

# MCS TAX PRO SOLUTION LLC

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Phone: (404)549-7768 | Fax: (678)731-1492

Subject: Preparation of Your 2020 Tax Returns

Dear Taxpayer(s).

Thank you for choosing MCS TAX PRO SOLUTION LLC to assist you with your 2020 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2020 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare your 2020 tax returns will conclude with the delivery of the completed returns to you (if paper-filing), or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

We appreciate your confidence in us. Please call (404) 549-7768 if you have questions

Sincerely,



GLENDA J MARSHALL

MCS TAX PRO SOLUTION LLC

(Both spouses must sign for preparation of joint returns.)

Accepted By:

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Taxpayer

---

Spouse

---

Date

## 2020 Tax Organizer Personal and Dependent Information

### Personal Information

	Name	ID	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?  Yes  No  
 Are you disabled?  Yes  No  
 Are you a full-time student?  Yes  No  
 Do you want \$3 to go to the Presidential Election Campaign Fund?  Yes  No

#### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

- 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

<b>Yes</b>	<b>No</b>		<u>Amount Received</u>
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive an Economic Impact Payment (EIP)? <small>If "Yes," provide Notice 1444 from the IRS.</small>	Payment 1
<input type="checkbox"/>	<input type="checkbox"/>	Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?	
<input type="checkbox"/>	<input type="checkbox"/>	Were you unemployed for any portion of the year due to COVID-19?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you continue to receive wages from your employer even if you were unable to work?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?	Payment 2
<small>If you own a farm or business:</small>			
<input type="checkbox"/>	<input type="checkbox"/>	Did you continue to pay any employee while they were not working?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you delay withholding FICA taxes from any employee's pay?	
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a Paycheck Protection Program (PPP) loan? <small>If "Yes," was the loan forgiven or have you applied for forgiveness? _____</small>	Enter \$0 if none (required file)
<input type="checkbox"/>	<input type="checkbox"/>	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 \_\_\_\_\_

#### Upload Tax Forms and Documents Here (W2, 1099s, 1095-A Marketplace, etc)

Business Clients: Upload Proof of income + Expenses  
 Computerized Profit + Loss Statement, if available  
 Statement of Income + Itemized Expenses  
 Bank Statements (Full year)  
 Receipts

1098-T Tuition Statement or Receipts (proof of tuition + fees)

##### Other Considerations:

- 1099-G State Income Tax Refund
- 1099-INT, 1099-DIV Interest/Dividends
- 1099-R Pension
- 1098 Mortgage
- 1099-G Unemployment



### 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?														

### Healthcare Coverage Questionnaire for Dependents ( for preparer use)

\_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?											

\_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?											

\_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

	2020	2019
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 _____	

	2020	2019
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 _____	

	2020	2019
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 _____	

	2020	2019
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	2020	2019		2020	2019
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	2020	2019		2020	2019
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? _____		_____			





### 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  Other

Change of inventory method  Yes  No

You started or acquired this business during 2020

Some investment is NOT at risk

You disposed of this property during 2020

Did you make any payments in 2020 that would require you to file Forms 1099?  Yes  No

If "Yes," did you or will you file all required Forms 1099 for the individuals?  Yes  No

**Other Information**

	2020	2019
Family health coverage . . . . .		

**Income**

	2020	2019
Gross receipts or sales . . . . .		
Returns and allowances . . . . .		
Other income . . . . .		

**Cost of Goods Sold**

	2020	2019
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 . . . . .		





## 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: \_\_\_\_\_

	2020	2019		2020	2019
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: \_\_\_\_\_

	2020	2019		2020	2019
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**

**NOTE: Nonemployee compensation reported on Form 1099-MISC for 2019 will be reported on Form 1099-NEC for 2020**

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

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

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

	2020	2019		2020	2019
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. _____	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			State tax withheld . . . . .	_____	_____
Substitute payments . . . . .	_____	_____	State income . . . . .	_____	_____
Crop insurance proceeds . . . . .	_____	_____	Name of locality _____	_____	_____
Gross attorney proceeds . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Taxable Proceeds . . . . .	_____	_____	Local income . . . . .	_____	_____
Section 409A deferrals . . . . .	_____	_____			
Excess golden parachute payment . . . . .	_____	_____			
Nonqualified deferred compensation	_____	_____			

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

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

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

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

	2020	2019		2020	2019
Non-employee compensation . . . . .	_____	_____	State _____ State I.D. _____	_____	_____
Federal tax withheld . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
			State income . . . . .	_____	_____
			Name of locality _____		
			Local tax withheld . . . . .	_____	_____
			Local income . . . . .	_____	_____
			State _____ State I.D. _____	_____	_____
			State tax withheld . . . . .	_____	_____
			State income . . . . .	_____	_____
			Name of locality _____		
			Local tax withheld . . . . .	_____	_____
			Local income . . . . .	_____	_____



### 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

	2020 Taxpayer	2019 Taxpayer	2020 Spouse	2019 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	2019 Taxpayer	2020 Spouse	2019 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**

	2020	2019
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) _____	_____	_____
<input type="checkbox"/> 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**

	2020	2019
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 . . . . .	_____	_____
Excess deduction on termination _____	_____	_____

**For state purposes ONLY**

**Job Expenses & Certain Miscellaneous Deductions**

Necessary job expenses you paid that were not reimbursed by your employer (list) _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Union dues . . . . .	_____	_____
Tax preparation fees . . . . .	_____	_____
Other nonpersonal expenses related to taxable income (list) _____	_____	_____
_____	_____	_____
_____	_____	_____
Investment expenses not entered elsewhere . . . . .	_____	_____
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 \_\_\_\_\_

	2020	2019		2020	2019
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 \_\_\_\_\_

	2020	2019		2020	2019
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 \_\_\_\_\_

	2020	2019		2020	2019
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 \_\_\_\_\_

	2020	2019		2020	2019
Mortgage interest received . . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . . . . .	_____	_____	Real Estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . . . . .	_____	_____	Account number _____		

## 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:

	2020	2019		Prior year total
a Business . . . . .	_____		Business	
b Commuting . . . . .	_____		Total	
c Other . . . . .	_____			

### Expenses

	2020	2019
Garage rent . . . . .	_____	
Gas . . . . .	_____	
Insurance . . . . .	_____	
Licenses . . . . .	_____	
Oil . . . . .	_____	
Parking fees . . . . .	_____	
Rental fees . . . . .	_____	
Interest . . . . .	_____	
Property tax . . . . .	_____	
Repairs . . . . .	_____	
Tires . . . . .	_____	
Tolls . . . . .	_____	
Lease addbacks . . . . .	_____	
Other expenses (list):	Apply business %	
_____ <input type="checkbox"/>	_____	
_____ <input type="checkbox"/>	_____	
_____ <input type="checkbox"/>	_____	

### Expenses for Business Use of Your Home

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

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

#### Business Use of Home

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

	2020	2019
Square footage of home used exclusively for business. . . . .		
Total square footage of home. . . . .		

#### Use of Home for Daycare

	2020	2019
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		
	2020	2019	2020	2019	
Mortgage interest . . . . .					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.
Real estate taxes . . . . .					
Excess mortgage interest . . . . .					
Excess real estate taxes . . . . .					
Insurance . . . . .					
Rent . . . . .					
Repairs & maintenance . . . . .					
Utilities . . . . .					
Other expenses . . . . .					

#### Cost of Home

	2020	2019
Enter the <b>smaller</b> of your home's adjusted basis or its fair market value . . . . .		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No . . . . . Value of land		
Date placed in service . . . . .		
Date taken out of service . . . . .		



Education Credits and Deduction

Name:

SSN:

Provide all Form(s) 1098-T

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

- 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 2020 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 2020?
Was the student convicted, before the end of 2020, 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 \_\_\_\_\_

Table with 2 columns: 2020, 2019. Rows include: 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 2020 allocable to the academic period; Tax-free education assistance received in 2021 (and before 2020 return is filed) allocable to the academic period; Refunds of qualified education expenses paid in 2020 if the refund is received before the 2020 return is filed.

Educational Institution: EIN, Name, Street, City, State, ZIP

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

- 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 2020 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 2020?
Was the student convicted, before the end of 2020, 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 \_\_\_\_\_

Table with 2 columns: 2020, 2019. Rows include: 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 2020 allocable to the academic period; Tax-free education assistance received in 2021 (and before 2020 return is filed) allocable to the academic period; Refunds of qualified education expenses paid in 2020 if the refund is received before the 2020 return is filed.

Educational Institution: EIN, Name, Street, City, State, ZIP



