

# INCOME TAX GUIDE AND ORGANIZER

FOR:

Tax Year 2020

### PROVIDED BY:

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This booklet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

|  | PERS   | 102                             | IAL D                                      | ATA  |                                  |                    |  |                      |  |
|--|--|---------------------------------|--|--|----------------------------------|--------------------|--|----------------------|--|
| Taxpayer (T)   |  |                                 | Spouse (S)                                 |  |                                  |                    |  |                      |  |
| Name (Last, First, Middle Initial)   |  |                                 | Name (La                                   | ast, First, Mid                                    | ddle Initial)                    |                    |  |                      |  |
| SSN (last 4 digits) DOB  | Occupation   |                                 | SSN (last 4                                | 4 digits)  | DOB                              |                    | Occupation                                       |                      |  |
| Mailing Address  | ew .   |                                 | Mailing Address                            |  |                                  |                    |  |                      |  |
| City, State & Zip  | County   |                                 | City, State                                | & Zip  |                                  |                    | County   | County               |  |
| Phone: HWC Phone: I  |  | HWC                             | Phone:                                     |  | HWC                              | Phone:             |  | HWC                  |  |
| E-Mail Address:  |  |                                 | E-Mail Add                                 | lress:   |                                  |                    |  |                      |  |
|  | DEI  | PEN                             | IDEN'                                      | TS   |                                  |                    |  |                      |  |
| Name   | (D.O   | B X                             | if not living v                            | with you N   | lo. of mos.                      | lived in yo        | ur home durii                                    | ng yea               |  |
| (First, Middle Initial and Last  | ) (0.0   | .D.)                            | SSN (                                      | Last 4 dig   | its)                             | Relat              | tionship   |                      |  |
| If more lines needed above, list two of If married but filing separately, list if filing Head of Household and quenter child's name here | name of spo<br>alifying person<br>nt attending<br>ase explain)<br>urital status of<br>endent on an<br>or permane<br>hat don't live | college<br>change<br>antly dise | e or post-s during the eax return? sabled? | Security no<br>out not you<br>secondary<br>e year? | umber at<br>ir depend<br>school. | top of padent abov | age. ve,  fes  fes  fes  fes  fes  fes  fes  fes | No<br>No<br>No<br>No |  |
| 5. Did you carry forward or incur Note: Children's time away from  | home while   | attend                          | ing schoo                                  | I counts a   | s time in                        | your hon           | ne.  | No                   |  |
| INCOME   | TAXE   | 5 P                             | AID C                                      |  |                                  |                    |  |                      |  |
| Balance paid on last year's return   | for prior year   | rol                             |  | Federa   |                                  | State              | Lo   | cal                  |  |
| Refunds received from last year's  |  |                                 | re)  |  |                                  |                    |  |                      |  |
| Refunds applied to current year  | return (or pri   | or year                         | Date Pd.                                   |  |                                  |                    |  | _                    |  |
|  | ► 1st Qtr.   | 4/15                            | Date Pu.                                   |  |                                  |                    |  |                      |  |
|  |  |                                 |  |  |                                  |                    |  |                      |  |
| f not paid by due dates indicated, list actual dates paid. If state/local tax paid   | 2nd Qtr.   |                                 |  |  |                                  |                    |  |                      |  |
| on different dates, attach details.  | oru Gu.  | 9/15                            |  |  |                                  | -                  |  |                      |  |
|  | 4th Qtr.   | 1/15                            |  |  |                                  |                    |  |                      |  |

If someone else prepared your tax return last year, please provide a copy.

# INCOME **WAGES/SALARIES/W-2 FORMS** Other Taxes Withheld Taxable Wages Withheld Fed. Tax T/S Name of Employer Soc. Sec. Medicare State Local

| Enclose | all | W-2 | wage | and | tax | statements. |   |
|---------|-----|-----|------|-----|-----|-------------|---|
|         |     |     |      |     |     |             | _ |

| S  |                         |  | Amount           |                     |          |                      |  |  |
|----|-------------------------|--|------------------|---------------------|----------|----------------------|--|--|
|    | Alimony (pr             | re-2019 agreements, if you                                   | pay alimony -    | list on page 9)     |          |                      |  |  |
|    | Jury Duty               | (or other public service)                                    |                  |                     |          |                      |  |  |
|    | Tips/Gratuities         | (not reported on W-2)  |                  |                     |          |                      |  |  |
|    | Contest/Award           | ls/Gambling Winnings (a                                      | ttach 1099-MIS   | C, W2G or explain   | 1)       |                      |  |  |
|    | Commissions/            | Bonuses (not reported  | on W-2)          |                     |          |                      |  |  |
|    | Pensions/Annu           | uities (furnish 1099-R fo                                    | orms)            |                     |          |                      |  |  |
|    | IRA/Keogh               | (attach Form 1099-R)   |                  |                     | 19.0     |                      |  |  |
|    | Profit Sharing          | Distributions (attach Fo                                     | orm 1099-R)      | 10 10 10 10 10      |          |                      |  |  |
|    | Unemploymen             | t Compensation (attach 10                                    | 99-G form)       |                     | ilek a   |                      |  |  |
|    | Partnerships/E          | states/Trusts (furnish k                                     | (-1 forms)       |                     | *        |                      |  |  |
|    | Small Busines           | nall Business Corporations/Sub Chapter S (furnish K-1 forms) |                  |                     |          |                      |  |  |
|    | Business/Self-          | Employed (furnish sche                                       | edule or details | )                   | *        |                      |  |  |
|    | Farm (furnis            | sh schedule or details)                                      | *                |                     |          |                      |  |  |
|    | Rental (furr            | nish schedule or details)                                    | de la comp       |                     | *        |                      |  |  |
|    | Forgiven Debt           | ☐ Check if due to fored                                      | closure (attach  | Form 1099-A or C    | )        |                      |  |  |
|    | Other (expla            | ain)   |                  |                     |          |                      |  |  |
| *  | if you did not a        | ctively or materially particip                               | pate in earning  | the income (or loss | ) listed |                      |  |  |
|    |                         | XABLE INCO   |                  |                     |          | if not taxable)      |  |  |
|    | Pre-2019 Child          | Support/Payments/Assis                                       |                  | limony)             |          |                      |  |  |
|    | Veterans Bene           | fits/Disability Income                                       | EV.              |                     |          |                      |  |  |
|    | Workmen's Co            | mpensation/Loss of Time                                      | Payments         |                     |          |                      |  |  |
|    | Other (explain)         |  |                  |                     |          |                      |  |  |
|    | Other (explain)         | :  |                  |                     |          |                      |  |  |
|    | Code<br>T — Taxpayer    | SOCIAL SEC   | URITY            | Benefits (from bo   | ox 5)    | Federal tax withheld |  |  |
|    | S — Spouse<br>J — Joint | IMPORTANT: provide all                                       | Taxpayer         |                     |          |                      |  |  |
| Us | e these codes if        | SSA-1099 statements  | Spouse           |                     |          |                      |  |  |

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TAX-AID TA

| J    | Name of Davier (1   | P-1-1       | 1 1000)                          |  | .,                                   | Interest  | Franct                                      | D   |
|------|---|-------------|----------------------------------|--|--------------------------------------|---|---|-----|
|      | Name of Payer (always use payer name  | listed on t | the 1099)                        |  | V                                    | Amount  | Exempt                                      | E   |
|      |   |             |                                  |  |                                      |   |   |     |
|      | Penalty for early withdrawal of savin   | qs          |                                  |  |                                      | (   | )   |     |
| Atta | interest income reported on all 1099-INT and 1 ich all 1099 forms reporting tax withheld. not list IRA or retirement plan reported interest. f 1099 form attached             |             | forms. Use Min Use Ti            | B MUNICIP<br>I INSTALLI<br>S U.S. BON<br>E TAX EXEI<br>F MORTGA  | AL BO<br>MENT<br>DS<br>MPT (<br>GE F | SALES   | LIST<br>CODE<br>HERE                        | 1   |
| Г    | DIV   | /IDE        | ND I                             | NCOM<br>FORMS  | E                                    |   |   |     |
| 3    | Name of Payer (payer name from 1099)  | Total C     | Ordinary dends                   | Qualified<br>Dividends   | lified Capital Gai                   |   | Nontaxable                                  |     |
|      |   |             |                                  |  |                                      |   |   |     |
|      |   |             |                                  |  |                                      |   |   |     |
|      | eived. Dividends under \$10 do not require a 109<br>Related to mutual funds.  | ✓ if th     | nis 1099-DIV                     | has information  | not li                               | sted above please                                 |   |     |
|      | CAPITAL Stocks Bonds and Mutual Funds (Attac  |             |                                  |  |                                      |   | (Attach Form 100                            | 10. |
|      | Stocks, Bonds and Mutual Funds (Attack)  Description  |             | 1099-B) S<br>Date<br>Acquired    | ale of Prope<br>Date<br>Sold   | rty ar                               | nd Real Estate Sale                               | Cost or Basis<br>(Include sale              | T   |
|      | Stocks, Bonds and Mutual Funds (Attac   |             | 1099-B) S                        | ale of Prope<br>Date<br>Sold   | rty ar                               | nd Real Estate                                    | Cost or Basis                               | T   |
|      | Stocks, Bonds and Mutual Funds (Attac<br>Description<br>(# of shares, name or stock symbols)  |             | 1099-B) S<br>Date<br>Acquired    | ale of Prope<br>Date<br>Sold   | rty ar                               | nd Real Estate Sale                               | Cost or Basis<br>(Include sale              |     |
|      | Stocks, Bonds and Mutual Funds (Attac<br>Description<br>(# of shares, name or stock symbols)  |             | 1099-B) S<br>Date<br>Acquired    | ale of Prope<br>Date<br>Sold   | rty ar                               | nd Real Estate Sale                               | Cost or Basis<br>(Include sale              |     |
| 5    | Stocks, Bonds and Mutual Funds (Attace  Description (# of shares, name or stock symbols)  1. 2. 3. 4.   |             | 1099-B) S<br>Date<br>Acquired    | ale of Prope<br>Date<br>Sold   | rty ar                               | nd Real Estate Sale                               | Cost or Basis<br>(Include sale              | 19- |
| ,    | Description (# of shares, name or stock symbols)  1.  2.  3.  4.  5.  |             | 1099-B) S<br>Date<br>Acquired    | ale of Prope<br>Date<br>Sold   | rty ar                               | nd Real Estate Sale                               | Cost or Basis<br>(Include sale              | T   |
|      | Description (# of shares, name or stock symbols)  1. 2. 3. 4. 5. 6.   |             | 1099-B) S Date Acquirec MO/DAYYE | Date Date Sold MO/DA/YR  | rty ar                               | Sale<br>Price                                     | Cost or Basis<br>(Include sale              | T   |
| NC   | Description (# of shares, name or stock symbols)  1. 2. 3. 4. 5. 6.  OTE: Record ALL fund transactions including mutual funds.  | ch Form     | Date Acquired MO/DAYE            | ale of Propei<br>Date<br>d Sold<br>R MO/DA/YR  | rrty ar                              | Sale Price  | Cost or Basis<br>(Include sale<br>expense)* |     |
| NC   | Description (# of shares, name or stock symbols)  1. 2. 3. 4. 5. 6.  OTE: Record ALL fund transactions  | ch Form     | Date Acquired MO/DAYE            | ale of Propei<br>Date<br>d Sold<br>R MO/DA/YR  | rrty ar                              | dicated sources 3 basis (cost) lox 3 basis (cost) | Cost or Basis<br>(Include sale<br>expense)* |     |
| 1.   | Description (# of shares, name or stock symbols)  1. 2. 3. 4. 5. 6.  OTE: Record ALL fund transactions including mutual funds.  List line # if items sold on installment base | sis.*       | Use these comprior               | Date Date Sold Sold MO/DA/YR M | rrty ar                              | dicated sources 3 basis (cost) lox 3 basis (cost) | Cost or Basis<br>(Include sale<br>expense)* |     |

| SALE OF PERSOI  | NAL RESID  | ENCE  |                                     |               |
|---|--|---|-------------------------------------|---------------|
| Date Old Residence Acquired   | Cost or Bas  |   |                                     |               |
| Improvements (additions, landscaping, driveway, r   | new roof, etc.)  | 710   |                                     |               |
| Fixing-Up Expenses (painting, repairs, etc., to prepare   | pare for sale)   |   |                                     |               |
| Date Old Residence Sold   | Selling Price  | 9   |                                     |               |
| Expenses of Sale (commissions, legal fees, points, s  | tamps, etc.)   |   |                                     |               |
| <ol> <li>Was any part of residence rented during the year</li> </ol>  | r?   |   | Yes                                 | No            |
| 2. Did you own and use the home as your principal   | residence for  | Taxpayer:   | Yes□                                | No            |
| at least two of the last live years?  |  | Spallogi  | Yes                                 | No            |
| 3. Was the sale due to a job transfer, medical issue of 4. Have you deferred a gain from the sale of a persulf so, please provide Form 2119 from tox return forms.  | onal rocidance into the  | - h 110   | Yes ☐<br>Yes ☐                      | No [          |
| If so, please provide Form 2119 from tax return for 5. Was the residence used as a home office?   | or year prior home so  | ld.   |                                     |               |
| 6. Have you or your spouse sold a principal residen   | 2012 0 1   |   | Yes                                 | No            |
| <ul><li>6. Have you or your spouse sold a principal residen</li><li>7. Has a spouse died in the past two years?</li></ul>   | ce within the last two   |   | Yes                                 | No            |
| Special Note: Capital gains tax laws allow exclusion of up to \$  | 500 000 (inint) 0050 000   |   | Yes                                 | No [          |
| NEW DEC   | 500,000 (Joint), \$250,000   | (single/HH) of ho   | me sale g                           | ains.         |
| Date New Residence Acquired (or construction beg  |  |   |                                     |               |
| Date New Residence Acquired (or construction beg  |  |   |                                     |               |
|   | Cost of New  | Residence   |                                     |               |
| If married, do you and your spouse have the same interest in the new residence as in the old?      Did either your arrest the same in the old?  | proportionate  |   | Yes 🗆                               | No 🗆          |
| Did either you or your spouse have NO ownership<br>residence during the post three years.   | interest in a principal  |   |                                     |               |
| residence duffing the Dast three years prior to this  | nurahasan  |   |                                     |               |
| residence during the past three years prior to this   | purchase?  |   | Yes 🗆                               | No 🗆          |
| Attach copy of real estate closing pape   | purchase?<br>ers for both the sale and   | nd purchase.  |                                     | No 🗆          |
| Attach copy of real estate closing pape  HIGHER EDUCATI  Note: Many higher education expenses qualify for spec  | purchase? ers for both the sale at  ON EXPEN cial tax credits and de   | ISES eductions. Other   | rs may                              |               |
| Attach copy of real estate closing paper  HIGHER EDUCATI  Note: Many higher education expenses qualify for spectualify as exclusions from income for tax-free and/or p savings accounts. Please provide information for each  | purchase?  Pers for both the sale at the s | nd purchase.  ISES eductions. Other                                     | rs may<br>x-deferre                 | ed            |
| Attach copy of real estate closing paper  HIGHER EDUCATI  Note: Many higher education expenses qualify for spectualify as exclusions from income for tax-free and/or p savings accounts. Please provide information for each  | purchase? ers for both the sale at  ON EXPEN  cial tax credits and de enalty-free withdrawa student and include at  1st Student  | ISES eductions. Other   | rs may<br>x-deferre                 |               |
| Attach copy of real estate closing paper  HIGHER EDUCATI  Note: Many higher education expenses qualify for spectualify as exclusions from income for tax-free and/or p savings accounts. Please provide information for each Note: "  "If student is attending less than 1/2 time Code (T=Taxpayer, S=Spouse, D1= Dependent 1, D2=Dependent 2)  | purchase? ers for both the sale at  ON EXPEN  cial tax credits and de enalty-free withdrawa student and include at  1st Student  | nd purchase.  ISES eductions. Other alls from your ta all Form 1099-0   | rs may<br>x-deferre                 | ed            |
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## **DEDUCTIONS** List only amounts that have actually been paid during the year. You may round off to the nearest dollar. DO NOT DUPLICATE ANY ENTRY. MEDICAL Only unreimbursed medical expenses that exceed 10% of adjusted gross income are allowed. Amount **Drugs and Medicines** Prescriptions & Drugs (Doctor Prescribed Only) Insulin T/S **Medical Insurance** Please specify if paid Pre-Tax After-Tax Unsure Amount Insurance — Paid by You ( ✓ if paid through a health insurance exchange □) Group Health Plans (deducted from salary; provide final year pay stub) Medicare Premiums From Social Security Benefits From Supplemental Insurance Long-Term Health Care Insurance HSA, Other (Attach 1099-SA for any HSA withdrawals) \*Doctors, Dentists, Clinics, Hospitals, Nurses, Etc. Amount Paid By You Amount T/S **Other Medical Expenses** Paid By You Eye Glasses/Contact Lenses Hearing Aids & Supplies X-Ray/Lab Fees Ambulance, Paramedics Nurses (Board & Room) Medical Aid Rental **Artificial Teeth** Equipment (Prescribed) Nursing Home Medical Care Medicare Part B Service Payments **Smoking Cessation Program** Parking / Transportation Fees \*Summary Total (Optional) Lodging: While away from home (per day, per person maximums apply)

Comments or explanations:

NOTE: Use T/S columns above and on page 9 under OTHER DEDUCTIONS if married and filing separately or to determine if filing separately could be beneficial. Be sure to include co-payments for doctor visits.

Transportation: Total number of miles driven for medical reasons or actual cost

Above amounts reimbursed by insurance (include Form 1099-LTC)

Note any health insurance premium credits received during the year.

|                               | TAXES   |                |                                |
|-------------------------------|---|----------------|--------------------------------|
|                               | Description of Tax  | State          | Amount of Tax                  |
| Real Estate Tax               | xes (Include whether you plan to itemize or not)  | Locatou        | Orlax                          |
| Real Estate Tax               |   |                |                                |
| Property Tax R                |   |                | ( )                            |
| Personal Prope                | erty Tax (If Any)   |                | /                              |
| Auto Licenses                 | (Not a deduction in all states)  Number of Licenses   | Total Cos      | st                             |
| State or Local I              |   | pe below)      |                                |
| Sales Tax*:                   |   |                |                                |
| Other:                        |   |                |                                |
| Comments or E                 | explanations:   |                |                                |
|                               |   |                |                                |
|                               |   |                |                                |
| * Please provide              | e sales tax support documents for any large purchases made  | do durina th   | NO VOOR                        |
|                               | The same deposit about the large paronases made   | de during th   | le year.                       |
| INTERI                        | EST (Amounts, names, and Social Security numbers must match Fo  | orm 1098 issue | ed by financial institutions.) |
| Mortgage                      | Paid to Financial Institution (include Form 1098)   |                |                                |
| Interest<br>Principal         | Paid to an Individual (List name, address, Soc. Sec. n  |                |                                |
| Residence                     | Name Address  | So. Sec. No.   |                                |
| Mortgage                      | Paid to Financial Institution (include Form 1098)   |                |                                |
| Interest<br>Second            | Paid to an Individual (List name, address, Soc. Sec. ne   | o. below)      |                                |
| Home                          | Name Address  |                | So. Sec. No.                   |
| Did you acquire               | a new mortgage or borrow on an existing mortgage during ement papers - pages 1 & 2)                       | the year?      | Yes □ No □                     |
| If yes, what i                | s your combined mortgage debt?  | <b>→</b>       | \$                             |
| Points paid to ac             | equire new mortgage (if not included above)   |                |                                |
| NEW Home Imp<br>(only if used | rovement Loan Interest (include Form 1098) It to buy, build or substantially improve your qualified home) |                |                                |
|                               | erest (Attach form 1098-E & loan details: who for, loan date, loan  | ourpose)       |                                |
| Other:                        |   | ,              |                                |
| Other:                        |   |                |                                |
| Deductible Inves              | tment Interest (e.g. Margin Interest, explain below)  |                |                                |
| Comments or Ex                |   |                |                                |

NOTE: Personal interest from credit cards, department stores, autos, bank loans, etc., is not deductible.

| s   | Church and Religious   |           |                   |            | If No Receipt  | X        | Amount            |
|-----|--|-----------|-------------------|------------|--|----------|-------------------|
| 5   |  |           | *                 |            |  | 1        | Tillount          |
| +   | Church (Name)  |           |                   |            |  |          |                   |
| +   | Church (Other)   |           |                   |            |  |          |                   |
| +   | Other Religious (Name)   |           |                   |            |  |          |                   |
| )1  | her Charitable Organizations (*Yo  | ou must   | have a cancelle   | d check    | , a bank record or receipt from donee for                                      | all cas  | h contributions   |
| 5   | If No Receipt  | X         | Amount            | T/S        | If No Receipt  | X        | Amount            |
|     | Cancer   |           |                   |            | Heart Fund   |          |                   |
|     | Easter Seals   |           |                   |            | Christmas Seals  |          |                   |
|     | Red Cross  |           |                   |            | United Way   |          |                   |
|     | Scouts   |           |                   |            | YMCA/YWCA  |          |                   |
|     | Muscular Dystrophy   |           |                   |            | Educational TV/Radio   |          |                   |
|     | Arthritis Foundation   |           |                   |            | Schools (Name & Describe)  |          |                   |
|     | Veteran's Organization (Name   | e)        |                   |            | Misc. Door-to-Door   |          |                   |
|     | Votorario organization (riam   | -/        |                   |            |  |          |                   |
| _   |  |           |                   |            |  |          |                   |
| _   |  |           |                   |            |  |          |                   |
| _   |  |           |                   | +          |  |          |                   |
| _   | O Tatal Ontional (Co.  | noto      | halaw)            |            |  |          |                   |
| NI. | Summary Total Optional (See  |           |                   | ahove      | Political contributions are not deductible. I                                  | vou re   | eceived a gift fo |
| yc  | ur donation listed above, reduce your d                                    | onation   | by the value of t | he gift. F | Receipt required for all single donations                                      | of \$250 | or more.          |
| N   | oncash Contribution (List the fai  | r marke   | et value of non   | cash it    | ems donated, such as clothing and  | other    | property.)        |
|     | Name of Organization   |           | lt                | ems D      | Date Date  |          | Value             |
|     |  |           |                   |            |  |          |                   |
|     |  |           |                   |            |  |          |                   |
|     |  |           |                   |            |  |          |                   |
| N   | ote: If noncash donations have a to  | tal valu  | e of \$500 or m   | nore, at   | tach a detailed list of items donated<br>ne method used to arrive at fair mark | tne n    | ame<br>ue (items  |
| 0   | ver \$5,000 require appraisal). If you                                     | donate    | d a vehicle, ple  | ease at    | tach your charity's Form 1098-C. If the  | ne cha   | rity sells the    |
| ٧   | ehicle, your deduction value is gene<br>ems must be in good or better cond | rally lim | nited to the am   | ount of    | the sale proceeds. Donated clothing  | and n    | ousenoia          |
| V   | olunteer Work — Mileage (Chur  | ch, Ho    | spitals or No     | n-prof     | it Organizations or to drop off c  | ontrib   | utions)           |
| _   | Name of Organization   |           |                   |            | Performed Parkin   |          | Miles Drive       |
|     |  |           |                   |            |  |          |                   |
|     |  |           |                   |            |  |          |                   |
| _   |  |           |                   |            |  |          |                   |

# **IMPORTANT CHANGES IN DEDUCTIONS**

Beginning in 2018 the following changes in deductions have been made:

- ☑ Home equity interest is ONLY deductible if proceeds are used to buy, build or substantially improve a qualified residence. Proceeds used for any other reason may not use this interest deductibility.
- ✓ Miscellaneous deductions are eliminated. Deductions for things like unreimbursed business expenses, uniforms, dues, professional fees, and similar items are no longer a valid itemized deduction.
- ☑ Casualty losses limited. Only casualty losses in a federally declared disaster area are deductible.
- ✓ New mortgage loan interest limited to \$750,000. Any new mortgage interest, including qualified home equity interest is only deductible for up to \$750,000 in debt. Pre-2018 mortgages retain a \$1 million limit.

|   | Amour              | nt T/S             |  | Amour    |
|---|--------------------|--------------------|--|----------|
|   |                    |                    |  |          |
| Casualty/Theft Losses Chec                                    | ck if loss is in   | federally dec      | lared disaster area  |          |
| From fire, storm, theft, and auto da                          | amage — if m       | ore than one       | provide similar detail for each                              |          |
| Kind of Property or Item                                      |                    | Date acquired      | Cost or Basis  |          |
|   |                    |                    | Insurance Paid   |          |
| Describe how or what happened                                 |                    | Date of Loss       | Fair Market Value – Before                                   |          |
|   |                    |                    | Fair Market Value - After                                    |          |
| Alimony Paid (note if pre-2019)                               | Paid to: (Name)    |                    | SSN  |          |
| Gambling Losses   | (Limited to gamble | ling winnings)     |  |          |
| See r   | next page (10      | ) for Auto Bus     | siness Expenses.   |          |
|   |                    |                    |  |          |
| HIID AND DED  | ENDE               | NT CA              | RE if you have employer                                      | provided |
| CHILD AND DEP<br>(care expenses must be for child under 13 of | or physically or m | entally incapacita | ited) dependent care bene                                    | fits.    |
| (care expenses must be for child under 13 c                   | or physically or m | entally incapacita | ted) dependent care bene<br>"X" if service performed in your | fits.    |

| (care expenses must be for child t        | under 13 or physically or m | entally incapacita | ted) dependent of        | are benefits. |         |
|---|-----------------------------|--------------------|--------------------------|---------------|---------|
| If required to be gainfully er            | nployed (or a full ti       | me student)        | "X" if service performed | in your home  | (Nanny) |
| Name of Provider                          | Soc. Sec. or IE             | Number             | Address                  | Paid          |         |
|   |                             |                    |                          |               |         |
|   |                             |                    |                          |               |         |
|   | ш                           |                    |                          |               |         |
| Federal ID number if required             | #                           | Total Ch           | ld Care Paid During Year | \$            |         |
| to file IRS wage reports.                 |                             | No. of Cl          | nildren Under Age 13     | #             |         |
| Form W-10 should be used to obtain provin | las detelle #               |                    | 0                        |               |         |

Form W-10 should be used to obtain provider details. Expenses must be allocated by child or dependent. If more space needed, attach list with details.

| RETI                                  | REME                  | NT CONTI             | RIBUTION               | S                            |
|---------------------------------------|-----------------------|----------------------|------------------------|------------------------------|
|                                       | Date                  | Traditional IRA      | Roth IRA               | Keogh/SEP/SIMPLE             |
| Single or Taxpayer                    | / /                   |                      |                        | reogn/our/onvir LL           |
| Spouse                                | / /                   |                      |                        |                              |
| If you want the maximum allowable de  | eduction - wri        | te MAX in money colu | ımn(s) You will be inf | ormed of amount to denocit   |
| List total value of ALL IRAs on 12/31 | Single or<br>Taxpayer |                      | Spouse Spouse          | offied of amount to deposit. |

|   | В                      | USIN       | ESS                    | EXPE             | NSES   |           |           |   |
|---|------------------------|------------|------------------------|------------------|--|-----------|-----------|---|
| How to use: Use this a<br>Provide financials if ava                               |                        | marize yo  | ur Schedi              | ule C sole       | proprietor busi                              | ness exp  | enses     |   |
| Type of Business  |                        |            |                        | В                | usiness Owner                                | : Taxp    | ayer [    | ☐ Spouse ☐  |
| Total Revenue   |                        |            |                        |                  |  |           | Both [    |   |
| Business Expense (if mo   | re lines ne            | eded con   | tinue on h             | ack page)        | A. C. S. |           |           |   |
| Advertising   | TO III OO HO           | Insuranc   |                        | don page/        |  | rs/Maint  |           |   |
| Commission/Fees   |                        | Interest   |                        |                  |  | /License  |           |   |
| Contract Labor  |                        | Legal/Pro  | of. Service            | S                | Utilitie                                     | S         | 5 100     |   |
| Depreciation  |                        | Office Su  | upplies                |                  | Wage   | S         |           |   |
| EE Benefits   |                        | Rent or L  | ease                   |                  | Other  |           |           |   |
| All expenses above  |                        | X FIX S    |                        |                  |  |           |           |   |
| Meal expense  |                        |            |                        |                  |  |           |           |   |
| Did you purchase any  | business e             | quipment   | during the             | e year?          | Yes 🗆 No 🗆                                   | (If yes   | , attach  | n details)  |
| Vehicle Expense (If both  | taxpayer a             | nd spous   | e have de              | ductions, ι      | use vehicle 1 fo                             | or taxpay | /er, 2 fc | or spouse)  |
|   | Vehicle                | 1 Vel      | hicle 2                |                  |  | Vehic     | cle 1     | Vehicle 2   |
| Gas & Oil   |                        |            |                        | Licenses         |  |           |           |   |
| Insurance   |                        |            |                        | Repair/Ma        | aint/Lube                                    |           |           |   |
| Lease Payments  |                        |            |                        | Other            |  |           |           |   |
|   | Date Placed in Service | Make       | Year                   | Model            | Cost of Bas                                  | is 🔻      |           | lew This Year   |
| Vehicle 1   | / /                    |            |                        |                  |  |           | acquire   | details on newly<br>d vehicles and<br>or disposition of old |
| Vehicle 2   | / /                    |            |                        |                  |  |           | vehicle.  | or disposition of old                                       |
| Travel Expenses — Awa   | y from hom             | ne (days g | gone over              |                  | ) —  | Taxpay    | /er 🗌     | Spouse  |
| Transportation  |                        |            |                        | Auto Ren         |  |           |           |   |
| Lodging   |                        |            |                        | Cabs, Bu         | s, etc.                                      |           |           | 24.11.1.0   |
| Vehicle Mileage Detail  |                        |            | ***                    |                  |  | Vehi      | cle 1     | Vehicle 2   |
| X if another vehicle is available fo  |                        | A. End     |                        | 1                | +  |           |           |   |
| Subtract B from A for (1), Total Miles<br>List Business Mile (2), from driving le |                        |            | inning of \ I Miles Dr |                  | _  |           |           |   |
| 2 from 1 to get personal miles (3). D<br>by line 1 for percent of business use    |                        |            | iness Mile             | -                |  |           |           |   |
| No. round-trip miles from home to w   |                        |            | sonal Mile             |                  |  |           |           |   |
| Number of days worked last year   | OIK                    |            |                        |                  | ÷ Line 1) =                                  |           | %         | %   |
| I have adequate records (Please Sign)   | and sufficie           |            |                        |                  |  | and ded   | uctions   | listed above.   |
|   |                        | НС         | )ME                    | OFFIC            | E  |           |           |   |
| Type of Business  |                        |            |                        | 201105           | Both [                                       | 7         |           |   |
| Justified business  | use for: 1             | axpayer    |                        | pouse  Utilities | Both L                                       |           |           |   |
| Date Acquired Home  |                        |            |                        |                  | ortanan home                                 | oquity l  | oonl      |   |
| Cost of Land  |                        |            |                        |                  | ortgage, home                                | equity I  | Uaii)     |   |
| Cost of Home  |                        |            |                        | Taxes            |  |           |           |   |
| Cost of Improvements  | vaa (1)                |            |                        | Insurance        | 00   |           |           |   |
| Sq. Footage of Living A   |                        | entory &   | 26                     | Maintenan        | ce<br>rovider # of Ho                        | ure       |           |   |
| Sq. Footage of Office A   |                        | storage)   |                        | -                | IOVIUEI # OI HO                              | Julo      |           |   |
| % Office Area ((2) ÷  | (1))                   |            | 2                      | Other            |  |           |           |   |

|            | QUESTIONS (Taxpayer or Spous  | se)                |              | 1 |
|------------|---|--------------------|--------------|---|
| For        | yes answers, supply details on the next page or on a separate sheet:  |                    |              |   |
| 1.         | The state of the state of the state of any change to a lax returns  | Yes                | No 🗆         |   |
| 2.         | Are any of your claimed dependents not residents or citizens of the U.S.?   | Yes                | No 🗆         |   |
| 3.         | = 15 year mane any gine of ever \$10,000 to any manual  |                    |              |   |
| 4.         | (with no tax advantage to you)?   | Yes                | No 🗆         |   |
| 5.         | y and any reverse or reverse of reverse barne accounts:   | Yes                | No 🗆         |   |
|            | income earned abroad?   | Yes                | No 🗆         |   |
| 6.         | The state and the state of the | .00                | 110          |   |
| 7          | victim of a ponzi scheme?   | Yes                | No 🗆         |   |
| 7.<br>8.   | y a second daring the your.   | Yes                | No 🗆         |   |
| 9.         |   | Yes                | No 🗆         |   |
| 10.        | Have you used bartering to exchange any goods or services?  | Yes                | No 🗆         |   |
| 11.        |   | Yes                | No 🗆         |   |
|            | pursuant to a military order?   | Yes                | No 🗆         |   |
| 12.        |   |                    |              |   |
| 13.        | prior year casualty, theft loss or medical deduction?   | Yes                | No 🗆         | * |
| 13.        | Did you start a new business during the year or do you expect to start one this coming year?  | Voc 🗆              | No. 🗆        |   |
| 14.        | Do you expect any significant changes in income, withholding taxes  | Yes                | No 🗆         |   |
|            | or your tax liability for the coming year?  | Yes                | No 🗆         |   |
| 15.        | Did you receive any source of income that is not listed in this booklet   |                    |              |   |
| 16.        | (lottery, awards, etc.)?  | Yes                | No 🗆         |   |
| 10.        | Do you have children under age 19 with investment income (age 24 if dependent student)?   | Vac 🗆              | N- □         |   |
| 17.        | Did you pay anyone (over 18) \$2,200 or more to work at your home   | Yes                | No 🗆         |   |
|            | (housecleaning, yard work or other domestic help) during the calendar   |                    |              |   |
| 18.        | year? If yes, submit details.   | Yes                | No 🗆         |   |
| 10.        | Do you wish to designate \$3.00 of your taxes to the Presidential Campaign Fund?  | Voc 🗆              | No 🗆         |   |
| 19.        | Did you or anyone in your household receive a stimulus payment?   | Yes □              | No □         |   |
|            | If yes, note who and the amount received.   | 103                | 140          |   |
| 20.        | Did you donate a partial interest in any goods to charitable organizations?   | Yes                | No 🗆         |   |
| 21.        | Do you have a medical or health savings account (MSA or HSA)?   | Yes                | No 🗆         |   |
| 22.        | If you reached the age of 72, have you considered retirement savings withdrawals? (minimums are exempt for 2020)  | Yes                | No 🗆         |   |
| 23.        | Did you receive employer-provided: commuter transportation benefits?  | Yes                | No 🗆         |   |
|            | educational assistance?   | Yes                | No □<br>No □ |   |
| 24.        | Did you pay long-term healthcare insurance premiums or receive benefits?  | Yes                | No 🗆         |   |
| 25.        | Are you paying off a student loan?  | Yes                | No 🗆         |   |
| 26.        | Are you a school teacher who paid for classroom materials without   | –                  |              |   |
| 27.        | reimbursement? Please provide a recap of expenses for potential deduction.  Have you or your dependents taken a distribution from a qualified   | Yes                | No 🗆         |   |
|            | tuition program (QTP) or 529 program during the year?   | Yes                | No 🗆         |   |
| 28.        | Did you roll funds into a Roth IRA during the year?   | Yes                | No 🗆         |   |
| 29.        | Did you purchase any energy-efficient equipment during the year (hybrid   |                    |              |   |
| 20         | car, air conditioner, furnace, windows, doors, water heater, etc.)?   | Yes                | No 🗆         |   |
| 30.<br>31. | Did you have qualified military combat pay?  Do you own bonds that qualify for the Gulf Bond, Renewable Energy or   | Yes                | No 🗆         |   |
| 01.        | Build America bond credits?   | Yes                | No 🗆         |   |
| 32.        | If over age 70½, did you make a direct contribution to a charity from an IRA?   | Yes                | No □         |   |
| 33.        | Did you receive any premium health insurance credits during the year?   | Yes                | No 🗆         |   |
| 35.        | Did you buy, sell, or use any digital currency during the year?   | Yes                | No 🗆         |   |
| Pleas      | e answer all questions above. Provide details for any "Yes" answers. A "No" answer will be assume   | ed if not otherwis | se indicated | ) |

|   | ADDITIONAL DETAILS AND COMMENTS  |  |  |
|---|--|--|--|
| Q # or.<br>Page #                                       | Description  | Amount   |  |
|   |  |  |  |
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| Question  | ns you may have:   |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   | CHECKLIST AND CERTIFICATIO   | N  |  |
|   | view amounts and details listed in this tax booklet to assure for completen close all copies of W-2 and W-2G forms. Include a copy of all 1099 and 1098  |  |  |
| End Sub that Incl If you If su                          | view amounts and details listed in this tax booklet to assure for completen close all copies of W-2 and W-2G forms. Include a copy of all 1099 and 1098 close health insurance coverage confirmation (Form 1095 or equivalent), omit other supportive documents, [e.g. Form 1098 and state / county property that may be requested or may be necessary to help justify or clarify a deduction fude any IRS-provided one-time use PIN information for tax identification from put pay estimated taxes, enclose estimated forms. Submitting tax data for the first time, include a copy of your previous tax retaxtensions have been filed, please include a copy of extension forms. Seviewed the information contained in this booklet and to the best of my lead, correct, and complete.  (Signature)  WHEN COMPLETE — MAIL — DROP OFF — OR CALL FOR AN APP   | y tax statement(s)] , transaction or sale. and protection.  urn.  knowledge certify  |  |
| End Sub that Incl If you If su                          | close all copies of W-2 and W-2G forms. Include a copy of all 1099 and 1098 close health insurance coverage confirmation (Form 1095 or equivalent), omit other supportive documents, [e.g. Form 1098 and state / county property that may be requested or may be necessary to help justify or clarify a deduction used any IRS-provided one-time use PIN information for tax identification fragou pay estimated taxes, enclose estimated forms. Submitting tax data for the first time, include a copy of your previous tax retaxtensions have been filed, please include a copy of extension forms. Eviewed the information contained in this booklet and to the best of my lead, correct, and complete.  (Signature)  WHEN COMPLETE — MAIL — DROP OFF — OR CALL FOR AN APP  | y tax statement(s)] , transaction or sale. and protection.  urn.  knowledge certify  |  |
| End Sub that Incl If you If su                          | close all copies of W-2 and W-2G forms. Include a copy of all 1099 and 1098 close health insurance coverage confirmation (Form 1095 or equivalent), mit other supportive documents, [e.g. Form 1098 and state / county property that may be requested or may be necessary to help justify or clarify a deduction lude any IRS-provided one-time use PIN information for tax identification fragou pay estimated taxes, enclose estimated forms.  Submitting tax data for the first time, include a copy of your previous tax retax extensions have been filed, please include a copy of extension forms.  Seviewed the information contained in this booklet and to the best of my lay, correct, and complete.  (Signature)  | y tax statement(s)] , transaction or sale. and protection.  urn.  knowledge certify  |  |
| End End Sub that Incl If yo                             | close all copies of W-2 and W-2G forms. Include a copy of all 1099 and 1098 close health insurance coverage confirmation (Form 1095 or equivalent), or other supportive documents, [e.g. Form 1098 and state / county property that may be requested or may be necessary to help justify or clarify a deduction stude any IRS-provided one-time use PIN information for tax identification from the pay estimated taxes, enclose estimated forms. Submitting tax data for the first time, include a copy of your previous tax retaxtensions have been filed, please include a copy of extension forms. Seviewed the information contained in this booklet and to the best of my lead, correct, and complete.  (Signature)  WHEN COMPLETE — MAIL — DROP OFF — OR CALL FOR AN APPENDIRECT DEPOSIT  | y tax statement(s)] y tax statement(s) y tax st |  |
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