

## 2019 Tax Organizer

### Personal and Dependent Information

#### Personal Information

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

#### Marital Status at end of 2019

- ☐ Married  
☐ Married filing separately  
☐ Single  
☐ Widow(er) If spouse died in 2019 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

#### Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student

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

#### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2018	_____	_____	_____	_____	_____	_____
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

#### Appointment Information

Your 2019 appointment is scheduled for \_\_\_\_\_

## Healthcare Coverage Questionnaire

Name:

SSN:

### Healthcare Information

Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all

YES    NO

☐ ☐ Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?

☐ ☐ Did you pay for healthcare coverage for anyone not listed above?

**If you had coverage for any part of the year:**

Where was the policy obtained?

Employer / Medicare / Medicaid / Marketplace(Exchange) / Other

**If you didn't have coverage part or all of the year:**

Answer YES if the following applies to any member of the household

☐ ☐ Was your previous insurance policy canceled in 2019?

☐ ☐ Was coverage offered by your employer or your spouse's employer?

☐ ☐ Are you a member of a federally recognized Indian tribe?

☐ ☐ Are you eligible for services through an Indian healthcare provider?

☐ ☐ Are you a member of a healthcare sharing ministry?

☐ ☐ Did you live in the United States the entire year?

☐ ☐ Are you enrolled in TRICARE?

☐ ☐ Did you apply for CHIP coverage?

☐ ☐ Do any of the following apply to you? Do NOT indicate which one.

- Became homeless
- Evicted in the past six months, or facing eviction or foreclosure
- Received a shut-off notice from a utility company
- Recently experienced domestic violence
- Recently experienced the death of a close family member
- Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
- Filed for bankruptcy in the last six months
- Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
- Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

## Healthcare Coverage Questionnaire for taxpayer and spouse (for preparer use)

### PRIMARY TAXPAYER

	All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

### SPOUSE

	All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Employer offered health coverage which was declined													
If YES, what would be the cost for SELF coverage?													
If YES, what would be the cost for FAMILY coverage?													
Would the FAMILY policy have covered the spouse?													

	<u>All Year</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?										

	<u>All Year</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>
Insured through Marketplace (Exchange). MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?										

	All Year	January	February	March	April	May	June	July	August	September	October	November	December
Insured through Marketplace (Exchange); MUST provide 1095-A													
Had health care coverage from another source													
Was exempt from health care mandate. Has Exemption Certificate Number? If yes, provide number.													
Required to file a return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGI of that return?										

## Child and Dependent Care

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

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

**Child Care Provider's Information**

	2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____	_____
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b>	State, ZIP _____	
<b>Foreign only</b>	Province/State, Country, Postal code _____	

	2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____	_____
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b>	State, ZIP _____	
<b>Foreign only</b>	Province/State, Country, Postal code _____	

	2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____	_____
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b>	State, ZIP _____	
<b>Foreign only</b>	Province/State, Country, Postal code _____	

	2019	2018
Social Security Number or Employer ID Number _____	Amount paid _____	_____
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b>	State, ZIP _____	
<b>Foreign only</b>	Province/State, Country, Postal code _____	

# Wages and Salaries

Name:

SSN:

## Provide all copies of Form W-2

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2019	2018		2019	2018
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____		
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name	_____	
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____		
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name	_____	
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2019	2018		2019	2018
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____		
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name	_____	
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____		
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name	_____	
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

## Interest Income

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

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

**Provide all Form(s) 1099-INT relating to Interest Income**

[illegible]

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?

☐ Yes ☐ No

Drake Software - Individual Organizer - Copyright 2019	Please attach additional sheets if necessary.	C_INT-1D
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ISSN:

**Provide all Form(s) 1099-DIV relating to dividend income**

[illegible]

Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country? ☐ Yes ☐ No

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Please attach additional sheets if necessary.



## Schedule C - Profit or Loss from Business

Name:

SSN:

**General Business Information**

TS \_\_\_\_\_ Principal business product or profession \_\_\_\_\_ Business code \_\_\_\_\_

Employer I.D. number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

U.S. only State, ZIP \_\_\_\_\_

Foreign only Province/State, Country, Postal code \_\_\_\_\_

Accounting method, if not cash ☐ Accrual ☐ Other \_\_\_\_\_Inventory method, if not cost ☐ Lower of cost or market ☐ OtherChange of inventory method ☐ Yes ☐ NoYou started or acquired this business during 2019 ☐Some investment is NOT at risk ☐You disposed of this property during 2019 ☐Did you make any payments in 2019 that would require you to file Forms 1099? ☐ Yes ☐ NoIf "Yes," did you or will you file all required Forms 1099 for the individuals? ☐ Yes ☐ No**Other Information**

	2019	2018
Family health coverage . . . . .	_____	_____

**Income**

	2019	2018
Gross receipts or sales . . . . .	_____	_____
Returns and allowances . . . . .	_____	_____
Other income . . . . .	_____	_____

**Cost of Goods Sold**

	2019	2018
Inventory at beginning of the year . . . . .	_____	_____
Purchases (less cost of items withdrawn for personal use) . . . . .	_____	_____
Cost of labor . . . . .	_____	_____
Materials and supplies . . . . .	_____	_____
Other costs (list on detail worksheet) . . . . .	_____	_____
Inventory at end of year . . . . .	_____	_____

2019

## Schedule C - Profit or Loss from Business

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

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

## Expenses

TS \_\_\_\_\_ Business name \_\_\_\_\_ Profession or product \_\_\_\_\_

2019

2018

Advertising . . . . .

Car and truck expenses . . . . . \_\_\_\_\_

Commissions and fees . . . . . \_\_\_\_\_

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

Depletion . . . . .

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

Insurance (other than health) . . . . .

Interest - mortgage (paid to banks, etc.) . . . . . \_\_\_\_\_

Interest - other . . . . .

Legal and professional services . . . . .

Office expenses . . . . .

Pension and profit sharing plans . . . . .

Rent or lease (vehicles, machinery, and equipment) . . . . .

Rent (other business property) . . . . .

Repairs and maintenance . . . . .

Supplies . . . . .

Taxes and licenses (including real estate taxes) . . . . .

Travel .....

Total meals	.....
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Utilities . . . . .

Wages . . . . .

Other expenses (list):

\_\_\_\_\_

.....

\_\_\_\_\_

.....

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## Casualties and Thefts

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

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

FEMA code \_\_\_\_\_

Description of property \_\_\_\_\_

Location of property \_\_\_\_\_

Was property ☐ Personal ☐ Business ☐ Income-producing ☐ Employee income-producing

Date acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost or other basis . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) . . . . . \_\_\_\_\_ Date of incident . . . . . \_\_\_\_\_

### Theft Loss Deduction for Ponzi-Type Investment Scheme

#### Part I Computation of Deduction

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

#### Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

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

FEMA code \_\_\_\_\_

Description of property \_\_\_\_\_

Location of property \_\_\_\_\_

Was property ☐ Personal ☐ Business ☐ Income-producing ☐ Employee income-producing

Date acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost or other basis . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) . . . . . \_\_\_\_\_ Date of incident . . . . . \_\_\_\_\_

### Theft Loss Deduction for Ponzi-Type Investment Scheme

#### Part I Computation of Deduction

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

#### Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

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

## Installment Sale Income

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

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

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____	Date sold _____	2019	Prior years
Selling price . . . . .		_____	_____
Mortgages assumed . . . . .		_____	_____
Cost of property sold . . . . .		_____	_____
Depreciation allowed . . . . .		_____	_____
Commissions and expense of sale . . . . .		_____	_____
Gross profit percentage . . . . .		_____	_____
Interest received . . . . .		_____	_____
Principal payments received . . . . .		_____	_____

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____	Date sold _____	2019	Prior years
Selling price . . . . .		_____	_____
Mortgages assumed . . . . .		_____	_____
Cost of property sold . . . . .		_____	_____
Depreciation allowed . . . . .		_____	_____
Commissions and expense of sale . . . . .		_____	_____
Gross profit percentage . . . . .		_____	_____
Interest received . . . . .		_____	_____
Principal payments received . . . . .		_____	_____

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____	Date sold _____	2019	Prior years
Selling price . . . . .		_____	_____
Mortgages assumed . . . . .		_____	_____
Cost of property sold . . . . .		_____	_____
Depreciation allowed . . . . .		_____	_____
Commissions and expense of sale . . . . .		_____	_____
Gross profit percentage . . . . .		_____	_____
Interest received . . . . .		_____	_____
Principal payments received . . . . .		_____	_____

## Schedule E - Income or Loss from Rental Real Estate & Royalties

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

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

### General Property Information

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

#### Select the property type

☐ Single family residence☐ Vacation / short-term rental☐ Land☐ Self-rental☐ Multi-family residence☐ Commercial☐ Royalties☐ Other \_\_\_\_\_

Number of days property was rented \_\_\_\_\_

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 \_\_\_\_\_

☐ This property is your main home or second home☐ Yes ☐ No

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

☐ This property was disposed of during 2019☐ Yes ☐ No

You filed Forms 1099 for the individuals

☐ This property was owned as a qualified joint venture

### Income

2019

2018

2019

2018

Rent Income . . . . .

Royalties from oil, gas,  
mineral, copyright or patent . . . . .

### Expenses

#### Rental unit expenses

#### Rental and homeowner expenses

Advertising . . . . .

Auto &amp; travel . . . . .

Cleaning &amp; maintenance . . . . .

Commissions . . . . .

Insurance . . . . .

Legal &amp; professional fees . . . . .

Management fees . . . . .

Mortgage interest . . . . .

Other interest . . . . .

Repairs . . . . .

Supplies . . . . .

Taxes . . . . .

Utilities . . . . .

Depletion . . . . .

Other expenses (list)

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.

**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]

## Form 4835 - Farm Rental Income and Expenses

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

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

**General Information**

Description \_\_\_\_\_ Employer ID number \_\_\_\_\_

☐ This farm was disposed of during 2019**Income**

	2019	2018		2019	2018
Income from production of livestock, grains, and other crops . . . . .	_____	_____	Crop insurance proceeds:		
Total cooperative distributions . . . . .	_____	_____	Amount received in 2019 . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____	<input type="checkbox"/> You elect to defer to 2020		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2018 . . . . .	_____	_____
CCC loans reported . . . . .	_____	_____	Other income . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____		_____	_____

**Expenses**

	2019	2018		2019	2018
Car & truck expenses . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Taxes . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Utilities . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Other expenses (list)		
Freight & trucking . . . . .	_____	_____		_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____		_____	_____
Insurance (other than health) . . . . .	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other . . . . .	_____	_____		_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____		_____	_____
Pension & profit-sharing plans . . . . .	_____	_____		_____	_____
Rent - vehicles, machinery & equip . . . . .	_____	_____		_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____		_____	_____
Repairs & maintenance . . . . .	_____	_____		_____	_____



## Schedule F - Profit or Loss from Farming

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

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

**General Information**

Principal product \_\_\_\_\_

Employer ID number \_\_\_\_\_

☐ This farm was disposed of during 2019☐ 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**

	2019	2018		2019	2018
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 2019 . . . . .	_____	_____		_____	_____
<input type="checkbox"/> You elect to defer to 2020				_____	_____
Amount deferred from 2018 . . . . .	_____	_____		_____	_____

**Expenses**

	2019	2018		2019	2018
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, & equip . . . . .	_____	_____		_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____		_____	_____

2019

## Form 1099-G Unemployment Compensation

Name:

SSN:

**Provide all copies of Form 1099-G**

TSJ \_\_\_\_\_ Payer's Federal I.D. Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

**U.S. only** State, ZIP: \_\_\_\_\_**Foreign only** Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_ Account number: \_\_\_\_\_

	2019	2018		2019	2018
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year . . . . .	_____	_____	Market gain . . . . .	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____		
Tax year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
Federal tax withheld . . . . .	_____	_____	State withholding . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants . . . . .	_____	_____			
Agriculture . . . . .	_____	_____			

TSJ \_\_\_\_\_ Payer's Federal I.D. Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

**U.S. only** State, ZIP: \_\_\_\_\_**Foreign only** Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_ Account number: \_\_\_\_\_

	2019	2018		2019	2018
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year . . . . .	_____	_____	Market gain . . . . .	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____		
Tax year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
Federal tax withheld . . . . .	_____	_____	State withholding . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants . . . . .	_____	_____			
Agriculture . . . . .	_____	_____			

## Form 1099-MISC

Name:

SSN:

**Provide all copies of Form 1099-MISC**

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_

Payer's name: \_\_\_\_\_

Address: \_\_\_\_\_

	2019	2018		2019	2018
Rents . . . . .	_____	_____	State ____ State I.D. _____		
Royalties . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
Other income . . . . .	_____	_____	State income . . . . .	_____	_____
Description _____			Name of locality _____		
Federal tax withheld . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Fishing boat proceeds . . . . .	_____	_____	Local income . . . . .	_____	_____
Medical and health care payments . . . . .	_____	_____	State ____ State I.D. _____		
Non-employee compensation . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
Substitute payments . . . . .	_____	_____	State income . . . . .	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality _____		
Crop insurance proceeds . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Excess golden parachute . . . . .	_____	_____	Local income . . . . .	_____	_____
Gross attorney proceeds . . . . .	_____	_____			
Taxable Proceeds . . . . .	_____	_____			
Section 409A deferrals . . . . .	_____	_____			
Section 409A income . . . . .	_____	_____			

**Pension, Annuities, Retirement, Etc. Distributions**

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

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

**Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.**

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Address: \_\_\_\_\_

	2019	2018		2019	2018
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .	_____	_____
Gross distribution . . . . .	_____	_____	State distribution . . . . .	_____	_____
Taxable amount . . . . .	_____	_____	Name of locality _____		
Total distribution . . . . .	<input type="checkbox"/>		Local income tax withheld . . . . .	_____	_____
Capital gain . . . . .	_____	_____	Local distribution . . . . .	_____	_____
Federal income tax withheld . . . . .	_____	_____	State _____ State I.D. _____		
Employee contributions or insurance premiums . . . . .	_____	_____	State income tax withheld . . . . .	_____	_____
Distribution code(s) . . . . .	_____	_____	State distribution . . . . .	_____	_____
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution _____			Local income tax withheld . . . . .	_____	_____
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No			Local distribution . . . . .	_____	_____

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Address: \_\_\_\_\_

	2019	2018		2019	2018
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .	_____	_____
Gross distribution . . . . .	_____	_____	State distribution . . . . .	_____	_____
Taxable amount . . . . .	_____	_____	Name of locality _____		
Total distribution . . . . .	<input type="checkbox"/>		Local income tax withheld . . . . .	_____	_____
Capital gain . . . . .	_____	_____	Local distribution . . . . .	_____	_____
Federal income tax withheld . . . . .	_____	_____	State _____ State I.D. _____		
Employee contributions or insurance premiums . . . . .	_____	_____	State income tax withheld . . . . .	_____	_____
Distribution code(s) . . . . .	_____	_____	State distribution . . . . .	_____	_____
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution _____			Local income tax withheld . . . . .	_____	_____
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No			Local distribution . . . . .	_____	_____

**Social Security Benefit Statement**

TS _____	2019	2018	TS _____	2019	2018
Net benefits . . . . .	_____	_____	Net benefits . . . . .	_____	_____
Medicare premiums . . . . .	_____	_____	Medicare premiums . . . . .	_____	_____
Income tax withheld . . . . .	_____	_____	Income tax withheld . . . . .	_____	_____

## Adjustments

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

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

**Moving Expenses**

TSJ \_\_\_\_\_

☐ 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.

2019

2018

Enter the number of miles from your OLD home to your NEW workplace . . . . . \_\_\_\_\_

Enter the number of miles from your OLD home to your OLD workplace . . . . . \_\_\_\_\_

Enter the amount you paid for transportation and storage of household goods and personal effects . . . . . \_\_\_\_\_

Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals) \_\_\_\_\_

Enter the amount of moving expenses reimbursed to you by your employer . . . . . \_\_\_\_\_

**Self-Employed Health Insurance**

TSJ \_\_\_\_\_

2019

2018

Enter the qualified long term care amount . . . . . \_\_\_\_\_

Enter your Medicare wages from an S corporation . . . . . \_\_\_\_\_

**Self-Employed Pensions**

TSJ \_\_\_\_\_

2019

2018

Enter your plan contribution rate as a decimal . . . . . \_\_\_\_\_

Enter your allowable elective deferrals made during 2019 . . . . . \_\_\_\_\_

Enter your catch-up contributions . . . . . \_\_\_\_\_

Enter the amount of designated ROTH contributions included above . . . . . \_\_\_\_\_

**Nondeductible IRAs**

TS \_\_\_\_\_

2019

2018

Total traditional IRA contributions made for 2019 . . . . . \_\_\_\_\_

Total basis in traditional IRAs as of 12/31/2019 . . . . . \_\_\_\_\_

Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers) . . . . . \_\_\_\_\_

Amount of traditional IRAs converted to ROTH IRAs . . . . . \_\_\_\_\_

IRA basis before conversion . . . . . \_\_\_\_\_

Total ROTH IRA contributions made for 2019 . . . . . \_\_\_\_\_

**Health Savings Account**

TSJ \_\_\_\_\_

2019

2018

HSA contributions made for 2019 . . . . . \_\_\_\_\_

Total distributions from all HSAs during 2019 . . . . . \_\_\_\_\_

Distributions included above that were rolled over into another account . . . . . \_\_\_\_\_

Qualified medical expenses paid using HSA distributions . . . . . \_\_\_\_\_

## Noncash Charitable Contributions

Name:

SSN:

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_ ☐ Capital gain property

Date contributed \_\_\_\_\_

**Property type (if over \$5,000)** ☐ Donated property is publicly traded security

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000                         | <input type="checkbox"/> Equipment                     | <input type="checkbox"/> Collectibles          |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher     | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles              |
| <input type="checkbox"/> Qualified conservation                                | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Other                 |

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_ ☐ Capital gain property

Date contributed \_\_\_\_\_

**Property type (if over \$5,000)** ☐ Donated property is publicly traded security

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000                         | <input type="checkbox"/> Equipment                     | <input type="checkbox"/> Collectibles          |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher     | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles              |
| <input type="checkbox"/> Qualified conservation                                | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Other                 |

## Other Income and Adjustments

Name:

SSN:

## Other Income

☐ Did you receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency at any time during 2019?

	2019 Taxpayer	2018 Taxpayer	2019 Spouse	2018 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 2019 . . . . .				
Gambling winnings (attach Forms W2-G) . . . . .				
Alaska Permanent Fund . . . . .				
ABLE distributions . . . . .				
Other income: _____				
_____				
_____				

## Adjustments

	2019 Taxpayer	2018 Taxpayer	2019 Spouse	2018 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: _____				

## Schedule A - Itemized Deductions

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

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

**Medical and Dental Expenses**

2019

2018

Health insurance premiums  
(paid by you, not through work) . . . . .

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

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

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

Mileage driven for medical purposes . . . . .

Out of pocket medical and  
dental expenses (list) . . . . .

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 \_\_\_\_\_

Investment interest . . . . .

**Charitable Contributions**

2019

2018

Donations to charity (cash) . . . . .

Disaster relief contributions . . . . .

Miles driven for charitable purposes . . . . .

Donations to charity (noncash) . . . . .

If noncash donations are greater than \$500, list below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Miscellaneous Deductions**

Amortizable bond premiums . . . . .

Federal estate tax . . . . .

Gambling losses . . . . .

Impairment-related work expenses . . . . .

Claim repayments . . . . .

Unrecovered pension investments . . . . .

Schedule K-1 . . . . .

Ordinary loss debt instrument . . . . .

**For state purposes ONLY****Job Expenses & Certain Miscellaneous Deductions**Necessary job expenses you paid that were not reimbursed by your  
employer (list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tax preparation fees . . . . .

Other nonpersonal expenses related to taxable income (list)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Investment expenses not  
entered elsewhere . . . . .Qualified mortgage insurance  
premiums . . . . .

Home equity interest . . . . .



**Mortgage Interest**

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

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

**Provide all copies of Form 1098**

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2019	2018		2019	2018
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2019	2018		2019	2018
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2019	2018		2019	2018
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2019	2018		2019	2018
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real Estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

## Employee Business Expense

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

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

**Employee Business Expense**

TSJ \_\_\_\_\_ Occupation \_\_\_\_\_

- ☐ You are a qualifying performing artist  
☐ You are a fee-based state or local government official  
☐ You are a disabled employee with impairment-related work expenses  
☐ You are a reservist  
☐ You are a member of the clergy

**Part I - Employee Business Expense and Reimbursements**

2019

2018

Parking fees, tolls, and local transportation, including train, bus, etc. \_\_\_\_\_

Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment \_\_\_\_\_

Other business expenses \_\_\_\_\_

Meals \_\_\_\_\_

DOT meals \_\_\_\_\_

Enter reimbursements received from your employer that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for \_\_\_\_\_

Other business expenses \_\_\_\_\_

Meals \_\_\_\_\_

Portion of total expenses that is for impairment-related work expenses of disabled employee \_\_\_\_\_

Portion of total expenses that is for an Armed Forces reservist \_\_\_\_\_

**Business Vehicle Expenses**

Vehicle 1

Vehicle 2

2019

2018

2019

2018

Enter the date vehicle was placed in service \_\_\_\_\_

Total miles vehicle was driven during 2019 \_\_\_\_\_

Business miles \_\_\_\_\_

Average daily roundtrip commuting distance \_\_\_\_\_

Commuting miles included in total miles above \_\_\_\_\_

Taxes \_\_\_\_\_

Gasoline, oil, repairs, vehicle insurance, etc. \_\_\_\_\_

Vehicle rentals \_\_\_\_\_

Inclusion amount \_\_\_\_\_

Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) \_\_\_\_\_

Enter cost or other basis \_\_\_\_\_

Enter section 179 deduction \_\_\_\_\_

Enter depreciation percentage \_\_\_\_\_

If your employer provided a vehicle, was personal use during off duty hours permitted? ☐ Yes ☐ No

Do you or your spouse have another vehicle available for personal use? ☐ Yes ☐ No

Do you have evidence to support your deduction? ☐ Yes ☐ No

If "Yes," is the evidence written? ☐ Yes ☐ No

## Auto Expense Worksheet

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

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

**General Information**

For \_\_\_\_\_

Business name and profession/product \_\_\_\_\_

Description \_\_\_\_\_

Date placed in service \_\_\_\_\_

Was this vehicle available for use during off-duty hours?

☐ Yes ☐ No

Do you or your spouse have another vehicle available for personal use?

☐ Yes ☐ No

Do you have evidence to support your deduction?

☐ Yes ☐ No

If "Yes," is the evidence written?

☐ Yes ☐ No

Enter the number of miles your vehicle was used for:

2019

2018

Prior year  
total

a Business . . . . .

\_\_\_\_\_

Business

\_\_\_\_\_

b Commuting . . . . .

\_\_\_\_\_

Total

\_\_\_\_\_

c Other . . . . .

\_\_\_\_\_

**Expenses**

2019

2018

Garage rent . . . . .

\_\_\_\_\_

\_\_\_\_\_

Gas . . . . .

\_\_\_\_\_

\_\_\_\_\_

Insurance . . . . .

\_\_\_\_\_

\_\_\_\_\_

Licenses . . . . .

\_\_\_\_\_

\_\_\_\_\_

Oil . . . . .

\_\_\_\_\_

\_\_\_\_\_

Parking fees . . . . .

\_\_\_\_\_

\_\_\_\_\_

Rental fees . . . . .

\_\_\_\_\_

\_\_\_\_\_

Interest . . . . .

\_\_\_\_\_

\_\_\_\_\_

Property tax . . . . .

\_\_\_\_\_

\_\_\_\_\_

Repairs . . . . .

\_\_\_\_\_

\_\_\_\_\_

Tires . . . . .

\_\_\_\_\_

\_\_\_\_\_

Tolls . . . . .

\_\_\_\_\_

\_\_\_\_\_

Lease addbacks . . . . .

\_\_\_\_\_

\_\_\_\_\_

Other expenses (list):

Apply business %

\_\_\_\_\_

☐

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐

\_\_\_\_\_

\_\_\_\_\_

## Expenses for Business Use of Your Home

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

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

### Business Use of Home

TSJ \_\_\_\_\_ For \_\_\_\_\_

2019

2018

Square footage of home used exclusively for business. . . . . \_\_\_\_\_

Total square footage of home. . . . . \_\_\_\_\_

### Use of Home for Daycare

2019

2018

Area used part time for business . . . . . \_\_\_\_\_

Total hours used for daycare . . . . . \_\_\_\_\_

Total hours available . . . . . \_\_\_\_\_

 Did you live in the home all year? ☐ Yes ☐ No

### Expenses

#### Office expenses

#### Home expenses

2019

2018

2019

2018

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.

### Cost of Home

2019

2018

 Enter the **smaller** of your home's adjusted basis or its fair market value . . . . . \_\_\_\_\_

 Does this include the value of the land? ☐ Yes ☐ No . . . . . Value of land \_\_\_\_\_

Date placed in service . . . . . \_\_\_\_\_

Date taken out of service . . . . . \_\_\_\_\_

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

**Description of property**

**For Multi**

Placed in service

**Prior depreciation**

**Sec 179 exp**

Date sold \_\_\_\_\_

Sales  
price

**Expense  
of sale**

## Foreign Earned Income

Name:

SSN:

**Part I - General Information**

Taxpayer's foreign address

Street 1. . . . .

Street 2. . . . .

Foreign city . . . . .

Province/State. . . . . Country Postal code

Occupation . . . . .

Employer's name . . . . .

Employer's U.S. address

Street. . . . .

City. . . . . ST Zip

Employer's foreign address

Street 1. . . . .

Street 2. . . . .

City. . . . .

Province/State. . . . . Country Postal code

Employer is: (check any that apply)

☐ A foreign entity☐ A U.S. company☐ Self☐ A foreign affiliate of a U.S. company☐ Other (specify):

If you have previously filed Form 2555, enter the last year you filed Form 2555. \_\_\_\_\_

If you claimed an exclusion in an earlier year, have you ever revoked your choice? ☐ Yes ☐ No

If "Yes," give the type of exclusion \_\_\_\_\_ and tax year \_\_\_\_\_

Of which country are you a citizen? \_\_\_\_\_

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? ☐ Yes ☐ No

If yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country

Number of days

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List your tax homes during your tax year and dates established

Home

Date established

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Foreign Earned Income

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

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

**Part II - Bona Fide Residence Test**

Date bona fide residence began \_\_\_\_\_, ended \_\_\_\_\_

Type of living quarters in foreign country ☐ Purchased house ☐ Rented house or apartment  
☐ Rented room ☐ Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? . . . . . ☐ Yes ☐ No  
 If yes, who and for what period Relationship For what period

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

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? . . . . . ☐ Yes ☐ No

Are you required to pay income tax to the country where you claim bona fide residence? . . . . . ☐ Yes ☐ No

If you were present in the United States during the tax year, enter the information below.

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business	Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

List any contractual terms or other conditions relating to the length of your employment abroad:

List the type of visa under which you entered the foreign country: \_\_\_\_\_ ☐ Yes ☐ No

Did your visa limit the length of your stay or employment in a foreign country? . . . . . ☐ Yes ☐ No

If yes, explain \_\_\_\_\_

Did you maintain a home in the United States while living abroad? . . . . . ☐ Yes ☐ No

If yes, enter the address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of occupant \_\_\_\_\_ Relationship of occupant \_\_\_\_\_

Was the home rented? ☐

**Part III - Physical Presence Test**

The physical presence test is based on the 12-month period from: \_\_\_\_\_ through: \_\_\_\_\_

Enter your principal country of employment during your tax year: \_\_\_\_\_

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." Do not include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Foreign Earned Income

Name: SSN:

Part IV - Foreign Earned Income

	2019	2018
Total wages, salaries, bonuses, commissions, etc. . . . .		
Allowable share of income for personal services performed:		
In a business (including farming) or profession . . . . .		
In a partnership (list name, address, and type of income)		
_____		
Noncash income:		
Home (lodging) . . . . .		
Meals. . . . .		
Car . . . . .		
Other property or facility _____		
(specify) _____		
Allowances, reimbursements, or expenses paid on your behalf for services performed:		
Cost of living and overseas differential . . . . .		
Family . . . . .		
Education. . . . .		
Home leave. . . . .		
Quarters . . . . .		
Other (specify) _____		
_____		
Other foreign earned income _____		
(specify): _____		
_____		
Meals and lodging that are excludable . . . . .		

For Taxpayers Claiming the Housing Exclusion or Deduction

	2019	2018
Qualified housing expenses for the tax year. . . . .		
Location where housing expenses incurred _____		
Limit on housing expenses . . . . .		
Enter the number of days in qualifying period that fall within your 2019 tax year . . . . .		
Enter employer-provided amounts . . . . .		

For Taxpayers Claiming the Foreign Earned Income Exclusion

	2019	2018
Enter the number of days in qualifying period that fall within your 2019 tax year . . . . .		



## Education Credits and Deduction

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

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

**Provide all Form(s) 1098-T**

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Yes

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? ..... ☐Was the student enrolled at least half time for at least one academic period that began in 2019 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? ..... ☐Did the student complete the first four years of post-secondary education before 2019? ..... ☐Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance? ..... ☐Is the student pursuing a degree? ..... ☐

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

2019

2018

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution . . . . . \_\_\_\_\_

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution . . . . . \_\_\_\_\_

Tax-free education assistance received in 2019 allocable to the academic period . . . . . \_\_\_\_\_

Tax-free education assistance received in 2020 (and before 2019 return is filed) allocable to the academic period . . . . . \_\_\_\_\_

Refunds of qualified education expenses paid in 2019 if the refund is received before the 2019 return is filed . . . . . \_\_\_\_\_

Educational Institution Name: \_\_\_\_\_

Educational Institution Name: \_\_\_\_\_

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Yes

Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? ..... ☐Was the student enrolled at least half time for at least one academic period that began in 2019 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential? ..... ☐Did the student complete the first four years of post-secondary education before 2019? ..... ☐Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance? ..... ☐Is the student pursuing a degree? ..... ☐

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

2019

2018

Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution . . . . . \_\_\_\_\_

ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution . . . . . \_\_\_\_\_

Tax-free education assistance received in 2019 allocable to the academic period . . . . . \_\_\_\_\_

Tax-free education assistance received in 2020 (and before 2019 return is filed) allocable to the academic period . . . . . \_\_\_\_\_

Refunds of qualified education expenses paid in 2019 if the refund is received before the 2019 return is filed . . . . . \_\_\_\_\_

Educational Institution Name: \_\_\_\_\_

Educational Institution Name: \_\_\_\_\_

Credits

Name:

SSN:

Form 5695 - Residential Energy Credit

TSJ \_\_\_\_\_

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs . . . . . \_\_\_\_\_

Qualified water heating property costs . . . . . \_\_\_\_\_

Qualified small wind energy property costs . . . . . \_\_\_\_\_

Qualified geothermal heat pump property costs . . . . . \_\_\_\_\_

Was qualified fuel cell property installed on or in your main home in the U.S.? ☐ Yes ☐ No

Address of main home \_\_\_\_\_

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

Qualified fuel cell property costs . . . . . \_\_\_\_\_

Kilowatt capacity of property on line 22 . . . . . \_\_\_\_\_

Amount of unused credit from 2018 Form 5695, line 28 . . . . . \_\_\_\_\_

Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle . . . . .	_____	_____
Make of vehicle . . . . .	_____	_____
Model of vehicle . . . . .	_____	_____
Vehicle Identification Number . . . . .	_____	_____
Date vehicle was placed in service . . . . .	_____	_____
Credit allowable . . . . .	_____	_____
Phaseout percentage . . . . .	_____	_____

### Credit for Small Employer Health Insurance Premiums

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

SSN:

TSJ

**Complete the columns below for all eligible employees. Eligible employees do not include business owners, partners, shareholders who own more than 2%, family members, etc.**

Complete the columns below for each employee enrolled in health insurance coverage provided under qualifying arrangement.

[illegible]

Employer identification number used to report employment taxes for above individuals . . . . . \_\_\_\_\_

Total amount of any state premium subsidies paid and any state tax credits available . . . . . \_\_\_\_\_

2019

## Detail Worksheet

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

SSN:

[illegible]