - beginning of year			

Loan #4			
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in 2019			
Home equity debt balance - beginning of year			
Home equity debt borrowed in 2019			
Grandfather debt balance - beginning of year			

Form

1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

2019	1040	US	Noncash Contributions (Form 8283)	26

If your total noncash contributions are in excess of $500 in 2019, please complete the information below for each donee using the following guidelines:

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than $500, attach Form 1098-C or other written acknowledgement received from the donee organization.

* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than $500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

	Name of charitable organization (donee)		
	Street address		
	City		
	State		
	ZIP code		
	1=spouse, 2=joint		
	Property description (other than vehicle)		
No.	Vehicle: Identification number (VIN)		
	Vehicle: Year (yyyy)		
	Vehicle: Make and model		
	Vehicle: Condition and mileage		
	Date of contribution (m/d/y)		
	Date acquired by donor (m/y)		
	How acquired by donor (Table 1 or describe)		
	Donor's cost or basis		
	Fair market value		
	Method used to determine FMV (Table 2 or describe)		

	Name of charitable organization (donee)		
	Street address		
	City		
	State		
	ZIP code		
	1=spouse, 2=joint		
	Property description (other than vehicle)		
No.	Vehicle: Identification number (VIN)		
	Vehicle: Year (yyyy)		
	Vehicle: Make and model		
	Vehicle: Condition and mileage		
	Date of contribution (m/d/y)		
	Date acquired by donor (m/y)		
	How acquired by donor (Table 1 or describe)		
	Donor's cost or basis		
	Fair market value		
	Method used to determine FMV (Table 2 or describe)		

1	2
How Property was Acquired	**Method Used to Determine FMV**
1 = Purchase 2 = Gift 3 = Inheritance 4 = Exchange	1 = Appraisal 2 = Thrift shop value 3 = Catalog 4 = Comparable sales For other methods, see IRS Pub. 561.

2019	1040	US	Business Use of Home (Form 8829)	No.	29

Please enter 2019 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2019 Amount	2018 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
Area of home included above used exclusively for daycare business, if any (sq ft)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest		
Real estate taxes		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess real estate taxes		
Other indirect expenses:		
_____		
_____		
_____		
_____		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest		
Real estate taxes		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess real estate taxes		
Excess casualty losses		
Allowable casualty losses		
Other direct expenses:		
_____		
_____		
_____		
_____		

2019	1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No.	30

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040	

Form	
Number of form (1=first Schedule C, 2=second, etc.)	
1=spouse	
1=performance artist, 2=handicapped, 3=fee-basis government official	
1=minister's expenses	

EMPLOYEE BUSINESS EXPENSES

	2019 Amount	2018 Amount
Meal and entertainment expenses		
Reimbursements for meals and entertainment not on W-2, box 1		
1=Department of Transportation (80% meal allowance)		
Local transportation (bus, taxi, train, etc.)		
Travel expenses while away from home overnight		
Reimbursements not included on Form W-2, box 1		
Other business expenses:		

2019	1040	US	Vehicle Expenses (Form 2106) (cont.)	No.	30 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2019 Amount	2018 Amount
1=vehicle used primarily by more than 5% owner		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		

VEHICLE 1

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Number of months of business use if changed from 100% personal use		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Number of months of business use if changed from 100% personal use		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E and F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

2019	1040	US	Foreign Income Exclusion (Form 2555)	No.	31.1

Please enter all pertinent 2019 information.

GENERAL INFORMATION

1=spouse	
Foreign address of taxpayer, if different from Form 1040:	
Street address	
City	
Region	
Postal code	
Country	
Employer:	
Name	
U.S. street address	
U.S. city	
U.S. state	
U.S. ZIP code	
Foreign street address	
Foreign city	
Foreign region	
Foreign postal code	
Foreign country	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other	
Employer type, if other	

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective

Country of citizenship	

City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)

2019	1040	US	Foreign Income Exclusion (2555)	No.	31.1 p2

Please enter all pertinent 2019 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2019 as well as travel for 2020 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)	
Ending date for bona fide residence (m/d/y)	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer	

Names of family living abroad with taxpayer (if applicable):	Relationship	Period family lived abroad

1=submitted statement to country of bona fide residence	
1=required to pay income tax to country of bona fide residence	
Contractual terms relating to length of employment abroad	
Type of visa you entered foreign country under	
Explanation why visa limited stay or employment in country (if applicable)	

Address of home in U.S. maintained while living abroad (if applicable):	City	State	ZIP Code	1=U.S. home rented (if applicable)

Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)

Principal country of employment	

FOREIGN HOUSING EXPENSES

	2019 Amount	2018 Amount
Qualified housing expenses		

Location of housing expenses:	Qualifying days in location (multiple locations only)

Travel Type

1 = Travel to U.S. (default)
2 = Travel to foreign country
3 = Travel to restricted country

2019	1040	US	Foreign Income Exclusion (Form 2555)	No.	31.2

Please enter all pertinent 2019 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

	2019 Amount	2018 Amount
Name or number		
1=spouse		
1=retirement plan (Box 13)		
Name of employer (Box c)		
Wages, tips, other compensation (Box 1)		
Federal income tax withheld (Box 2)		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17)		
Local income tax withheld (Box 19)		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging)		
Meals		
Car		

Other properties or facilities:

Allowances and Reimbursements

Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		

Other purposes:

Meals and lodging provided for the convenience of the Employer (excludable under section 119)		

Other Foreign Earned Income

2019 Days Worked Allocation Information

Total number of days worked (if not 240)		
Total days worked before and after foreign assignment		
Foreign days worked before and after foreign assignment		

2019	1040	US	Health Savings Accounts (8889)	32.1

Please enter all pertinent 2019 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2019, a high deductible health plan is one with an annual deductible that is not less than $1,350 for self-only coverage or $2,700 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed $6,750 for self-only coverage or $13,500 for family coverage.

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1)				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

2019	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2

Please enter all pertinent 2019 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2019				
Employer-provided benefits forfeited in 2019				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No.			
	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2019		2018 amt:
	1=disabled		
	1=spouse, 2=joint		

No.			
	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2019		2018 amt:
	1=disabled		
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No.			
	Name of provider		
	Street address		
	City		
	State		
	ZIP code		
	Foreign region		
	Foreign postal code		
	Foreign country		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2019		2018 amt:
	1=spouse, 2=joint		

2019 | 1040 | US | Qualified Adoption Expenses (Form 8839) | 37

Please enter all pertinent 2019 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

		2019 Amount	2018 Amount
No. ☐	First name		
	Last name		
	Identification number		
	Date of birth (m/d/y)		
	1=born before 2002 and was disabled		
	1=special needs child		
	1=foreign child		
	1=adoption was not final in 2019		
	Qualified Adoption Expenses Paid in: 2018 for adoption not finalized by end of 2019		
	Qualified Adoption Expenses Paid in: Prior years for adoption of foreign child finalized in 2019		
	Qualified Adoption Expenses Paid in: 2018 and 2019 for adoption finalized in 2019		
	Qualified Adoption Expenses Paid in: 2019 for adoption finalized before 2019		
	1=spouse, 2=joint		

No. ☐	First name		
	Last name		
	Identification number		
	Date of birth (m/d/y)		
	1=born before 2002 and was disabled		
	1=special needs child		
	1=foreign child		
	1=adoption was not final in 2019		
	Qualified Adoption Expenses Paid in: 2018 for adoption not finalized by end of 2019		
	Qualified Adoption Expenses Paid in: Prior years for adoption of foreign child finalized in 2019		
	Qualified Adoption Expenses Paid in: 2018 and 2019 for adoption finalized in 2019		
	Qualified Adoption Expenses Paid in: 2019 for adoption finalized before 2019		
	1=spouse, 2=joint		

No. ☐	First name		
	Last name		
	Identification number		
	Date of birth (m/d/y)		
	1=born before 2002 and was disabled		
	1=special needs child		
	1=foreign child		
	1=adoption was not final in 2019		
	Qualified Adoption Expenses Paid in: 2018 for adoption not finalized by end of 2019		
	Qualified Adoption Expenses Paid in: Prior years for adoption of foreign child finalized in 2019		
	Qualified Adoption Expenses Paid in: 2018 and 2019 for adoption finalized in 2019		
	Qualified Adoption Expenses Paid in: 2019 for adoption finalized before 2019		
	1=spouse, 2=joint		

2019	1040	US	Education Credits / Tuition Deduction	No.	38

Please complete the information below if you paid qualified education expenses in 2019 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse	
First name	
Last name	
Social security number	
Number of years hope credit claimed	
Number of prior years AOC claimed	
1=student was NOT enrolled at least half-time for at least one academic period that began in 2019 (or the first 3 months of 2020 if the qualified expenses were made in 2019) at an eligible institution in a qualified program	
1=student completed first four years of post-secondary education before 2019	
1=student was convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance	

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name	
Street address	
City	
State	
ZIP code	
1=2019 Form 1098-T was NOT received	
1=2019 Form 1098-T received with Box 2 & 7 completed	
1=2018 Form 1098-T received with Box 2 & 7 completed	
Federal ID number from Form 1098-T	

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name	
Street address	
City	
State	
ZIP code	
1=2019 Form 1098-T was NOT received	
1=2019 Form 1098-T received with Box 2 & 7 completed	
1=2018 Form 1098-T received with Box 2 & 7 completed	
Federal ID number from Form 1098-T	

QUALIFIED EDUCATION EXPENSES

	2019 Amount	2018 Amount
Qualified tuition & fees paid in 2019 (net of refund or assistance, & not entered elsewhere)		
Books & supplies required to be purchased from institution		
Books & supplies not entered above		
Amount of prior year refund or assistance *		

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

2019	1040	US	Household Employment Taxes (Schedule H)	42

Please enter all pertinent 2019 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of $2,100 or more in 2019; withheld federal income tax during 2019 for any household employee; or paid total cash wages of $1,000 or more in any calendar quarter of 2018 or 2019 to household employees, please complete the following:

Employer identification number	
1=spouse, 2=joint	

Social security, Medicare and income taxes:	2019 Amount	2018 Amount
1=paid any one employee cash wages of $2,100 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		

Federal unemployment tax:		
1=paid total cash wages of $1,000 or more in any calendar quarter of 2018 or 2019		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/20		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
Contributions paid to state unemployment fund		

2019	1040	US	Parent's Election to Report Child's Inc.	No.	44

Please enter all pertinent 2019 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name	
Last name	
Social security number	
Date of birth (m/d/y)	
1=nontaxable to federal	
1=nontaxable to state	

INTEREST INCOME (Form 1099-INT)

	2019 Amount	2018 Amount
Banks, credit unions, etc. (Box 1):		
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):		
Tax-exempt interest:		
Total municipal bonds		
In-state municipal bonds		
Adjustments:		
Nominee distribution		
Accrued interest		
Tax-exempt interest (1099-INT in error)		
OID adjustment		
ABP adjustment		
Foreign:		
1=interest in or authority over foreign account		
Name of foreign country		
1=grantor/transferor or received distribution from foreign trust		
Post 8/7/86 private activity bond interest (included above) (6251)		

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a):		
Qualified dividends (Box 1b)		
Total capital gain distributions (Box 2a):		
Unrecaptured section 1250 gain (Box 2b)		
Section 1202 gain (Box 2c)		
Collectibles (28%) gain (Box 2d)		
Nontaxable distributions (Box 3)		
Tax-exempt interest:		
Total municipal bonds		
In-state municipal bonds		
Nominee distributions:		
Ordinary dividends		
Qualified dividends		
Capital gain distributions		
Alaska permanent fund dividends included above		

2019	1040	US	Report of Foreign Bank and Financial Accounts	82.1

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2019 Amount	2018 Amount
Canadian province or Mexican state		
Other type of filer		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Spouse:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Taxpayer:		
Title		
Spouse:		
Title		

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Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

INFORMATION ON FINANCIAL ACCOUNTS

	2019 Amount	2018 Amount
1=spouse		
Type of account: 1=bank account, 2=securities account, or specify		
Maximum value of account (-1 if unknown)		
Financial institution:		
Name of institution (Line 1) (mandatory)		
Name of institution (Line 2)		
Mailing address		
Account number		
City		
State		
ZIP/postal code		
Country (if not US)		
Accounts owned jointly:		
Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)		
Principal joint owner:		
Taxpayer identification number, if not joint filer		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown		
Last name		
First name		
Middle initial		
Address		
City		
State		
ZIP/postal code		
Country (if not US)		
Accounts where filer has no financial interest:		
Last name or org. name (mandatory)		
First name		
Middle initial		
Taxpayer identification number		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown		
Address		
City		
State		
ZIP/postal code		
Country (if not US)		
Filer's title		

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Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

	2019 Amount	2018 Amount
Description of asset		
Type of account: 1=deposit, 2=custodial		
Use financial institution information from Form 114		
Financial institution information (if not filing Form 114):		
Maximum value of account during year		
Name of institution		
Account number (mandatory for part I)		
Mailing address of institution		
City of institution		
State/province of institution		
Postal code of institution		
Country of institution		
1=account opened during year		
1=account closed during year		
1=account jointly owned with spouse		
1=no tax item in Part III with respect to this account		
1=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which account is maintained		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		

OTHER FOREIGN ASSETS (Part II)

Identifying number or other designation (mandatory for part II)		
Date asset acquired during year (m/d/y)		
Date asset disposed of during year (m/d/y)		
1=jointly owned with spouse		
1=no tax item in Part III with respect to this asset		
Maximum value of asset during year		
1=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which asset is denominated		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		
Foreign entity information (complete if stock or interest):		
Name of entity		
Type of entity		
Mailing address of entity		
City of entity		
State/province of entity		
Postal code of entity		
Country of entity		

1

Type of Entity

1 = Partnership
2 = Corporation
3 = Trust
4 = Estate

2019	1040	US	Foreign Reporting (8938) (continued)	No.	82.2 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name	
1=issuer, 2=counterparty	
Type of issuer or counterparty (see table 2)	
Issuer or counterparty: 1=US person, 2=foreign person	
Mailing address	
City	
State/province	
Postal code	
Country	

Issuer or counterparty (#2):

Name	
1=issuer, 2=counterparty	
Type of issuer or counterparty (see table 2)	
Issuer or counterparty: 1=US person, 2=foreign person	
Mailing address	
City	
State/province	
Postal code	
Country	

Issuer or counterparty (#3):

Name	
1=issuer, 2=counterparty	
Type of issuer or counterparty (see table 2)	
Issuer or counterparty: 1=US person, 2=foreign person	
Mailing address	
City	
State/province	
Postal code	
Country	

Issuer or counterparty (#4):

Name	
1=issuer, 2=counterparty	
Type of issuer or counterparty (see table 2)	
Issuer or counterparty: 1=US person, 2=foreign person	
Mailing address	
City	
State/province	
Postal code	
Country	

2

Type of Issuer or Counterparty

1 = Individual
2 = Partnership
3 = Corporation
4 = Trust
5 = Estate

2019	1040	US	Additional Information

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.