

# ESTATE AND TRUST INCOME

2019  
(K-1 E/T)

Your 2018 K-1 information is shown below.

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

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If any rental real estate, are you an active participant? \_\_\_\_\_

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If any rental real estate, are you an active participant? \_\_\_\_\_

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Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

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Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

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Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

## K-1 INFORMATION

Name of Estate, Trust \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
If any rental real estate, are you an active participant? \_\_\_\_\_

\* Please attach all K-1 schedules received for 2019.

# PENSION AND RETIREMENT INCOME

2019  
(1099R)

## PENSIONS AND IRAS

Listed below are your pension, IRA distributions, and Social Security received last year (if any).

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER                       SPOUSE                       IRA

\* Please include any 1099's and other information.

If you ever made non-deductible contributions to your IRA, please provide year-end balances of all your IRA accounts.

## SOCIAL SECURITY BENEFITS

(1040 WKT)

### 2019 AMOUNTS

2018 TOTAL AMOUNT

Taxpayer Amount                      \$ \_\_\_\_\_

Spouse Amount                      \$ \_\_\_\_\_

# CHILD AND DEPENDENT CARE EXPENSES

2019  
(2441)

Please list all care providers and the amounts paid to them in 2019. Any information from the prior year is shown below.

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2018 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2018 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2018 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2018 AMOUNT</b>	\$ _____

Name of provider	_____		
Street address	_____		
City, State, Zip Code	_____		
Social Security Number or EIN	_____		
Amount paid	\$ _____	<b>2018 AMOUNT</b>	\$ _____

List name of each child and total amount spent for care of that child.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**\*You may change or delete any information that does not apply to the current year.**

# FOREIGN EARNED INCOME

**2019**  
**(2555/2555EZ)**

Is this your spouse's foreign earned income?

Your foreign address	2018	2019	
Employer	2018	2019	
Employer U.S. address	2018	2019	
Employer foreign address	2018	2019	

Residence	2019	2018
Taxpayer tax home overseas		
Date established		
Bonafide residence began		

Income	2019	2018
<b>Earned Income</b>		
Salary		
<b>Noncash Income</b>		
Home		
Meals		
Car		
Other		
<b>Allowances and Reimbursements</b>		
Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other		

## Travel History During Tax Year

Country	Date arrived	Date left	Days on business in United States	Amount earned in United States

## Miscellaneous Questions

Kind of foreign living quarters     Purchased home     Rented house or apartment     Employer housing

Did your family live with you overseas?     Yes     No

If so, who? \_\_\_\_\_

And for what period? \_\_\_\_\_

Have you told the authorities overseas that you are not a resident of their country?     Yes     No

Are you required to pay income taxes to the country you claim residence?     Yes     No

How long is your contract to work overseas? \_\_\_\_\_

What kind of visa are you working under? \_\_\_\_\_

Describe the length or employment limitations of your visa. \_\_\_\_\_

If you maintained a home in the U.S. while overseas:

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

If rented:

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

# FOREIGN EARNED INCOME

**2019**  
**(2555/2555EZ)**

Is this your spouse's foreign earned income?

Your foreign address	2018	2019	
Employer	2018	2019	
Employer U.S. address	2018	2019	
Employer foreign address	2018	2019	

Residence	2019	2018
Taxpayer tax home overseas		
Date established		
Bona fide residence began		

Income	2019	2018
<b>Earned Income</b>		
Salary		
<b>Noncash Income</b>		
Home		
Meals		
Car		
Other		
<b>Allowances and Reimbursements</b>		
Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other		

## Travel History During Tax Year

Country	Date arrived	Date left	Days on business in United States	Amount earned in United States

## Miscellaneous Questions

Kind of foreign living quarters     Purchased home     Rented house or apartment     Employer housing

Did your family live with you overseas?     Yes     No

If so, who? \_\_\_\_\_

And for what period? \_\_\_\_\_

Have you told the authorities overseas that you are not a resident of their country?     Yes     No

Are you required to pay income taxes to the country you claim residence?     Yes     No

How long is your contract to work overseas? \_\_\_\_\_

What kind of visa are you working under? \_\_\_\_\_

Describe the length or employment limitations of your visa. \_\_\_\_\_

If you maintained a home in the U.S. while overseas:

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

If rented:

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

# FARM RENTAL INCOME AND EXPENSES

**2019**  
**(4835)**

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

Employer ID \_\_\_\_\_  
(Not SSN)

PART I INCOME	2019	2018
Income from livestock, produce, grains, and other crops	_____	
Total cooperative distributions	_____	
Agricultural program payments	_____	
Commodity Credit Corporation loans	_____	
Crop insurance proceeds and disaster payments	_____	
Other income	_____	
PART II EXPENSES		
Car and Truck expenses	_____	
Chemicals	_____	
Conservation expenses	_____	
Custom hire	_____	
Employee benefit programs	_____	
Feed purchases	_____	
Fertilizer and lime	_____	
Freight and trucking	_____	
Gasoline, fuel and oil	_____	
Insurance	_____	
Interest - mortgage	_____	
Interest - other	_____	
Labor hired	_____	
Pension and profit sharing plans	_____	
Rent or lease - vehicles, machinery and equipment	_____	
Rent or lease other business property	_____	
Repairs and maintenance	_____	
Seeds and plants purchased	_____	
Storage and warehousing	_____	
Supplies	_____	
Taxes	_____	
Utilities	_____	
Veterinary, breeding and medicine	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Enter prior year unallowed loss (if any)	_____	

# OFFICE IN THE HOME DEDUCTION

2019  
(8829)

2018

Square footage of area used for business \_\_\_\_\_

Total square footage in your home \_\_\_\_\_

Is this your spouse's Schedule C? \_\_\_\_\_

Day care facilities:

Number of days used for day care \_\_\_\_\_

Number of hours per day used for day care \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

## EXPENSES DIRECTLY RELATING TO YOUR BUSINESS

2019

2018

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

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

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

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

## EXPENSES RELATING TO ENTIRE HOUSEHOLD

Casualty losses \_\_\_\_\_

Deductible mortgage interest \_\_\_\_\_

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

Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

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

Carryover of operating expenses from 2018 Form 8829 line 43 \_\_\_\_\_

Carryover of excess casualty losses and depreciation from 2018 Form 8829 line 44 \_\_\_\_\_

Enter the fair market value of your home \_\_\_\_\_

Enter the cost of your home \_\_\_\_\_

Enter the value of the land on which your home is placed \_\_\_\_\_

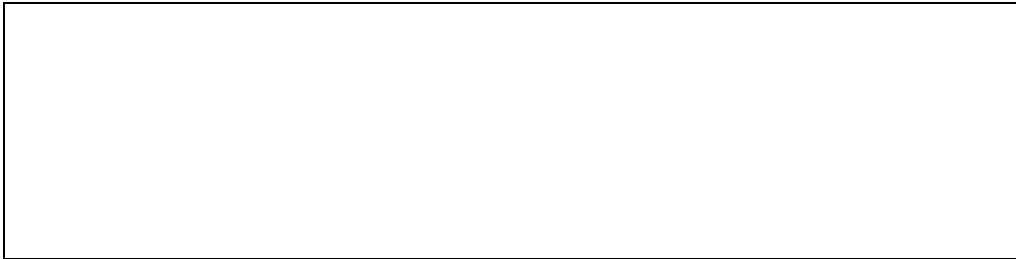






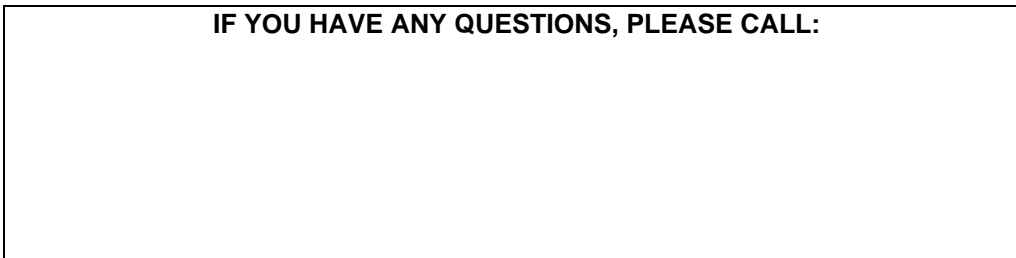


## INCOME TAX ORGANIZER FOR TAX YEAR 2019

A large, empty rectangular box with a thin black border, intended for the user to provide tax information or notes.

**We're providing this organizer to assist you in compiling your tax information for 2019. The enclosed pages include information from last year's tax return and spaces in which to write current year information and any questions or comments you have for us. We appreciate the opportunity to serve you.**

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL:**

A rectangular box with a thin black border, intended for the user to provide contact information or phone numbers.





# PARTNERSHIP AND S-CORPORATION INCOME

2019  
(K-1 P/S)

Your 2018 K-1 information is shown below.

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

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Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

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Name of Partnership or S-Corporation \_\_\_\_\_  
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Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

## K-1 INFORMATION

Name of Partnership or S-Corporation \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
Enter "P" for partnership or "S" for S-Corp \_\_\_\_\_

\* Please attach all K-1 schedules received for 2019.







**Part-Year, Part-Rental, or Personal Use Unit**

**2019**  
**(Sch. E)**

KIND OF PROPERTY

LOCATION

Rental income		Percent (of time, year, or property rented):		
	2019	2018	2019	2018
Rent received			%	%

Expenses:	Rental and personal use		Rental only	
	2019	2018	2019	2018
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Real estate tax				
Taxes other than real estate taxes				
Utilities				
Other expenses				
<b>Personal use unit ONLY:</b>				
Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.				

# Part-Year, Part-Rental, or Personal Use Unit

2019  
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income		Percent (of time, year, or property rented):		
	2019	2018	2019	2018
Rent received			%	%

Expenses:	Rental and personal use		Rental only	
	2019	2018	2019	2018
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Real estate tax				
Taxes other than real estate taxes				
Utilities				
Other expenses				
<b>Personal use unit ONLY:</b>				
Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.				

# Part-Year, Part-Rental, or Personal Use Unit

2019  
(Sch. E)

KIND OF PROPERTY

LOCATION

Rental income		Percent (of time, year, or property rented):		
	2019	2018	2019	2018
Rent received			%	%

Expenses:	Rental and personal use		Rental only	
	2019	2018	2019	2018
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
Legal and professional fees				
Management fees				
Mortgage interest				
Other interest				
Repairs				
Supplies				
Real estate tax				
Taxes other than real estate taxes				
Utilities				
Other expenses				
<b>Personal use unit ONLY:</b>				
Fully deductible rental expenses for personal use unit. Include expenses directly related to the operation of the rental activity, such as office supplies.				

# ITEMIZED DEDUCTIONS

2019  
(SCH A)

	*T,S,J	2019	2018
<b>MEDICAL AND DENTAL EXPENSES</b> - Include prescription medicine & drugs, nonprescription medical supplies such as crutches, doctors, dentists, nurses, hospitals, medical insurance premiums, medical miles or actual expense.*			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Number of medical miles	_____	_____	_____
* Do not list amounts paid with pre-tax dollars or that were reimbursed.			
* Taxpayer, Spouse, or Joint			
<b>TAXES PAID</b>			
Real estate taxes	_____	_____	_____
Personal property taxes	_____	_____	_____
Other _____	_____	_____	_____
<b>INTEREST PAID</b>			
Home mortgage interest	_____	_____	_____
Points paid in purchasing new home	_____	_____	_____
Investment interest expense	_____	_____	_____
<b>CONTRIBUTIONS - Receipts required for all contributions</b>			
Cash			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Non-cash	_____	_____	_____
Number of charity miles	_____	_____	_____



# BUSINESS INCOME AND EXPENSES

**2019**  
**(SCH C)**

Your principal business or profession \_\_\_\_\_

Is this your spouse's Schedule C? \_\_\_\_\_

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

2018 Business code \_\_\_\_\_

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

Employer ID \_\_\_\_\_  
(Not SSN)

Accounting method: \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

<b>BUSINESS VEHICLE</b>	<b>2019</b>	<b>2018</b>
-------------------------	-------------	-------------

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

Miles used for: Business \_\_\_\_\_

Commuting \_\_\_\_\_

Other \_\_\_\_\_

<b>PART I INCOME</b>		
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Gross receipts or sales \_\_\_\_\_

Returns and allowances \_\_\_\_\_

Other income \_\_\_\_\_

<b>PART II EXPENSES</b>		
-------------------------	--	--

Advertising \_\_\_\_\_

Car/Truck expenses \_\_\_\_\_

Commissions \_\_\_\_\_

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

Depletion \_\_\_\_\_

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

Insurance \_\_\_\_\_

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

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

Legal and professional services \_\_\_\_\_

Office expense \_\_\_\_\_

Pension and profit sharing \_\_\_\_\_

Rent or lease - vehicles, machinery \_\_\_\_\_

Rent - Other business property \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Supplies \_\_\_\_\_

Taxes and licenses \_\_\_\_\_

Travel \_\_\_\_\_

Meals and entertainment \_\_\_\_\_

Utilities \_\_\_\_\_

Wages \_\_\_\_\_

Enter prior year unallowed loss (if any) \_\_\_\_\_

<b>OTHER EXPENSES</b>		<b>(SCH C PG 2)</b>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inventory method:  Cost  Lower of Cost or Market  Other

Inventory at beginning of year \_\_\_\_\_

Purchases less cost of personal items \_\_\_\_\_

Inventory at end of the year \_\_\_\_\_



# RENTAL REAL ESTATE AND ROYALTIES

2019  
(SCH E)

KIND OF PROPERTY	Property A		Property B		Property C	
	2019	2018	2019	2018	2019	2018
LOCATION OF PROPERTY						
CITY						
STATE						
ZIP						
<b>INCOME</b>	<b>2019</b>	<b>2018</b>	<b>2019</b>	<b>2018</b>	<b>2019</b>	<b>2018</b>
Rent received						
Royalties received						
<b>EXPENSES</b>						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
<b>Miscellaneous Expenses</b>						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2019						
Did you actively participate in this venture?						
Did you use this property for personal use?						



# RENTAL REAL ESTATE AND ROYALTIES

2019  
(SCH E-DUP)

KIND OF PROPERTY	Property A		Property B		Property C	
	2019	2018	2019	2018	2019	2018
LOCATION OF PROPERTY						
CITY						
STATE						
ZIP						
<b>INCOME</b>	<b>2019</b>	<b>2018</b>	<b>2019</b>	<b>2018</b>	<b>2019</b>	<b>2018</b>
Rent received						
Royalties received						
<b>EXPENSES</b>						
Advertising						
Auto and travel						
Cleaning and maintenance						
Commissions						
Insurance						
Legal, professional fees						
Management fees						
Mortgage interest						
Other interest						
Repairs						
Supplies						
Taxes						
Utilities						
<b>Miscellaneous Expenses</b>						
Type of misc expense 1						
Amount item 1						
Type of misc expense 2						
Amount item 2						
Type of misc expense 3						
Amount item 3						
Type of misc expense 4						
Amount item 4						
Enter loss carryover to 2019						
Did you actively participate in this venture?						
Did you use this property for personal use?						

# FARM INCOME AND EXPENSES

**2019**  
**(SCH F)**

Your principal product \_\_\_\_\_

Is this your spouse's Schedule F? \_\_\_\_\_

Enter date if you disposed of or sold this business during the year \_\_\_\_\_

2018 Activity Code \_\_\_\_\_

Employer ID \_\_\_\_\_  
(Not SSN)

<b>PART I INCOME</b>	<b>2019</b>	<b>2018</b>
Sales of livestock and other items you bought for resale not reported above	_____	
Cost or other basis of livestock and other resale items reported above	_____	
Sales of livestock, produce, grains and other raised products not reported above	_____	
Total cooperative distributions	_____	
Agricultural program payments	_____	
Commodity Credit Corporation loans	_____	
Crop insurance/disaster payments	_____	
Custom hire income not reported above	_____	
Other income not reported above	_____	
<b>PART II EXPENSES</b>		
Car and Truck expenses	_____	
Chemicals	_____	
Conservation expenses	_____	
Custom hire	_____	
Employee benefit programs	_____	
Feed purchases	_____	
Fertilizer and lime	_____	
Freight and trucking	_____	
Gasoline, fuel and oil	_____	
Insurance	_____	
Interest - mortgage	_____	
Interest - other	_____	
Labor hired	_____	
Pension and profit sharing plans	_____	
Rent or lease - vehicles, machinery and equipment	_____	
Rent or lease other business property	_____	
Repairs and maintenance	_____	
Seeds and plants purchased	_____	
Storage and warehousing	_____	
Supplies	_____	
Taxes	_____	
Utilities	_____	
Veterinary, breeding and medicine	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Enter prior year unallowed loss (if any)	_____	

**FARM INCOME ACCRUAL METHOD ONLY**

**2019  
(SCH F)**

	<b>2019</b>	<b>2018</b>
Sales of livestock, produce, grains and other products not reported above	_____	
Total cooperative distributions	_____	
Agricultural program payments	_____	
Commodity Credit Corporation loans	_____	
Crop insurance proceeds	_____	
Custom hire income not reported above	_____	
Other income not reported above	_____	
Inventory at beginning of year	_____	
Cost of inventory during the year	_____	
Inventory at end of year	_____	

# W-2 INCOME

2019  
(W-2)

Listed below are your employers shown on your last year's income tax return.

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

Name of employer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_

TAXPAYER  SPOUSE

\* Please include a W-2 from each of your 2019 employers.

# W-2G INCOME

2019  
(W-2G)

Listed below are payers shown on your last year's income tax return.

**\*Please include any W-2G from each of your 2019 payers.**

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

Name of payer \_\_\_\_\_  
Street address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Federal Identification Number \_\_\_\_\_  
 TAXPAYER  SPOUSE

## ESTIMATED TAX PAID FOR THE "2019 TAX YEAR

(FED/ST TAX)

**\* Please enter only the payments to be applied to the current year tax, including any payments made in January of 2020.**

### Federal payments

### State of \_\_\_\_ payments

Date paid	Amount paid	Date paid	Amount paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State/local income tax balance due for previous years paid in 2019: \_\_\_\_\_

State/local estimate payment for 2018, due January 15, 2019, paid on or after January 1, 2019: \_\_\_\_\_