

| | | | | |
|-------------|-------------|-----------|---------------------------|----------|
| 2019 | 1040 | US | Client Information | 1 |
|-------------|-------------|-----------|---------------------------|----------|

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Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2019 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

| | | | |
|-----------------|--|--|--|
| Filing Status | Filing status (table)..... | | <p align="center">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p> |
| | 1=married filing separate and lived with spouse | | |
| | Year spouse died, if qualifying widow(er) (2017 or 2018) | | |
| Taxpayer | First name and initial | | |
| | Last name | | |
| | Title/suffix | | |
| | Social security number | | |
| | Occupation..... | | |
| | Date of birth (m/d/y)..... | | |
| | Date of death (m/d/y)..... | | |
| 1=blind | | | |
| Spouse | First name and initial | | |
| | Last name | | |
| | Title/suffix | | |
| | Social security number | | |
| | Occupation..... | | |
| | Date of birth (m/d/y)..... | | |
| | Date of death (m/d/y)..... | | |
| 1=blind | | | |
| Address | In care of | | |
| | Street address | | |
| | Apartment number | | |
| | City | | |
| | State | | |
| Foreign Address | ZIP code..... | | |
| | Region | | |
| | Postal code..... | | |
| | Country..... | | |

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Client Information (continued)

1 p2

Please add, change or delete information for 2019.

CLIENT INFORMATION

| | | | |
|------------------------------|-------------------------------|--|--|
| Taxpayer Contact Information | Home phone | | Daytime Phone 1 = Work 2 = Home 3 = Mobile |
| | Work phone | | |
| | Work extension | | |
| | Daytime phone (table) | | |
| | Mobile phone | | |
| | Fax number | | |
| | E-mail address | | |
| Spouse Contact Information | Home phone | | |
| | Work phone | | |
| | Work extension | | |
| | Daytime phone (table) | | |
| | Mobile phone | | |
| | Fax number | | |
| | E-mail address | | |
| Taxpayer Authentication | Driver's license no. | | |
| | Driver's license state | | |
| | Issue date (m/d/y) | | |
| | Expiration date (m/d/y) | | |
| | Theft protection PIN | | |
| Spouse Authentication | Driver's license no. | | |
| | Driver's license state | | |
| | Issue date (m/d/y) | | |
| | Expiration date (m/d/y) | | |
| | Theft protection PIN | | |

1 p2

| | | | | |
|-------------|-------------|-----------|-------------------|----------|
| 2019 | 1040 | US | Dependents | 2 |
|-------------|-------------|-----------|-------------------|----------|

Please add, change or delete information for 2019.

DEPENDENTS

| | Dependent | Dependent | |
|---------------------------------------|-----------|-----------|---|
| First name..... | | | <p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying widow(er) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Date of death..... | | | |
| Date of adoption..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| | Dependent | Dependent | |
| First name..... | | | |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Date of death..... | | | |
| Date of adoption..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| | Dependent | Dependent | |
| First name..... | | | |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Date of death..... | | | |
| Date of adoption..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |
| | Dependent | Dependent | |
| First name..... | | | |
| Last name..... | | | |
| Title/suffix..... | | | |
| Date of birth (m/d/y)..... | | | |
| Date of death..... | | | |
| Date of adoption..... | | | |
| Social security number..... | | | |
| Relationship..... | | | |
| Months lived at home..... | | | |
| Type of dependent (see table)..... | | | |
| Earned income credit (see table)..... | | | |
| Claimed by: 1=taxpayer, 2=spouse..... | | | |

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

YES

NO

PERSONAL INFORMATION

Did your marital status change during the year?

Did your address change during the year?

Could you be claimed as a dependent on another person's tax return for 2019?

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2019?

Did you have any children under age 19 or full-time students under age 24 at the end of 2019, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

HEALTH CARE COVERAGE

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), if so, please attach.

INCOME

Did you receive unreported tip income of \$20 or more in any month?

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

Did you receive any disability income?

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

Did you buy or sell any stocks, bonds or other investment property in 2019?

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | RETIREMENT PLANS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| | | EDUCATION |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? |
| | | ITEMIZED DEDUCTIONS |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you incur a loss because of damaged or stolen property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you work out of town for part of the year? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you use your car on the job (other than to and from work)? |
| | | ESTIMATED TAXES |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you apply an overpayment of 2018 taxes to your 2019 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If you have an overpayment of 2019 taxes, do you want the excess applied to your 2020 estimated tax (instead of being refunded)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you expect your 2020 taxable income and withholdings to be different from 2019? |
| | | MISCELLANEOUS |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund? |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? |

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Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

- | YES | NO | MISCELLANEOUS (continued) |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or the State taxing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your bank account information change within the last twelve months? |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? |

Please enter all pertinent 2019 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

| | | |
|--|--|--|
| 1=direct deposit of federal tax refund into bank account | | |
| 1=electronic payment of balance due | | |
| 1=electronic payment of estimated tax | | |

BANK INFORMATION

| Name of Bank | Percent to Deposit (xx.xx) | Routing Number | Account Number | Type of Account (Table 1) | Type of Invest. (Table 2) |
|--------------|----------------------------|----------------|----------------|---------------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

2019 ESTIMATED TAX / 1040-ES (6)

Federal

| | Amount Paid | Date Paid | TS | 2019 Voucher Amount |
|--|-------------|-----------|----|---------------------|
| Overpayment applied from 2018 | | | | |
| 1st quarter payment | | | | |
| 2nd quarter payment | | | | |
| 3rd quarter payment | | | | |
| 4th quarter payment | | | | |
| Additional Estimated Tax Payments | | | | |
| Paid with extension | | | | |
| Former spouse SSN if joint estimates | | | | |

State

| | Amount Paid | Date Paid | TS | 2019 Voucher Amount |
|-------------------------------------|-------------|-----------|----|---------------------|
| Overpayment applied from 2018 | | | | |
| 1st quarter payment | | | | |
| 2nd quarter payment | | | | |
| 3rd quarter payment | | | | |
| 4th quarter payment | | | | |
| Additional Estimated Tax Payments | | | | |
| Paid with extension | | | | |

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

| | |
|---------------------------------------|--|
| 1 = Checking or savings (default) | 6 = Coverdell savings account (ESA) |
| 2 = Taxpayer's IRA (next year limits) | 7 = Other |
| 3 = Spouse's IRA (next year limits) | 8 = Taxpayer's IRA (current year limits) |
| 4 = Health savings account (HSA) | 9 = Spouse's IRA (current year limits) |
| 5 = Archer MSA | |

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Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2019 information.

APPLICATION OF 2019 OVERPAYMENT (7.1)

If you have an overpayment of 2019 taxes, do you want the excess refunded? or applied to 2020 estimate? ...

Other (please explain): _____

2020 ESTIMATED TAX INFORMATION

Do you expect your 2020 taxable income to be different from 2019? Yes No

If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2020 withholding to be different from 2019? Yes No

If "yes" explain any differences: _____

7.1

| | | | | |
|-------------|-------------|-----------|---|-----------------------|
| 2019 | 1040 | US | Wages, Pensions, Gambling Winnings | 10, 13.1, 13.2 |
|-------------|-------------|-----------|---|-----------------------|

Please enter all pertinent 2019 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) | | Wages, Tips, Other Compensation (Box 1) | Tax Withheld | | | | | 2018 Wages |
|-----|--------------------------|----------------------------|--|---|-----------------|-------------------------|------------------|----------------|----------------|------------|
| | | 1=spouse | | | Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

PENSIONS, IRA DISTRIBUTIONS (13.1)

| No. | Name of Payer | Distribution code #2 | | Gross Distribution (Box 1) | Taxable Amount (Box 2a) | Tax Withheld | | Value of all IRAs at 12/31/19 | 2018 Distribution |
|-----|---------------|----------------------|--|----------------------------|-------------------------|-----------------|----------------|-------------------------------|-------------------|
| | | Distribution code #1 | | | | Federal (Box 4) | State (Box 12) | | |
| | | 1=IRA/SEP/SIMPLE | | | | | | | |
| | | 1=spouse | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

GAMBLING WINNINGS (W-2G) (13.2)

| No. | Name of Payer | 1=spouse | Gross Winnings (Box 1) | Tax Withheld | | | 2018 Winnings |
|-----|---------------|----------|------------------------|-----------------|----------------|----------------|---------------|
| | | | | Federal (Box 4) | State (Box 15) | Local (Box 17) | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

GAMBLING LOSSES & WINNINGS (NON W-2G) (13.2)

| | | | |
|--|--------------------|-----------|--------------------|
| | 2019 Amount | Ts | 2018 Amount |
| Total gambling losses | 12 | | |
| Winnings not reported on Form W-2G | 10 | | |

10, 13.1, 13.2

| | | | | |
|-------------|-------------|-----------|-----------------------------|-------------|
| 2019 | 1040 | US | Miscellaneous Income | 14.1 |
|-------------|-------------|-----------|-----------------------------|-------------|

Please enter all pertinent 2019 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

| | 2019 Amount | | 2018 Amount | |
|--|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Social security benefits (SSA-1099, box 5) | | | | |
| Medicare premiums paid (SSA-1099) | | | | |
| 1=treat Medicare premiums paid as SE health ins.. | | | | |
| Tier 1 RR retirement benefits (RRB-1099, box 5) .. | | | | |
| 1=lump-sum election for SS benefits | | | | |
| Alimony received | | | | |
| Taxable scholarships and fellowships | | | | |
| Jury duty pay | | | | |
| Household employee income not on W-2 | | | | |
| Excess minister's allowance | | | | |
| Alaska permanent fund dividends | | | | |
| Income from rental of personal property | | | | |
| Income subject to S/E tax: | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| Other income (1099-MISC, box 3, 8) | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

TAX WITHHELD (not entered elsewhere)

| | | | | |
|-----------------------------------|--|--|--|--|
| Federal income tax withheld | | | | |
| State income tax withheld | | | | |
| Local income tax withheld | | | | |

| | |
|--|-------------|
| | 14.1 |
|--|-------------|

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2019 information as appropriate.
Be sure to attach all 1099-G forms.

**STATE AND LOCAL TAX REFUNDS /
UNEMPLOYMENT COMPENSATION (Form 1099-G)**

2019 1099-G Amount

| | | | |
|--|--|--|--|
| No. <input type="text"/> | Name of payer | | |
| | 1=spouse..... | | |
| | Unemployment compensation: | | |
| | Total received (Box 1) | | |
| | 2019 Overpayment repaid..... | | |
| | State and local refunds: | | |
| | State and local income tax refund, credit or offsets (Box 2) | | |
| | 1=city or local income tax refund | | |
| | Tax year for box 2 if not 2018 (Box 3)..... | | |
| | Federal income tax withheld (Box 4)..... | | |
| | RTAA payments (Box 5)..... | | |
| | Taxable grants: | | |
| | Federal taxable amount (Box 6) | | |
| | State taxable amount, if different..... | | |
| | Farm amounts: | | |
| Agriculture payments (Box 7)..... | | | |
| 1=agriculture payments are from conservation reserve program | | | |
| Market gain (Box 9)..... | | | |
| Number of farm | | | |
| 1=box 2 is trade or business income (Box 8)..... | | | |
| State income tax withheld (Box 11)..... | | | |

| | | | |
|--|--|--|--|
| No. <input type="text"/> | Name of payer | | |
| | 1=spouse..... | | |
| | Unemployment compensation: | | |
| | Total received (Box 1) | | |
| | 2019 Overpayment repaid..... | | |
| | State and local refunds: | | |
| | State and local income tax refund, credit or offsets (Box 2) | | |
| | 1=city or local income tax refund | | |
| | Tax year for box 2 if not 2018 (Box 3)..... | | |
| | Federal income tax withheld (Box 4)..... | | |
| | RTAA payments (Box 5)..... | | |
| | Taxable grants: | | |
| | Federal taxable amount (Box 6) | | |
| | State taxable amount, if different..... | | |
| | Farm amounts: | | |
| Agriculture payments (Box 7)..... | | | |
| 1=agriculture payments are from conservation reserve program | | | |
| Market gain (Box 9)..... | | | |
| Number of farm | | | |
| 1=box 2 is trade or business income (Box 8)..... | | | |
| State income tax withheld (Box 11)..... | | | |

14.2

| | | | | |
|-------------|-------------|-----------|--|-------------|
| 2019 | 1040 | US | Education Distributions (ESA's and QTP's) | 14.3 |
|-------------|-------------|-----------|--|-------------|

**Please enter all pertinent 2019 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.**

ESA'S AND QTP'S (Form 1099-Q)

| | | 2019 Amount | 2018 Amount |
|---|---|-------------|-------------|
| No. <input style="width: 40px;" type="text"/> | Name of payer | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits)..... | | |
| | Elementary & secondary education (net of nontaxable benefits)..... | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | | |
| | Earnings (Box 2)..... | | |
| | Basis (Box 3)..... | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4)..... | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .. | | |
| | ESA's only: | | |
| 2019 contributions to this ESA..... | | | |
| Value of this account at 12/31/19 (plus outstanding rollovers)... | | | |
| Basis in this ESA as of 12/31/18..... | | | |
| No. <input style="width: 40px;" type="text"/> | Name of payer | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits)..... | | |
| | Elementary & secondary education (net of nontaxable benefits)..... | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | | |
| | Earnings (Box 2)..... | | |
| | Basis (Box 3)..... | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4)..... | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .. | | |
| | ESA's only: | | |
| 2019 contributions to this ESA..... | | | |
| Value of this account at 12/31/19 (plus outstanding rollovers)... | | | |
| Basis in this ESA as of 12/31/18..... | | | |
| No. <input style="width: 40px;" type="text"/> | Name of payer | | |
| | 1=spouse..... | | |
| | Qualified expenses: | | |
| | Higher education (net of nontaxable benefits)..... | | |
| | Elementary & secondary education (net of nontaxable benefits)..... | | |
| | Form 1099-Q: | | |
| | Gross distributions (Box 1)..... | | |
| | Earnings (Box 2)..... | | |
| | Basis (Box 3)..... | | |
| | Rollover: 1=nontaxable, 2=taxable (Box 4)..... | | |
| | Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) .. | | |
| | ESA's only: | | |
| 2019 contributions to this ESA..... | | | |
| Value of this account at 12/31/19 (plus outstanding rollovers)... | | | |
| Basis in this ESA as of 12/31/18..... | | | |

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ABLE Distributions

14.4

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

ABLE DISTRIBUTIONS / CONTRIBUTIONS

2019 Amount

2018 Amount

| | | | |
|--|---|--|--|
| No. <input type="text"/> | Name of payer or issuer | | |
| | 1=spouse..... | | |
| | Distributions (1099-QA): | | |
| | Gross distributions (1) | | |
| | Earnings (2) | | |
| | Basis (3) | | |
| | 1=program to program transfer (4) | | |
| | 1=ABLE account terminated (5) | | |
| | 1=recipient is not the designated beneficiary (6) | | |
| | Qualified disability expenses paid | | |
| | Amount excluded from 10% tax | | |
| | Excess contributions: | | |
| Excess contributions withdrawn by due date of return | | | |
| Earnings on excess contributions..... | | | |

| | | | |
|--|---|--|--|
| No. <input type="text"/> | Name of payer or issuer | | |
| | 1=spouse..... | | |
| | Distributions (1099-QA): | | |
| | Gross distributions (1) | | |
| | Earnings (2) | | |
| | Basis (3) | | |
| | 1=program to program transfer (4) | | |
| | 1=ABLE account terminated (5) | | |
| | 1=recipient is not the designated beneficiary (6) | | |
| | Qualified disability expenses paid | | |
| | Amount excluded from 10% tax | | |
| | Excess contributions: | | |
| Excess contributions withdrawn by due date of return | | | |
| Earnings on excess contributions..... | | | |

| | | | |
|--|---|--|--|
| No. <input type="text"/> | Name of payer or issuer | | |
| | 1=spouse..... | | |
| | Distributions (1099-QA): | | |
| | Gross distributions (1) | | |
| | Earnings (2) | | |
| | Basis (3) | | |
| | 1=program to program transfer (4) | | |
| | 1=ABLE account terminated (5) | | |
| | 1=recipient is not the designated beneficiary (6) | | |
| | Qualified disability expenses paid | | |
| | Amount excluded from 10% tax | | |
| | Excess contributions: | | |
| Excess contributions withdrawn by due date of return | | | |
| Earnings on excess contributions..... | | | |

14.4

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | |
|--|---|
| Principal business/profession..... | <input style="width:95%;" type="text"/> |
| Principal business code..... | <input style="width:95%;" type="text"/> |
| Business name, if different from Form 1040..... | <input style="width:95%;" type="text"/> |
| Business address, if different from Form 1040... | <input style="width:95%;" type="text"/> |
| City, if different from Form 1040..... | <input style="width:95%;" type="text"/> |
| State, if different from Form 1040..... | <input style="width:95%;" type="text"/> |
| ZIP code, if different from Form 1040..... | <input style="width:95%;" type="text"/> |
| Foreign region..... | <input style="width:95%;" type="text"/> |
| Foreign postal code..... | <input style="width:95%;" type="text"/> |
| Foreign country..... | <input style="width:95%;" type="text"/> |
| Employer identification number..... | <input style="width:95%;" type="text"/> |
| Other accounting method..... | <input style="width:95%;" type="text"/> |

| | | |
|--|---|--|
| Accounting method: 1=cash, 2=accrual..... | <input style="width:20%;" type="text"/> | |
| Inventory method: 1=cost, 2=lower cost/market, 3=other..... | <input style="width:20%;" type="text"/> | |
| 1=change of inventory method..... | <input style="width:20%;" type="text"/> | |
| 1=spouse, 2=joint..... | <input style="width:20%;" type="text"/> | |
| 1=first Schedule C filed for this business..... | <input style="width:20%;" type="text"/> | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no..... | <input style="width:20%;" type="text"/> | |
| 1=not subject to self-employment tax..... | <input style="width:20%;" type="text"/> | |
| 1=did not "materially participate"..... | <input style="width:20%;" type="text"/> | |
| 1=personal services is not a material income producing factor..... | <input style="width:20%;" type="text"/> | |
| 1=investment..... | <input style="width:20%;" type="text"/> | |
| 1=minister's Schedule C..... | <input style="width:20%;" type="text"/> | |
| 1=single member limited liability company..... | <input style="width:20%;" type="text"/> | |
| 1=trader in financial instruments or commodities..... | <input style="width:20%;" type="text"/> | |

INCOME

| | 2019 Amount | 2018 Amount |
|--|---|---|
| Gross receipts or sales (Form 1099-MISC, box 7)..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Returns and allowances..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Other income: | | |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

COST OF GOODS SOLD

| Inventory at beginning of the year..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
|---|---|---|
| Purchases..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Cost of items for personal use..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Cost of labor..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Materials and supplies..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Other costs: | | |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Inventory at end of the year..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

2019

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

EXPENSES

| | 2019 Amount | 2018 Amount |
|--|-------------|-------------|
| Accounting..... | | |
| Advertising..... | | |
| Answering service..... | | |
| Bad debts from sales or service..... | | |
| Bank charges..... | | |
| Car and truck expenses (not entered elsewhere)..... | | |
| Commissions..... | | |
| Contract labor..... | | |
| Delivery and freight..... | | |
| Dues and subscriptions..... | | |
| Employee benefit programs..... | | |
| Insurance (other than health)..... | | |
| Mortgage interest (paid to banks, etc.)..... | | |
| Other interest (not entered elsewhere)..... | | |
| Janitorial..... | | |
| Laundry and cleaning..... | | |
| Legal and professional..... | | |
| Miscellaneous..... | | |
| Office expense..... | | |
| Outside services..... | | |
| Parking and tolls..... | | |
| Pension and profit sharing plans - contributions..... | | |
| Pension and profit sharing plans - admin. and education costs..... | | |
| Postage..... | | |
| Printing..... | | |
| Rent - vehicles, machinery, & equipment (not entered elsewhere)..... | | |
| Rent - other..... | | |
| Repairs..... | | |
| Security..... | | |
| Supplies..... | | |
| Taxes - real estate..... | | |
| Taxes - payroll..... | | |
| Taxes - sales tax included in gross receipts..... | | |
| Taxes - other (not entered elsewhere)..... | | |
| Telephone..... | | |
| Tools..... | | |
| Travel..... | | |
| Total meals in full (50%)..... | | |
| Department of Transportation meals in full (80%)..... | | |
| Uniforms..... | | |
| Utilities..... | | |
| Wages..... | | |

Other expenses:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

16 p2

2019

1040

US

Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2019, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)
Date acquired (m/d/y)
Date sold (m/d/y) (Box 1)
Sales price (Box 2)
1=sale of home
1=owned and used property as main home for at least 2 of 5 years before sale
1=first-time homebuyer credit was previously taken on this home
1=business use in year of sale
Number of days after December 31, 2008 that home was not used as principal residence

Adjusted Basis

Original cost
Improvements:
Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: a) Did not meet the ownership and use tests *, or b) Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)
1=sale due to change in health, employment or unforeseen circumstances
Days used as main home - taxpayer
Days used as main home - spouse
Days property owned - taxpayer
Days property owned - spouse

MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent change in station)

1=spouse, 2=joint
1=armed forces move due to permanent change of station
Miles from old home to new work place
Miles from old home to old work place
Expenses for transportation and storage of household goods and personal effects
Lodging and travel (excluding meals):
Lodging and travel (excluding automobile)
Parking fees and tolls
Gas and oil
Miles driven to new home

(* owned and used property as main home for at least 2 of 5 years before sale)

17, 27

| | | | | | |
|-------------|-------------|-----------|---|--|-----------|
| 2019 | 1040 | US | Rental & Royalty Income (Schedule E) | No. <input style="width:40px;" type="text"/> | 18 |
|-------------|-------------|-----------|---|--|-----------|

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | 2019 Amount | 2018 Amount |
|----------------------------------|-------------|--|
| Description of property..... | | Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental |
| Street address..... | | |
| City..... | | |
| State..... | | |
| ZIP code..... | | |
| Type of property (see table).... | | |
| Other type of property..... | | |
| Number of days rented..... | | |

| | | | |
|--|--|--|--|
| Percentage of ownership if not 100% (.xxxx)..... | | 1=did not actively participate... .. | |
| Percentage of tenant occupancy if not 100% (.xxxx)..... | | 1=real estate professional..... | |
| 1=spouse, 2=joint..... | | 1=rental other than real estate..... | |
| 1=qualified joint venture..... | | 1=investment..... | |
| 1=nonpassive activity, 2=passive royalty..... | | 1=single member limited liability company..... | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no..... | | | |

INCOME

| | 2019 Amount | 2018 Amount |
|----------------------------------|-------------|-------------|
| Rents or royalties received..... | | |

DIRECT EXPENSES

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

| | | |
|--|--|--|
| Advertising..... | | |
| Association dues..... | | |
| Auto and travel (not entered elsewhere)..... | | |
| Cleaning and maintenance..... | | |
| Commissions..... | | |
| Gardening..... | | |
| Insurance..... | | |
| Legal and professional fees..... | | |
| Licenses and permits..... | | |
| Management fees..... | | |
| Miscellaneous..... | | |
| Mortgage interest (paid to banks, etc.)..... | | |
| Qualified mortgage insurance premiums..... | | |
| Excess mortgage interest..... | | |
| Other interest (not entered elsewhere)..... | | |
| Painting and decorating..... | | |
| Pest control..... | | |
| Plumbing and electrical..... | | |
| Repairs..... | | |
| Supplies..... | | |
| Taxes - real estate..... | | |
| Taxes - other (not entered elsewhere)..... | | |
| Telephone..... | | |
| Utilities..... | | |
| Wages and salaries..... | | |
| Other: | | |
| _____ | | |
| _____ | | |
| _____ | | |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

2019

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

| | |
|---------------------------|----------------------|
| Foreign region | <input type="text"/> |
| Foreign postal code | <input type="text"/> |
| Foreign country | <input type="text"/> |

OIL AND GAS

| | 2019 Amount | 2018 Amount |
|---|----------------------|----------------------|
| Production type (preparer use only) | <input type="text"/> | <input type="text"/> |
| Cost depletion | <input type="text"/> | <input type="text"/> |
| Percentage depletion rate or amount | <input type="text"/> | <input type="text"/> |
| State cost depletion, if different (-1 if none) | <input type="text"/> | <input type="text"/> |
| State % depletion rate or amount, if different (-1 if none) | <input type="text"/> | <input type="text"/> |

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

| | |
|---|----------------------|
| Number of days personal use | <input type="text"/> |
| Number of days owned (if optional method elected) | <input type="text"/> |

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

| | | |
|---|----------------------|----------------------|
| Advertising | <input type="text"/> | <input type="text"/> |
| Association dues | <input type="text"/> | <input type="text"/> |
| Auto and travel (not entered elsewhere) | <input type="text"/> | <input type="text"/> |
| Cleaning and maintenance | <input type="text"/> | <input type="text"/> |
| Commissions | <input type="text"/> | <input type="text"/> |
| Gardening | <input type="text"/> | <input type="text"/> |
| Insurance | <input type="text"/> | <input type="text"/> |
| Legal and professional fees | <input type="text"/> | <input type="text"/> |
| Licenses and permits | <input type="text"/> | <input type="text"/> |
| Management fees | <input type="text"/> | <input type="text"/> |
| Miscellaneous | <input type="text"/> | <input type="text"/> |
| Mortgage interest (paid to banks, etc.) | <input type="text"/> | <input type="text"/> |
| Qualified mortgage insurance premiums | <input type="text"/> | <input type="text"/> |
| Excess mortgage interest | <input type="text"/> | <input type="text"/> |
| Other interest (not entered elsewhere) | <input type="text"/> | <input type="text"/> |
| Painting and decorating | <input type="text"/> | <input type="text"/> |
| Pest control | <input type="text"/> | <input type="text"/> |
| Plumbing and electrical | <input type="text"/> | <input type="text"/> |
| Repairs | <input type="text"/> | <input type="text"/> |
| Supplies | <input type="text"/> | <input type="text"/> |
| Taxes - real estate | <input type="text"/> | <input type="text"/> |
| Taxes - other (not entered elsewhere) | <input type="text"/> | <input type="text"/> |
| Telephone | <input type="text"/> | <input type="text"/> |
| Utilities | <input type="text"/> | <input type="text"/> |
| Wages and salaries | <input type="text"/> | <input type="text"/> |
| Other: | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |

| | | | | | |
|-------------|-------------|-----------|---|--|-----------|
| 2019 | 1040 | US | Farm Income (Schedule F/Form 4835) | No. <input style="width:40px;" type="text"/> | 19 |
|-------------|-------------|-----------|---|--|-----------|

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | |
|--------------------------|---|
| Principal product | <input style="width:90%;" type="text"/> |
| Employer ID number | <input style="width:90%;" type="text"/> |

| | | |
|---|---|--|
| Agricultural activity code | <input style="width:90%;" type="text"/> | |
| Accounting method: 1=cash, 2=accrual | <input style="width:90%;" type="text"/> | |
| 1=spouse, 2=joint | <input style="width:90%;" type="text"/> | |
| 1=farm rental (Form 4835) | <input style="width:90%;" type="text"/> | |
| Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other | <input style="width:90%;" type="text"/> | |
| 1=crop insurance proceeds election | <input style="width:90%;" type="text"/> | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no | <input style="width:90%;" type="text"/> | |
| 1=did not "materially participate" (Schedule F only) | <input style="width:90%;" type="text"/> | |
| 1=did not actively participate (Farm rental only) | <input style="width:90%;" type="text"/> | |
| 1=real estate professional (farm rental only) | <input style="width:90%;" type="text"/> | |
| 1=single member limited liability company | <input style="width:90%;" type="text"/> | |
| % of ownership if not 100% (.xxxx) (Farm rental only) | <input style="width:90%;" type="text"/> | |

FARM INCOME

| | 2019 Amount | 2018 Amount |
|--|---|---|
| Cash method: | | |
| Sales of livestock and other resale items | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Cost or basis of livestock or other resale items | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Sales of products raised | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Accrual method: | | |
| Sales of livestock, produce, etc. | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Beginning inventory of livestock, etc. | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Cost of livestock, etc. purchased | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Ending inventory of livestock, etc. | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Other farm income: | | |
| Total cooperative distributions | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Taxable cooperative distributions | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Total agricultural program payments (other than CRP) | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Taxable agricultural program payments (other than CRP) | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Total conservation reserve program payments | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Taxable conservation reserve program payments | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Commodity credit loans reported under election | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Total commodity credit loans forfeited or repaid | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Taxable commodity credit loans forfeited or repaid | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Total crop insurance proceeds received in 2019 | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Taxable crop insurance proceeds received in 2019 | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Taxable crop insurance proceeds deferred from 2018 | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |
| Custom hire (machine work) income not included above | <input style="width:90%;" type="text"/> | <input style="width:90%;" type="text"/> |

| | | | | |
|-------------|-------------|-----------|--|------------------|
| 2019 | 1040 | US | Partnership and S corporation Information | 20.1,20.2 |
|-------------|-------------|-----------|--|------------------|

Please add, change or delete 2019 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

| No. | Name of Partnership | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in Partnership |
|-----|---------------------|--------------------------------|---------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

S CORPORATION INFORMATION (20.2)

| No. | Name of S corporation | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in S corporation |
|-----|-----------------------|--------------------------------|---------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | | |
|-------------|-------------|-----------|--|------------------|
| 2019 | 1040 | US | Estate or Trust and REMIC Information | 20.3,20.4 |
|-------------|-------------|-----------|--|------------------|

Please add, change or delete 2019 information as appropriate.
 Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

| No. | Name of Estate or Trust | Employer Identification Number | Tax Shelter Registration Number |
|-----|-------------------------|--------------------------------|---------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REMIC INFORMATION (20.4)

| No. | Name of REMIC | Employer Identification Number |
|-----|---------------|--------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

20.3,20.4

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | 2019 Amount | 2018 Amount |
|---|-------------|-------------|
| Description of vehicle..... | | |
| 1=no evidence to support your deduction..... | | |
| 1=no written evidence to support your deduction..... | | |
| 1=vehicle is available for off-duty personal use..... | | |
| 1=no other vehicle is available for personal use..... | | |
| 1=vehicle used primarily by more than 5% owner..... | | |
| Number of months of business use if changed from 100% personal use..... | | |

AUTOMOBILE MILEAGE

| | | |
|---|--|--|
| Total mileage (for the tax year)..... | | |
| Business mileage..... | | |
| Commuting mileage (for the tax year)..... | | |
| Average daily round-trip commute..... | | |

ACTUAL EXPENSES

| | | |
|--|--|--|
| Parking fees and tolls (business portion only)..... | | |
| Gasoline, lube, oil..... | | |
| Repairs..... | | |
| Tires..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Auto license (other than personal property taxes)..... | | |
| Personal property taxes (based on car's value)..... | | |
| Interest (car loan) (for Schedule C, E & F)..... | | |
| Vehicle rent or lease payments..... | | |
| Inclusion amount (enter as positive)..... | | |
| Value of employer-provided vehicle on Form W-2 (2106)..... | | |

2019

1040

US

Adjustments to Income

24

Please enter all pertinent 2019 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

| | 2019 Amount | | 2018 Amount | |
|--|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)..... | | | | |
| Contributions made to date | | | | |
| 1=covered by plan, 2=not covered..... | | | | |
| 2019 payments from 1/1/20 to 4/15/20..... | | | | |

ROTH IRA CONTRIBUTIONS

| | 2019 Amount | 2018 Amount |
|---|-------------|-------------|
| | Taxpayer | Spouse |
| Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)..... | | |
| Contributions made to date | | |

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

| | 2019 Amount | 2018 Amount |
|---|-------------|-------------|
| | Taxpayer | Spouse |
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) | | |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) | | |
| Defined benefit contributions you expect to make..... | | |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) | | |
| Plan contribution rate if not .25 (.xxxx) | | |
| Individual 401k: SE elective deferrals (except Roth) (1=max.) | | |
| Individual 401k: SE designated Roth contributions (1=max.)..... | | |
| SIMPLE contributions: | | |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum) | | |
| Employer matching rate if not .03 (.xxxx) | | |
| 1=nonelective contributions (2%) | | |
| Contributions made to date | | |

ADJUSTMENTS TO INCOME

| | 2019 Amount | 2018 Amount |
|--|-------------|-------------|
| | Taxpayer | Spouse |
| Self-employed health insurance: | | |
| Total premiums (excluding long-term care)..... | | |
| Long-term care premiums..... | | |
| Student loan interest paid (1098-E, box 1) | | |
| Educator expenses (kindergarten thru grade 12) | | |
| Jury duty pay given to employer..... | | |
| Expenses from rental of personal property..... | | |
| Other adjustments to income: | | |
| _____ | | |
| _____ | | |
| _____ | | |

Alimony paid:

Taxpayer

Spouse

| | | |
|----------------------------|------------------|------------------|
| Recipient's first name.... | | |
| Recipient's last name.... | | |
| Recipient's SSN..... | | |
| Amount paid | 2018 amt: | 2018 amt: |

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2019

1040

US

Itemized Deductions

25

Please enter all pertinent 2019 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

NOTE: Enter self-employed health insurance premiums on Sheet 24 and Medicare insurance premiums on Sheet 14.

| | 2019 Amount | TS | 2018 Amount |
|--|-------------|----|-------------|
| Prescription medicines and drugs | | | |
| Doctors, dentists and nurses | | | |
| Hospitals and nursing homes | | | |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) .. | | | |
| Long-term care premiums - taxpayer | | | |
| Long-term care premiums - spouse | | | |
| Insurance reimbursement (enter as a positive number) | | | |
| Lodging and transportation: | | | |
| Out-of-pocket expenses | | | |
| Medical miles driven | | | |
| Other medical and dental expenses: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

TAXES PAID (State and local withholding and 2019 estimates are automatic.)

| | | | |
|--|--|--|--|
| State income taxes - 1/19 payment on 2018 state estimate | | | |
| State income taxes - paid with 2018 state return extension | | | |
| State income taxes - paid with 2018 state return | | | |
| State income taxes - paid for prior years and/or to other state | | | |
| City/local income taxes - 1/19 payment on 2018 city/local estimate | | | |
| City/local income taxes - paid with 2018 city/local extension | | | |
| City/local income taxes - paid with 2018 city/local return | | | |

SALES AND USE TAXES PAID

| | | | |
|--|--|--|--|
| State and local sales taxes (except autos and special items) | | | |
| Use taxes paid on 2019 purchases | | | |
| Use taxes paid with 2018 state return | | | |
| Sales tax on autos not included above | | | |
| Sales tax on boats, aircraft, other special items | | | |

OTHER TAXES PAID

| | | | |
|---|--|--|--|
| Real estate taxes - principal residence: | | | |
| _____ | | | |
| _____ | | | |
| Real estate taxes - held for investment: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice) .. | | | |
| Foreign income taxes | | | |
| Other taxes: | | | |
| _____ | | | |

2019

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US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2019 Amount

TS

2018 Amount

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes rows for home mortgage interest and points reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes row for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4)

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes row for investment interest.

Passive interest

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes row for passive interest.

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes rows for cash contributions, volunteer expenses, and charitable miles.

Veterans' organizations, fraternal societies, nonprofit cemeteries, and certain private nonoperating foundations (30% limitation):

Contributions by cash or check:

Table with 3 columns: Description, 2019 Amount, TS, 2018 Amount. Includes rows for cash contributions, volunteer expenses, and charitable miles.

25 p2

2019

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US

Itemized Deductions (continued)

25 p3

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

NOTE: Use Sheet 26 if total noncash contributions are over \$500. No deduction is allowed for contributions of clothing and household items that are not in good used condition or better. In addition, a deduction for any item with minimal monetary value may be denied.

50% limitation (see above):

2019 Amount

TS

2018 Amount

Table with 3 columns: 2019 Amount, TS, 2018 Amount. Includes 3 rows of input lines.

30% limitation (see above):

Table with 3 columns: 2019 Amount, TS, 2018 Amount. Includes 3 rows of input lines.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Table with 3 columns: 2019 Amount, TS, 2018 Amount. Includes 3 rows of input lines.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Table with 3 columns: 2019 Amount, TS, 2018 Amount. Includes 3 rows of input lines.

STATE MISC. DEDS. IF NON-CONFORMING TO TAX CUTS & JOBS ACT (subject to 2% AGI limit)

Union and professional dues

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Table with 3 columns: 2019 Amount, TS, 2018 Amount. Includes 5 rows of input lines.

Investment expense:

Table with 3 columns: 2019 Amount, TS, 2018 Amount. Includes 5 rows of input lines.

Tax return preparation fee

Safe deposit box rental

Table with 3 columns: 2019 Amount, TS, 2018 Amount. Includes 2 rows of input lines.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Table with 3 columns: 2019 Amount, TS, 2018 Amount. Includes 5 rows of input lines.

25 p3

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded \$100,000 at any time during 2019 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded \$750,000 at any time during 2019 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

**Please enter all pertinent 2019 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

| | 2019 Amount | TS | 2018 Amount |
|--|-------------|----|-------------|
| Fair market value of the property on the date that the last debt was secured | | | |
| Home acquisition and grandfather debt on the date that the last debt was secured | | | |

LOAN INFORMATION

Loan #1

| | | | |
|---|--|--|--|
| Lender's name | | | |
| Form (see table) | | | |
| Number of form | | | |
| 1=taxpayer, 2=spouse, blank=joint | | | |
| Interest paid | | | |
| Points paid | | | |
| Total principal paid | | | |
| Lump sum principal payment (if paid off) | | | |
| Months outstanding (if not 12) | | | |
| 1=home acquisition debt incurred after 12/15/17 | | | |
| Home acquisition debt balance - beginning of year | | | |
| Home acquisition debt borrowed in 2019 | | | |
| Home equity debt balance - beginning of year | | | |
| Home equity debt borrowed in 2019 | | | |
| Grandfather debt balance - beginning of year | | | |

Loan #2

| | | | |
|---|--|--|--|
| Lender's name | | | |
| Form (see table) | | | |
| Number of form | | | |
| 1=taxpayer, 2=spouse, blank=joint | | | |
| Interest paid | | | |
| Points paid | | | |
| Total principal paid | | | |
| Lump sum principal payment (if paid off) | | | |
| Months outstanding (if not 12) | | | |
| 1=home acquisition debt incurred after 12/15/17 | | | |
| Home acquisition debt balance - beginning of year | | | |
| Home acquisition debt borrowed in 2019 | | | |
| Home equity debt balance - beginning of year | | | |
| Home equity debt borrowed in 2019 | | | |
| Grandfather debt balance - beginning of year | | | |

| |
|--|
| Form |
| 1 = Schedule A (default) 2 = Business use of home 3 = Schedule E |

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US

Itemized Deductions (continued)

25 p5 cont

Please enter all pertinent 2019 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3

2019 Amount

TS

2018 Amount

| | | | |
|---|--|--|--|
| Lender's name | | | |
| Form (see table) | | | |
| Number of form | | | |
| 1=taxpayer, 2=spouse, blank=joint | | | |
| Interest paid | | | |
| Points paid | | | |
| Total principal paid | | | |
| Lump sum principal payment (if paid off) | | | |
| Months outstanding (if not 12) | | | |
| 1=home acquisition debt incurred after 12/15/17 | | | |
| Home acquisition debt balance - beginning of year | | | |
| Home acquisition debt borrowed in 2019 | | | |
| Home equity debt balance - beginning of year | | | |
| Home equity debt borrowed in 2019 | | | |
| Grandfather debt balance - beginning of year | | | |

Loan #4

| | | | |
|---|--|--|--|
| Lender's name | | | |
| Form (see table) | | | |
| Number of form | | | |
| 1=taxpayer, 2=spouse, blank=joint | | | |
| Interest paid | | | |
| Points paid | | | |
| Total principal paid | | | |
| Lump sum principal payment (if paid off) | | | |
| Months outstanding (if not 12) | | | |
| 1=home acquisition debt incurred after 12/15/17 | | | |
| Home acquisition debt balance - beginning of year | | | |
| Home acquisition debt borrowed in 2019 | | | |
| Home equity debt balance - beginning of year | | | |
| Home equity debt borrowed in 2019 | | | |
| Grandfather debt balance - beginning of year | | | |

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

25 p5 cont

2019

1040

US

Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2019, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

| | | | |
|---|---|--|--|
| No. <input style="width: 40px;" type="text"/> | | Name of charitable organization (donee)..... | |
| | | Street address | |
| | | City | |
| | | State | |
| | | ZIP code | |
| | | 1=spouse, 2=joint | |
| | | Property description (other than vehicle)..... | |
| | Vehicle | Identification number (VIN)..... | |
| | | Year (yyyy) | |
| | | Make and model | |
| | | Condition and mileage | |
| | | Date of contribution (m/d/y)..... | |
| | | Date acquired by donor (m/y) | |
| | | How acquired by donor (Table 1 or describe)..... | |
| | Donor's cost or basis | | |
| | Fair market value | | |
| | Method used to determine FMV (Table 2 or describe)..... | | |

| | | | |
|---|---|--|--|
| No. <input style="width: 40px;" type="text"/> | | Name of charitable organization (donee)..... | |
| | | Street address | |
| | | City | |
| | | State | |
| | | ZIP code | |
| | | 1=spouse, 2=joint | |
| | | Property description (other than vehicle)..... | |
| | Vehicle | Identification number (VIN)..... | |
| | | Year (yyyy) | |
| | | Make and model | |
| | | Condition and mileage | |
| | | Date of contribution (m/d/y)..... | |
| | | Date acquired by donor (m/y) | |
| | | How acquired by donor (Table 1 or describe)..... | |
| | Donor's cost or basis | | |
| | Fair market value | | |
| | Method used to determine FMV (Table 2 or describe)..... | | |

| | |
|--|---|
| <p>1 How Property was Acquired</p> <p>1 = Purchase 3 = Inheritance 2 = Gift 4 = Exchange</p> | <p>2 Method Used to Determine FMV</p> <p>1 = Appraisal 3 = Catalog 2 = Thrift shop value 4 = Comparable sales</p> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p> |
|--|---|

26

2019

1040

US

Business Use of Home (Form 8829)

No.

29

Please enter 2019 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

| | 2019 Amount | 2018 Amount |
|---|-------------|-------------|
| Form | | |
| Number of form (e.g., enter 2 for Schedule C number 2) | | |
| Business use area (square footage) | | |
| Total area of home (square footage) | | |
| Total hours facility used (for daycare facilities only) | | |
| Total hours available (if not 8,760) | | |
| Area of home included above used exclusively for daycare business, if any (sq ft) | | |
| % (.xx) or amount of gross income from home if not 100% (-1 if none) | | |
| % (.xx) or amount of expenses from home if not 100% (-1 if none) | | |

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

| | | |
|--------------------------------|--|--|
| Mortgage interest | | |
| Real estate taxes | | |
| Casualty losses | | |
| Insurance | | |
| Miscellaneous | | |
| Rent | | |
| Repairs and maintenance | | |
| Utilities | | |
| Excess mortgage interest | | |
| Excess real estate taxes | | |
| Other indirect expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

| | | |
|---------------------------------|--|--|
| Mortgage interest | | |
| Real estate taxes | | |
| Casualty losses | | |
| Insurance | | |
| Miscellaneous | | |
| Rent | | |
| Repairs and maintenance | | |
| Utilities | | |
| Excess mortgage interest | | |
| Excess real estate taxes | | |
| Excess casualty losses | | |
| Allowable casualty losses | | |
| Other direct expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |

29

2019

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....

| | | |
|---|----------------------|--|
| Form | <input type="text"/> | |
| Number of form (1=first Schedule C, 2=second, etc.) | <input type="text"/> | |
| 1=spouse | <input type="text"/> | |
| 1=performance artist, 2=handicapped, 3=fee-basis government official..... | <input type="text"/> | |
| 1=minister's expenses | <input type="text"/> | |

EMPLOYEE BUSINESS EXPENSES

| | 2019 Amount | 2018 Amount |
|--|----------------------|----------------------|
| Meal and entertainment expenses | <input type="text"/> | <input type="text"/> |
| Reimbursements for meals and entertainment not on W-2, box 1 | <input type="text"/> | <input type="text"/> |
| 1=Department of Transportation (80% meal allowance) | <input type="text"/> | |
| Local transportation (bus, taxi, train, etc.)..... | <input type="text"/> | <input type="text"/> |
| Travel expenses while away from home overnight | <input type="text"/> | <input type="text"/> |
| Reimbursements not included on Form W-2, box 1..... | <input type="text"/> | <input type="text"/> |
| Other business expenses: | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

30

2019

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

| | 2019 Amount | 2018 Amount |
|---|-------------|-------------|
| 1=vehicle used primarily by more than 5% owner..... | | |
| 1=vehicle is available for off-duty personal use..... | | |
| 1=no other vehicle is available for personal use..... | | |
| 1=no evidence to support your deduction..... | | |
| 1=no written evidence to support your deduction..... | | |

VEHICLE 1

| | | |
|---|--|--|
| Description of vehicle..... | | |
| Date placed in service (m/d/y)..... | | |
| Total mileage (for the tax year)..... | | |
| Business mileage..... | | |
| Commuting mileage (for the tax year)..... | | |
| Average daily round-trip commute..... | | |
| Number of months of business use if changed from 100% personal use..... | | |
| Parking fees and tolls (business portion only)..... | | |
| Actual expenses: | | |
| Gasoline, lube, oil..... | | |
| Repairs..... | | |
| Tires..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Auto license (other than personal property taxes)..... | | |
| Personal property taxes (based on car's value)..... | | |
| Interest (car loan) (for Schedule C, E & F)..... | | |
| Vehicle rent or lease payments..... | | |
| Inclusion amount (enter as positive)..... | | |
| Value of employer-provided vehicle on Form W-2 (2106)..... | | |

VEHICLE 2

| | | |
|---|--|--|
| Description of vehicle..... | | |
| Date placed in service (m/d/y)..... | | |
| Total mileage (for the tax year)..... | | |
| Business mileage..... | | |
| Commuting mileage (for the tax year)..... | | |
| Average daily round-trip commute..... | | |
| Number of months of business use if changed from 100% personal use..... | | |
| Parking fees and tolls (business portion only)..... | | |
| Actual expenses: | | |
| Gasoline, lube, oil..... | | |
| Repairs..... | | |
| Tires..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Auto license (other than personal property taxes)..... | | |
| Personal property taxes (based on car's value)..... | | |
| Interest (car loan) (for Schedule C, E and F)..... | | |
| Vehicle rent or lease payments..... | | |
| Inclusion amount (enter as positive)..... | | |
| Value of employer-provided vehicle on Form W-2 (2106)..... | | |

| | | | | |
|-------------|-------------|-----------|---------------------------------------|-------------|
| 2019 | 1040 | US | Health Savings Accounts (8889) | 32.1 |
|-------------|-------------|-----------|---------------------------------------|-------------|

**Please enter all pertinent 2019 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2019, a high deductible health plan is one with an annual deductible that is not less than \$1,350 for self-only coverage or \$2,700 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,750 for self-only coverage or \$13,500 for family coverage.

| | 2019 Amount | | 2018 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| 1=self-only coverage, 2=family coverage..... | | | | |
| HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)..... | | | | |
| Contributions included above that were made after you became eligible for Medicare..... | | | | |
| Contributions made to date | | | | |

HSA DISTRIBUTIONS

| | | | | |
|---|--|--|--|--|
| Total HSA distribution received (1099-SA, box 1)... | | | | |
| Distributions included above that were rolled over to another HSA | | | | |
| Total unreimbursed qualified medical expenses... | | | | |

| | |
|--|-------------|
| | 32.1 |
|--|-------------|

| | | | | |
|-------------|-------------|-----------|--|------------------|
| 2019 | 1040 | US | Child and Dependent Care Expenses (Form 2441) | 33.1,33.2 |
|-------------|-------------|-----------|--|------------------|

Please enter all pertinent 2019 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

| DEPENDENT CARE EXPENSES (33.1) | 2019 Amount | | 2018 Amount | |
|---|-------------|--------|-------------|--------|
| | Taxpayer | Spouse | Taxpayer | Spouse |
| Dependent care expenses incurred but not paid in 2019 . . . | | | | |
| Employer-provided benefits forfeited in 2019 | | | | |

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

| | | | |
|--|---|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name | | |
| | Last name | | |
| | Title or suffix | | |
| | Date of birth (m/d/y) | | |
| | Social security number | | |
| | Qualified dependent care expenses incurred and paid in 2019 | | 2018 amt: |
| | 1=disabled | | |
| 1=spouse, 2=joint | | | |

| | | | |
|--|---|--|------------------|
| No. <input style="width:40px;" type="text"/> | First name | | |
| | Last name | | |
| | Title or suffix | | |
| | Date of birth (m/d/y) | | |
| | Social security number | | |
| | Qualified dependent care expenses incurred and paid in 2019 | | 2018 amt: |
| | 1=disabled | | |
| 1=spouse, 2=joint | | | |

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

| | | | |
|--|--|--|------------------|
| No. <input style="width:40px;" type="text"/> | Name of provider | | |
| | Street address | | |
| | City | | |
| | State | | |
| | ZIP code | | |
| | Foreign region | | |
| | Foreign postal code | | |
| | Foreign country | | |
| | Identification number (SSN or EIN) | | |
| | Amount paid to care provider in 2019 | | 2018 amt: |
| | 1=spouse, 2=joint | | |

2019

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US

Education Credits / Tuition Deduction

No.

38

Please complete the information below if you paid qualified education expenses in 2019 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

| | | |
|---|--|--|
| 1=taxpayer, 2=spouse | | |
| First name | | |
| Last name | | |
| Social security number..... | | |
| Number of years hope credit claimed | | |
| Number of prior years AOC claimed | | |
| 1=student was NOT enrolled at least half-time for at least one academic period that began in 2019 (or the first 3 months of 2020 if the qualified expenses were made in 2019) at an eligible institution in a qualified program. | | |
| 1=student completed first four years of post-secondary education before 2019. | | |
| 1=student was convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance. | | |

EDUCATIONAL INSTITUTION ATTENDED (#1)

| | | |
|---|--|--|
| Name | | |
| Street address | | |
| City | | |
| State | | |
| ZIP code | | |
| 1=2019 Form 1098-T was NOT received. | | |
| 1=2019 Form 1098-T received with Box 2 & 7 completed..... | | |
| 1=2018 Form 1098-T received with Box 2 & 7 completed..... | | |
| Federal ID number from Form 1098-T..... | | |

EDUCATIONAL INSTITUTION ATTENDED (#2)

| | | |
|---|--|--|
| Name | | |
| Street address | | |
| City | | |
| State | | |
| ZIP code | | |
| 1=2019 Form 1098-T was NOT received. | | |
| 1=2019 Form 1098-T received with Box 2 & 7 completed..... | | |
| 1=2018 Form 1098-T received with Box 2 & 7 completed..... | | |
| Federal ID number from Form 1098-T..... | | |

QUALIFIED EDUCATION EXPENSES

| | 2019 Amount | 2018 Amount |
|---|-------------|-------------|
| Qualified tuition & fees paid in 2019 (net of refund or assistance, & not entered elsewhere) .. | | |
| Books & supplies required to be purchased from institution. | | |
| Books & supplies not entered above..... | | |
| Amount of prior year refund or assistance * | | |

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

