



Selina J. Ashworth, CPA

January 9, 2021

Hello Clients and Friends,

As we say farewell to 2020, we welcome a new year and say hello to another Tax Season. It is time to start thinking about taxes and watching for your income tax information to arrive in the mail. The IRS will soon announce when we are able to begin processing 2020 tax returns. As soon as you have your information let us know and we will be happy to help you file your return. It is not necessary to wait until you have all your information to call and schedule an appointment time.

We are currently preparing our office for the upcoming tax filing season and have completed your income tax organizer. We have uploaded your tax organizer to our secure portal. If we have your e-mail you should have received a message with instructions for accessing your documents, please let us know if you did not receive the e-mail.

**SecureFilePro Document Portal:** You will create your own password, or if you used this system last year you will use the same one for accessing the portal. If you do not remember your password, please call or email us at [office@ashworthaccounting.com](mailto:office@ashworthaccounting.com) so we can send you a new activation email to reset it.

You can also send us your documents through this portal by scanning your documents and uploading them directly into this portal. After you upload documents it will send a message to my bookkeeper that your information has been received.

**Appointments:** We offer both evening and Saturday appointments for your convenience, however these are usually the first to go. If an evening or Saturday appointment is important to you, please call right away to secure a time. Available appointments are given out to the first callers, so make sure you plan ahead if you need a specific time or day. Appointments do run out so please call early to get your appointment scheduled. (Usually all gone by end of February early March.) To schedule your appointment, please call 480-945-0623, and Dax will assist you with getting it set up. E-mailed requests for appointments should be sent to [office@ashworthaccounting.com](mailto:office@ashworthaccounting.com), but it is faster if you call the office.

3514 N. Power Road, Ste 127, Mesa, AZ 85215  
Phone: (480) 945-0623 \* Fax: (480) 945-7717  
[www.ashworthaccounting.com](http://www.ashworthaccounting.com)

We have all experienced a very challenging and chaotic year. With what we currently understand about Covid-19 and how rapidly it spreads, as well as the terms of the quarantine periods from exposure to it, we are only going to do Virtual appointments this tax season for everyone's safety.

**Virtual Appointments:** We have a secure meeting program called AnyMeeting for our appointments. We will send you a meeting link and pin number for computer access, or if you prefer a phone call, you will also receive a phone number to call and check into the meeting. This platform works like other programs such as Zoom, Teledoc or Facetime. If you experience technical difficulty accessing the meeting, please call our office for assistance.

We need to have your tax information, the completed questionnaire and signed engagement letter received by our office at least three days in advance of your appointment so that we have time to work on your information and be ready for our meeting. You can upload the documents to the portal, email the documents to [office@ashworthaccounting.com](mailto:office@ashworthaccounting.com), mail them to our office or drop them off. If you don't require or want an appointment, you can still send your tax information to us by the same means. Due to the Mesa mask mandate in place at this time, a mask must be worn in our office.

If we happen to be out of appointment times when you call, we are still able to assist you, but you would need to have your paperwork submitted to our office by March 17<sup>th</sup> to guarantee we can finish it by the April 15<sup>th</sup> deadline, otherwise it may be extended, although we will do everything in our power to get it filed on time.

Our last tax appointment will be April 7<sup>th</sup>, so we have time to get all the tax extensions calculated and e-filed by the April 15<sup>th</sup> deadline.

**DocuSign:** We are still using DocuSign to assist you with signing the e-file forms that we require to process your tax return. This allows us to electronically send you the signature forms so you can create a signature, which is submitted back to us so we can process your tax return. The live signature is not required.

**Audit Protection Insurance:** Our office is also offering Audit Protection Insurance again this year. This insurance is optional for you, but due to the increased volume of fraud and identity theft we highly recommend you consider the audit protection insurance. This insurance will assist you with the IRS if there is ever an issue, or it can assist you in restoring your identity if your information is ever compromised. The insurance reimburses you up to \$2,500 of expenses caused due to audit or ID theft. The insurance policy for the tax year is \$84.95 and covers the returns federal audit period.

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**Website, Blog & Newsletter:** We have just developed a new firm website in December 2020: [ashworthaccounting.com](http://ashworthaccounting.com)

**Website:** You can find important government websites, forms and general information. We have also provided links to our SecureFilePro portal, and Payroll Processing platform on the website. We will be updating this site to keep it as current as possible.

**Blog:** We are also running a blog with current tax issues and rules, as well as trying to keep up on current tax law changes and updates. There is also a Q&A on our blog if you have questions or information to share with other clients and with our staff. Please do not add any of your personal information to the Blog, as it is not private. If you have specific questions for any blog topic, please contact us directly.

**Newsletter:** We are also starting a Newsletter. You can sign up directly on the website and can cancel anytime. The Newsletter will provide you with various tax articles and information to keep you up to date on what is changing and evolving in our financial, tax and accounting industry.

**Tax CD's:** If you would like to purchase a CD or a custom USB drive with a copy of your current income tax return and backup source documents we are providing them with your paper copy of the return.

CD:           \$20.00  
USB drive:   \$35.00

We are only required to keep 3 years of your tax returns and documentation, since all originals are returned directly to you. If you would like to purchase prior years on a CD or USB drive before we purge another tax year from our files, please let us know and we can create those for you as well.

We look forward to working with you and assisting you with your tax and accounting needs!

Sincerely,

*Selina J. Welle*

Selina J. Welle, CPA

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## 2020 Tax Organizer Personal and Dependent Information

### Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

#### Marital Status at end of 2020

- ☐ Married  
☐ Married filing separately  
☐ Single  
☐ Widow(er) If spouse died in 2020 enter the date of death \_\_\_\_\_

#### Other information

- Are you blind?  
 Are you disabled?  
 Are you a full-time student?  
 Do you want \$3 to go to the Presidential Election Campaign Fund?

#### Taxpayer

- ☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No

#### Spouse

- ☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency? ☐ Yes ☐ No

### Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

### COVID-19 Implications

Yes No

- ☐ ☐ Did you receive an Economic Impact Payment (EIP)?  
 If "Yes," provide Notice 1444 from the IRS.  
☐ ☐ Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?  
☐ ☐ Were you unemployed for any portion of the year due to COVID-19?  
☐ ☐ Did you continue to receive wages from your employer even if you were unable to work?  
☐ ☐ Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?

If you own a farm or business:

- ☐ ☐ Did you continue to pay any employee while they were not working?  
☐ ☐ Did you delay withholding FICA taxes from any employee's pay?  
☐ ☐ Did you receive a Paycheck Protection Program (PPP) loan?

If "Yes," was the loan forgiven or have you applied for forgiveness? \_\_\_\_\_

- ☐ ☐ Were you unable to work due to COVID-19 and, if employed by someone other than yourself, would have qualified for sick or family leave?

### Appointment Information

Your 2020 appointment is scheduled for \_\_\_\_\_

## Additional Taxpayer Information

Name:

SSN:

## Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

## Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

## Identification Information

## Taxpayer

Type of photo ID ☐ Driver's license ☐ State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

## Spouse

Type of photo ID ☐ Driver's license ☐ State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_



## Income

Name:

SSN:

**Wages & Salaries**

Provide all copies of Form W-2

Employer name	2020 federal wages

**Retirement**

Provide all copies of Form 1099-R

Payer name	2020 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

☐

Yes

☐

No

**Form 1099-Misc and Form 1099-NEC Income**

Provide all copies of Forms 1099-MISC and 1099-NEC

Payer name	2020 amount

SSN:

Provide all copies of Form 1099-DIV & other statements that report dividend income

[illegible]

Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income

[illegible]

N\_INC2.LD





## Other Income and Adjustments

Name:

SSN:

## Other Income

	2020 Taxpayer	2020 Spouse
Scholarships or grants not reported on Form W-2 . . . . .		
State income tax refund (attach Forms 1099-G) . . . . .		
Social Security Benefits (attach Forms 1099-SSA) . . . . .		
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .		
Alimony received		
Divorce or separation date _____ Amount _____		
Unemployment compensation (attach Forms 1099-G) . . . . .		
Unemployment compensation repaid in 2020 . . . . .		
Gambling winnings (attach Forms W2-G) . . . . .		
Alaska Permanent Fund . . . . .		
ABLE distributions . . . . .		
Other income: _____		
_____		
_____		

## Adjustments

	2020 Taxpayer	2020 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .		
Contributions made to a Health Savings Account (HSA) . . . . .		
Contributions made to a Self-Employed Pension plan (SEP) . . . . .		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .		
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____		
Name _____		
SSN _____ Divorce or separation date _____		
Contributions made to an Individual Retirement Account (IRA) . . . . .		
Contributions made to a Roth IRA . . . . .		
Interest paid on a student loan . . . . .		
Other adjustments: _____		

## Job-related Moving Expenses

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2020

Number of miles from old home to old workplace . . . . .	
Number of miles from old home to new workplace . . . . .	
Expense to move household goods and personal effects and lodging expenses while traveling to your new home (Do not include cost of meals) . . . . .	

## Schedule C - Profit or Loss from Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

☐ This business started or was acquired during 2020☐ Yes ☐ No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

☐ This business was disposed of during 2020☐ Yes ☐ No

You filed Forms 1099 for the individuals

**Income**

2020

2020

Gross receipts or sales . . . . . \_\_\_\_\_ Other income . . . . . \_\_\_\_\_

Returns &amp; allowances . . . . . \_\_\_\_\_ \_\_\_\_\_

**Expenses**

2020

2020

Advertising . . . . . \_\_\_\_\_ Travel . . . . . \_\_\_\_\_

Car &amp; truck expenses . . . . . \_\_\_\_\_ Total meals . . . . . \_\_\_\_\_

Commissions &amp; fees . . . . . \_\_\_\_\_ Utilities . . . . . \_\_\_\_\_

Contract labor . . . . . \_\_\_\_\_ Wages . . . . . \_\_\_\_\_

Depletion . . . . . \_\_\_\_\_ Other expenses (list) . . . . . \_\_\_\_\_

Employee benefit programs . . . . . \_\_\_\_\_

Insurance (other than health) . . . . . \_\_\_\_\_

Interest - mortgage . . . . . \_\_\_\_\_

Interest - other . . . . . \_\_\_\_\_

Legal &amp; professional services . . . . . \_\_\_\_\_

Office expenses . . . . . \_\_\_\_\_

Pension &amp; profit sharing plans . . . . . \_\_\_\_\_

Rent or lease (vehicles, machinery, &amp; equipment) . . . . . \_\_\_\_\_

Rent (other business property) . . . . . \_\_\_\_\_

Repairs &amp; maintenance . . . . . \_\_\_\_\_

Supplies . . . . . \_\_\_\_\_

Taxes &amp; licenses . . . . . \_\_\_\_\_

**Cost of Goods Sold**

2020

2020

Inventory at beginning of year . . . . . \_\_\_\_\_ Materials &amp; supplies . . . . . \_\_\_\_\_

Purchases . . . . . \_\_\_\_\_ Other costs . . . . . \_\_\_\_\_

Cost of personal use items . . . . . \_\_\_\_\_ Inventory at end of year . . . . . \_\_\_\_\_

Cost of labor . . . . . \_\_\_\_\_ ☐ There was a change in inventory method

SSN:

## Address, city, state, ZIP

☐ Other

Number of days property was used for personal use

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied

- Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental

- You filed Forms 1099 for the individuals

- ☐ This property was owned as a qualified joint venture

## 2020

Royalties from oil, gas,  
mineral, copyright or patent

### Rental and homeowner expenses

Other expenses

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

2020

### Income or Loss from Partnerships, S corporations, and Fiduciaries

Name: \_\_\_\_\_

SSN:

## Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

[illegible]

## Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

## General Information

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

☐ This farm was disposed of during 2020☐ Yes ☐ No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm☐ Yes ☐ No You filed Forms 1099 for the individuals

## Income

	2020		2020
Sale of livestock / other items . . . . .	_____	Custom hire income . . . . .	_____
Cost of items bought for resale . . . . .	_____	Beginning inventory for accrual . . . . .	_____
Sale of products you raised . . . . .	_____	Ending inventory for accrual . . . . .	_____
Total cooperative distributions . . . . .	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method	
Total agricultural payments . . . . .	_____	Other income . . . . .	_____
Commodity Credit Corporation (CCC) loans:			
CCC loans reported . . . . .	_____		_____
CCC loans forfeited . . . . .	_____		_____
Crop insurance proceeds:			
Amount received in 2020 . . . . .	_____		_____
<input type="checkbox"/> You elect to defer to 2021			
Amount deferred from 2019 . . . . .	_____		_____

## Expenses

	2020		2020
Car & truck expenses . . . . .	_____	Repairs & maintenance . . . . .	_____
Chemicals . . . . .	_____	Seeds & plants purchased . . . . .	_____
Conservation expenses . . . . .	_____	Storage & warehousing . . . . .	_____
Custom hire (machine work) . . . . .	_____	Supplies purchased . . . . .	_____
Employee benefit programs . . . . .	_____	Taxes . . . . .	_____
Feed purchased . . . . .	_____	Utilities . . . . .	_____
Fertilizers & lime . . . . .	_____	Veterinary, breeding, & medicine . . . . .	_____
Freight & trucking . . . . .	_____	Other expenses . . . . .	_____
Gasoline, fuel, & oil . . . . .	_____		_____
Insurance (other than health) . . . . .	_____		_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other . . . . .	_____		_____
Non-W-2 labor hired . . . . .	_____		_____
W-2 wages paid . . . . .	_____		_____
Pension & profit-sharing plans . . . . .	_____		_____
Rent - vehicles, machinery, & equipment . . . . .	_____		_____
Rent - other (land, animals, etc.) . . . . .	_____		_____

## Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Auto Expense**

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes No

- ☐ ☐ This vehicle is available for use during off-duty hours
- ☐ ☐ Another vehicle is available for personal use

Yes No

- ☐ ☐ There is evidence to support your deduction
- ☐ ☐ The evidence is written

**Mileage**

Number of miles the vehicle was driven during 2020

Business . . . . . \_\_\_\_\_

Commuting . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

**Expenses**

Garage rent . . . . . \_\_\_\_\_ Repairs . . . . . \_\_\_\_\_

Gas . . . . . \_\_\_\_\_ Tires . . . . . \_\_\_\_\_

Insurance . . . . . \_\_\_\_\_ Tolls . . . . . \_\_\_\_\_

Licenses . . . . . \_\_\_\_\_ Lease addback . . . . . \_\_\_\_\_

Oil . . . . . \_\_\_\_\_ Other expenses \_\_\_\_\_

Parking fees . . . . . \_\_\_\_\_ \_\_\_\_\_

Rental fees . . . . . \_\_\_\_\_ \_\_\_\_\_

Interest . . . . . \_\_\_\_\_ \_\_\_\_\_

Property tax . . . . . \_\_\_\_\_ \_\_\_\_\_

**Business Use of Home**

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business \_\_\_\_\_

What is the total square footage of your home \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used \_\_\_\_\_

How many hours per day was the area used \_\_\_\_\_

☐ The daycare facility was in operation for the entire year**Expenses****Office expenses****Home expenses**

Mortgage interest . . . . . \_\_\_\_\_

Real estate taxes . . . . . \_\_\_\_\_

Excess mortgage interest . . . . . \_\_\_\_\_

Excess real estate taxes . . . . . \_\_\_\_\_

Insurance . . . . . \_\_\_\_\_

Rent . . . . . \_\_\_\_\_

Repairs &amp; maintenance . . . . . \_\_\_\_\_

Utilities . . . . . \_\_\_\_\_

Other expenses . . . . . \_\_\_\_\_

In the "Office expenses" column,  
enter those expenses that  
pertain exclusively to your office;  
in the "Home expenses" column,  
enter those expenses that  
pertain to the entire dwelling.



## Household Employment

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

Yes No

- ☐ ☐ Did you pay any one household employee cash wages of \$2,200 or more in 2020?
- ☐ ☐ Did you withhold federal income tax during 2020 for any household employee?
- ☐ ☐ Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?
- ☐ ☐ Did you pay unemployment contributions to only one state?
- ☐ ☐ Did you pay all state unemployment contributions for 2020 by April 15, 2021?
- ☐ ☐ Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2020

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax . . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_

TSJ \_\_\_\_\_ Employer Identification Number \_\_\_\_\_

Yes No

- ☐ ☐ Did you pay any one household employee cash wages of \$2,200 or more in 2020?
- ☐ ☐ Did you withhold federal income tax during 2020 for any household employee?
- ☐ ☐ Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?
- ☐ ☐ Did you pay unemployment contributions to only one state?
- ☐ ☐ Did you pay all state unemployment contributions for 2020 by April 15, 2021?
- ☐ ☐ Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2020

Total cash wages subject to Social Security tax . . . . . \_\_\_\_\_

Total cash wages subject to Medicare tax . . . . . \_\_\_\_\_

Total cash wages subject to Additional Medicare tax withholding . . . . . \_\_\_\_\_

Federal income tax withheld . . . . . \_\_\_\_\_



## Schedule A - Itemized Deductions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Medical and Dental Expenses**

Health insurance premiums (paid by you) . . . . . \_\_\_\_\_

Long-term care premiums (you) . . . . . \_\_\_\_\_

Long-term care premiums (your spouse) . . . . . \_\_\_\_\_

Long-term care premiums (dependents) . . . . . \_\_\_\_\_

Mileage driven for medical purposes . . . . . \_\_\_\_\_

**Medical & dental expenses**

Doctor, dental, etc . . . . . \_\_\_\_\_

Prescription medicines . . . . . \_\_\_\_\_

Insulin . . . . . \_\_\_\_\_

Glasses & contacts . . . . . \_\_\_\_\_

Hearing aids . . . . . \_\_\_\_\_

Braces . . . . . \_\_\_\_\_

Medical equipment & supplies . . . . . \_\_\_\_\_

Hospital services . . . . . \_\_\_\_\_

Laboratory services . . . . . \_\_\_\_\_

Nursing services . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

**Taxes Paid**

State and local income taxes . . . . . \_\_\_\_\_

Sales tax . . . . . \_\_\_\_\_

Real estate taxes . . . . . \_\_\_\_\_

Personal property taxes . . . . . \_\_\_\_\_

Other taxes (list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Interest Paid**

Mortgage interest paid (attach Form 1098) . . . . . \_\_\_\_\_

☐ Some of your home mortgage loan was not used to buy, build, or improve your home

Mortgage interest paid to an individual . . . . . \_\_\_\_\_

Paid to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

SSN or EIN \_\_\_\_\_

Mortgage insurance premiums . . . . . \_\_\_\_\_

Investment interest . . . . . \_\_\_\_\_

**Charitable Contributions**

Donations to charity	Cash	Noncash	Amount
Church . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
University . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes \_\_\_\_\_

**Other Miscellaneous Deductions**

Amortizable bond premiums . . . . . \_\_\_\_\_

Federal estate tax . . . . . \_\_\_\_\_

Gambling losses . . . . . \_\_\_\_\_

Impairment-related work expenses . . . . . \_\_\_\_\_

Claim repayments . . . . . \_\_\_\_\_

Unrecovered pension investments . . . . . \_\_\_\_\_

Loss from other activities from Schedule K-1 . . . . . \_\_\_\_\_

Ordinary loss debt instrument . . . . . \_\_\_\_\_

Excess deduction on termination . . . . . \_\_\_\_\_

**Job Expenses & Certain Miscellaneous Deductions**

Necessary job expenses you paid that were not reimbursed by your employer

Safety equipment, tools, & supplies . . . . . \_\_\_\_\_

Uniforms . . . . . \_\_\_\_\_

Protective clothing (shoes, hardhats, glasses, etc.) . . . . . \_\_\_\_\_

Dues to professional organizations . . . . . \_\_\_\_\_

Books & subscriptions . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

Union dues . . . . . \_\_\_\_\_

Tax preparation fees . . . . . \_\_\_\_\_

Other nonpersonal expenses related to taxable income

Safe deposit box fees . . . . . \_\_\_\_\_

Investment expenses not entered elsewhere . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

Home equity interest . . . . . \_\_\_\_\_

## Other Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Mortgage Interest**

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employee Business Expenses**

- ☐ You are a qualified performing artist
 ☐ You are a member of the clergy
- ☐ You are a fee-based state or local government official
 ☐ You used your personal vehicle for your job during 2020
- ☐ You are a disabled employee with impairment-related work expenses
- ☐ You are a reservist

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Parking fees, tolls, local transportation . . . . .	_____	_____
Meals . . . . .	_____	_____
Overnight business travel expenses (Do not include meals & entertainment) . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Casualties and Thefts**

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

## Other Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Child and Other Dependent Care Expenses**

Name of care provider	Address	SSN or EIN	Amount paid

**Education Expenses**

Provide all copies of Form 1098-T

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount

Student name \_\_\_\_\_ Student name \_\_\_\_\_

Type of expense	Amount	Type of expense	Amount