

# MobileTax.Pro

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January 2021

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (704)980-0899.

Sincerely,



Laurie Johnson  
MobileTax.Pro

## SEND A FRIEND!

Name

Date

One of the nicest compliments our clients can give us is a referral.  
For each new paying client you refer to us, we will pay you \$20.  
Thank you for your business.

MobileTax.Pro  
Virtual Tax Preparation  
www.MobileTax.Pro  
(704) 980-0899

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Preparer's

Name Laurie Johnson

HAVE YOUR FRIENDS BRING THIS COUPON IN WITH THEIR TAX INFORMATION.

(subject to terms and conditions)

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## 2020 Tax Organizer Personal and Dependent Information

### Personal Information

	SSN	Has IP PIN	Date of birth
Name			
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

**Yes No**

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

If you own a farm or business:

- Did you continue to pay any employee while they were not working?  
  Did you delay withholding FICA taxes from any employee's pay?  
  Did you receive a Paycheck Protection Program (PPP) loan?  
 If "Yes," was the loan forgiven or have you applied for forgiveness? \_\_\_\_\_

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

### Appointment Information

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

### Additional Taxpayer Information

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

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

#### Estimates

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

#### Account Information for Deposits or Withdrawals

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

#### Identification Information - Attached Copy in Portal - Required EACH Year to E-File Your Return

##### 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 \_\_\_\_\_

## Checklist

Name:

SSN:

### Checklist

This check list is provided to help you gather necessary information for us to prepare your 2020 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2019 tax year.

#### Economic Impact Payment

- Notice 1444 (Letter you received notifying you of your Stimulus payment)

#### State and city refunds and other government payments (Form 1099-G)

- Unemployment compensation

#### Other Income (provide supporting documentation for income received for the following items)

- Sale of assets or property  
 Cancellation of debt  
 Other income \_\_\_\_\_

#### Payments (provide supporting documentation for payments made for the following items)

- Educator classroom expenses  
 Employee business expenses  
 Contributions to a Health Savings Account  
 Expenses related to work relocation  
 Alimony  
 Student loan interest  
 Tuition and fees for higher education  
 Expenses related to child or dependent care  
 Contributions to a Retirement Savings Account  
 Medical and dental expenses  
 Real estate taxes  
 Other state and local taxes  
 Mortgage interest  
 Investment interest  
 Cash Contributions  
 Noncash Contributions  
 Unreimbursed employee expenses  
 Investment expenses  
 Gambling losses  
 Other payments \_\_\_\_\_

## Questionnaire

Name:

SSN:

### Questionnaire

#### Personal Information

**Yes No**

- Did your marital status change during the tax year?  
If "Yes," explain \_\_\_\_\_
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?
- Were you, your spouse, or any dependents a victim of identity theft?  
If "Yes," explain \_\_\_\_\_  
If you are unable to locate your IP PIN, go to the IRS website to retrieve it:  
<https://www.irs.gov/identity-theft-fraud-scams/retrieve-your-ip-pin>
- Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?  
If "Yes," provide Notice CP01A from the IRS or provide the IP PIN for each person on the return who has a IP PIN \_\_\_\_\_
- Provide proof of identity (driver's license or state-issued photo ID) for the taxpayer and spouse (MFJ) to be eligible to e-file your tax return

#### Dependent Information

**Yes No**

- Did you have any changes in dependents during the year?  
If "Yes," explain \_\_\_\_\_
- Can another person qualify to claim any of your dependents?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2200 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

#### COVID-19 Implications

**Yes No**

- Did you receive an Economic Impact Payment?  
If "Yes," provide Notice 1444 from the IRS (Letter saying you were receiving a stimulus payment)  
If you can't find your letter(s), list the amount(s) and date(s) you received payments  
\_\_\_\_\_
- Did you or your spouse experience economic loss due to COVID-19 (loss of job, closed business, etc.)?
- Were you or your spouse unemployed for any portion of the year due to COVID-19?
- Did you or your spouse continue to receive wages from your employer even if you were unable to work?
- Did you or your spouse receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?
- If you or your spouse own a farm or business, did you continue to pay any employees while they were not working?
- If you or your spouse own a farm or business, did you delay withholding FICA taxes from any employee's pay?
- If you or your spouse own a farm or business, did you receive a Paycheck Protection Program (PPP) loan?  
If "Yes," was the loan forgiven or have you applied for forgiveness?
- If you or your spouse own a farm or business and were unable to work due to COVID-19, would you have qualified for sick or family leave if employed by someone other than yourself?

#### Health Care Information

**Yes No**

- Did any member of your household have healthcare coverage through the Marketplace?  
If "Yes," provide copies of Form 1095-A.
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

## Questionnaire

Name:

SSN:

### Questionnaire

#### Income, Purchases, Sales, and Debt Information

Submit all tax documents you receive in the mail or download from online, including forms W2, 1099 (all), K-1, 1098

**Yes No**

Did you have one or more jobs during the year?

Click here if you had a job for which you have been unable to obtain a Form W2

Did you receive any tips not reported to your employer?

Did you receive any disability income during the year?

Did you cash in any U.S. savings bonds during the year?

Do you have, or did you start a new business during the year?

If so, complete the "Schedule C" and "Expenses Related to Business" worksheets in the following pages. Also, provide the Profit & Loss and Balance Sheet for each business.

Do you have or did you purchase any rental property during the year?

If so, complete the "Schedule E" and "Expenses Related to Business" worksheets in the following pages.

Did you sell an existing business, rental property, or other property during the year?

Do you have assets you use in your business (laptops, cameras, furniture, a building, a piece of machinery, etc.)?

If so, include each item on the "Sale of Capital Assets" worksheet - even if the item has not been sold.

Did you purchase any business assets or convert any assets to business use?

If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.

Did you purchase any gasoline, diesel, or special fuels for off-road business use?

Did you buy or sell any stocks, bonds, or other investments during the year?

If so, submit all Combined 1099 packages.

Did you sell a principal residence during the year?

If "Yes," provide closing documentation for the purchase and sale of the home.

Did you have a principal residence or a piece of real property foreclosed on during the year?

Did you abandon a principal residence or a piece of real property during the year?

Did you refinance your principal home or second home or take out a home equity loan during the year?

If "Yes," provide all escrow, closing, and other pertinent documentation and information.

Did you receive any principal or interest during this year from property sold in prior years?

Did you rent out your home?

Did you sell, exchange, or purchase any real estate during the year (other than your primary home)?

Did you acquire a new or additional interest in a partnership or S corporation?

Did you have any debts canceled or forgiven this year?

Does anyone owe you money that has become uncollectible?

Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?

If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.

Did you receive income or incur expenses associated with a fantasy sport league?

If "Yes," provide documentation.

Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?

If "Yes," attach Form 1099-MISC and Form 1099-K.

Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?

If "Yes," attach Form 1099-K or Form W-2.

Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?

If "Yes," provide documentation.

Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?

If "Yes," attach Form 1099-K.

Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?

If "Yes," provide documentation.

Did you receive any other income you have not provided information for with this organizer?

If "Yes," explain \_\_\_\_\_

## Questionnaire

Name:

SSN:

### Questionnaire

#### Itemized Deduction Information

**Yes No**

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?  
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

#### Retirement Information

**Yes No**

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

#### Education Information

**Yes No**

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

#### Miscellaneous Information

**Yes No**

- Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?
- Did you incur a gain or loss due to damaged or stolen property?  
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$15,000 during the year?
- Yes No**
- If "Yes," are you splitting the gift with your spouse?
- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you own interest or shares in a Qualified Opportunity Fund?
- Did you apply an overpayment of your 2019 taxes to your 2020 estimated taxes?
- If you have an overpayment of 2020 taxes, do you want the refund applied to your 2021 estimated taxes?



## Questionnaire

Name:

SSN:

### Questionnaire

#### Miscellaneous Information continued...

**Yes No**

- Did you make any estimated payments toward your 2020 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?  
If "Yes," provide a canceled checking or savings slip.
- Do you anticipate your income or withholdings to be different for 2020?
- Did you make any purchases subject to Use Tax?  
If "Yes," provide details.
- Did you receive any notices from the IRS or state taxing authority?  
If "Yes," explain \_\_\_\_\_
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

#### Foreign Tax Information

**Yes No**

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?

**Other Information**

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

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

**Child and Other Dependent Care Expenses**

Name of care provider	Address	SSN or EIN	Amount paid

**Education Expenses**

Provide all copies of Form 1098-T

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

Type of expense	Amount	Type of expense	Amount

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

Type of expense	Amount	Type of expense	Amount

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

Type of expense	Amount	Type of expense	Amount

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums (paid by you)
Long-term care premiums (you)
Long-term care premiums (your spouse)
Long-term care premiums (dependents)
Mileage driven for medical purposes
Medical & dental expenses
Doctor, dental, etc
Prescription medicines
Insulin
Glasses & contacts
Hearing aids
Braces
Medical equipment & supplies
Hospital services
Laboratory services
Nursing services
Other

Taxes Paid

State and local income taxes
Sales tax
Real estate taxes
Personal property taxes
Other taxes (list)

Interest Paid

Mortgage interest paid (attach Form 1098)
Some of your home mortgage loan was not used to buy, build, or improve your home
Mortgage interest paid to an individual
Paid to:
Name
Address
City, State, ZIP
SSN or EIN
Mortgage insurance premiums
Investment interest

Charitable Contributions

Donations to charity
Cash Noncash Amount
Church
Boy or Girl Scouts
Goodwill
Red Cross
Salvation Army
United Way
Veterans
Hospital
University
Other
Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums
Federal estate tax
Gambling losses
Impairment-related work expenses
Claim repayments
Unrecovered pension investments
Loss from other activities from Schedule K-1
Ordinary loss debt instrument
Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer
Safety equipment, tools, & supplies
Uniforms
Protective clothing (shoes, hardhats, glasses, etc.)
Dues to professional organizations
Books & subscriptions
Other
Union dues
Tax preparation fees
Other nonpersonal expenses related to taxable income
Safe deposit box fees
Investment expenses not entered elsewhere
Other
Home equity interest

Other Information

Name:

SSN:

Mortgage Interest

Provide all copies of Form 1098

Table with 4 columns: Lender's name, Mortgage interest received, Mortgage insurance premiums, Real estate taxes paid. Includes multiple rows for data entry.

Employee Business Expenses

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

Table for Employee Business Expenses with columns: Expense description, NOT reimbursed by your employer, Reimbursed by your employer not included on your W-2. Rows include Parking fees, tolls, local transportation; Meals; Overnight business travel expenses; Other business expenses.

Casualties and Thefts

Table for Casualties and Thefts with two columns for property details. Rows include FEMA code, Property description, Property location, Date property was acquired, Date property was damaged or stolen, Cost of property damaged or stolen, Amount of damage, Insurance reimbursement.

### Household Employment

Name:

SSN:

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

**Yes No**

Did you pay any one household employee cash wages of \$2,200 or more in 2020?

Did you withhold federal income tax during 2020 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2020 by April 15, 2021?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

**2020**

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

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

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

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

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

**Yes No**

Did you pay any one household employee cash wages of \$2,200 or more in 2020?

Did you withhold federal income tax during 2020 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2020 by April 15, 2021?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

**2020**

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

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

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

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



### Other Income and Adjustments

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

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

#### Other Income

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

#### Adjustments

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

#### Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station. **2020**

Number of miles from old home to old workplace . . . . . \_\_\_\_\_

Number of miles from old home to new workplace . . . . . \_\_\_\_\_

Expense to move household goods and personal effects and lodging expenses while traveling to your new home (Do not include cost of meals) . . . . . \_\_\_\_\_

### Schedule C - Profit or Loss from Business

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

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

#### General Business Information

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

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

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

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

#### Income

	2020		2020
Gross receipts or sales . . . . .	_____	Other income . . . . .	_____
Returns & allowances . . . . .	_____		_____

#### Expenses

	2020		2020
Advertising . . . . .	_____	Travel . . . . .	_____
Car & truck expenses . . . . .	_____	Total meals . . . . .	_____
Commissions & fees . . . . .	_____	Utilities . . . . .	_____
Contract labor . . . . .	_____	Wages . . . . .	_____
Depletion . . . . .	_____	Other expenses (list) . . . . .	_____
Employee benefit programs . . . . .	_____		_____
Insurance (other than health) . . . . .	_____		_____
Interest - mortgage . . . . .	_____		_____
Interest - other . . . . .	_____		_____
Legal & professional services . . . . .	_____		_____
Office expenses . . . . .	_____		_____
Pension & profit sharing plans . . . . .	_____		_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____		_____
Rent (other business property) . . . . .	_____		_____
Repairs & maintenance . . . . .	_____		_____
Supplies . . . . .	_____		_____
Taxes & licenses . . . . .	_____		_____

#### Cost of Goods Sold

	2020		2020
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . .	_____
Purchases . . . . .	_____	Other costs . . . . .	_____
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . .	_____
Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method	



### Expenses Related to Schedule C Business

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

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

#### Auto Expense

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

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

- |  |  |
|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> This vehicle is available for use during off-duty hours<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Another vehicle is available for personal use | Yes <input type="checkbox"/> No <input type="checkbox"/> There is evidence to support your deduction<br>Yes <input type="checkbox"/> No <input type="checkbox"/> The evidence is written |
|--|--|

#### Mileage

Number of miles the vehicle was driven during 2020

- Business . . . . . \_\_\_\_\_
- Commuting . . . . . \_\_\_\_\_
- Other . . . . . \_\_\_\_\_

#### Expenses

- |                              |                               |
|------------------------------|-------------------------------|
| Garage rent . . . . . _____  | Repairs . . . . . _____       |
| Gas . . . . . _____          | Tires . . . . . _____         |
| Insurance . . . . . _____    | Tolls . . . . . _____         |
| Licenses . . . . . _____     | Lease addback . . . . . _____ |
| Oil . . . . . _____          | Other expenses _____          |
| Parking fees . . . . . _____ | _____                         |
| Rental fees . . . . . _____  | _____                         |
| Interest . . . . . _____     | _____                         |
| Property tax . . . . . _____ | _____                         |

#### Business Use of Home

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

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

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

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

- How many days during the year was the area used \_\_\_\_\_
- How many hours per day was the area used \_\_\_\_\_
- The daycare facility was in operation for the entire year

#### Expenses

#### Office expenses

#### Home expenses

- |  |       |       |
|--|-------|-------|
| Mortgage interest . . . . . _____        | _____ | _____ |
| Real estate taxes . . . . . _____        | _____ | _____ |
| Excess mortgage interest . . . . . _____ | _____ | _____ |
| Excess real estate taxes . . . . . _____ | _____ | _____ |
| Insurance . . . . . _____                | _____ | _____ |
| Rent . . . . . _____                     | _____ | _____ |
| Repairs & maintenance . . . . . _____    | _____ | _____ |
| Utilities . . . . . _____                | _____ | _____ |
| Other expenses . . . . . _____           | _____ | _____ |

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

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

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

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

### General Property Information

Property description \_\_\_\_\_  
 Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> This property is your main home or second home       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental |
| <input type="checkbox"/> This property was disposed of during 2020            | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals  |
| <input type="checkbox"/> This property was owned as a qualified joint venture |  |   |

### Income

	2020	2020
Rent income . . . . .		
Royalties from oil, gas, mineral, copyright or patent . . . . .		

### Expenses

	Rental unit expenses	Rental <u>and</u> homeowner expenses	
Advertising . . . . .			If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel . . . . .			
Cleaning & maintenance . . . . .			
Commissions . . . . .			
Insurance . . . . .			
Legal & professional fees . . . . .			
Management fees . . . . .			
Mortgage interest . . . . .			
Other interest . . . . .			
Repairs . . . . .			
Supplies . . . . .			
Taxes . . . . .			
Utilities . . . . .			
Depletion . . . . .			
Other expenses			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
_____			

Expenses Related to Schedule E Business

Name:

SSN:

Auto Expense

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

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

Yes No
This vehicle is available for use during off-duty hours
Another vehicle is available for personal use

Yes No
There is evidence to support your deduction
The evidence is written

Mileage

Number of miles the vehicle was driven during 2020

Business
Commuting
Other

Expenses

Garage rent, Gas, Insurance, Licenses, Oil, Parking fees, Rental fees, Interest, Property tax, Repairs, Tires, Tolls, Lease addback, Other expenses

Business Use of Home

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

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

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

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

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

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

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

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

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

Schedule F - Profit or Loss from Farming

Name:

SSN:

General Information

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

This farm was disposed of during 2020

Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes  No You filed Forms 1099 for the individuals

Income

Table with 3 columns: Description, 2020, 2020. Rows include: Sale of livestock / other items, Cost of items bought for resale, Sale of products you raised, Total cooperative distributions, Total agricultural payments, Commodity Credit Corporation (CCC) loans, Crop insurance proceeds, etc.

Expenses

Table with 3 columns: Description, 2020, 2020. Rows include: Car & truck expenses, Chemicals, Conservation expenses, Custom hire (machine work), Employee benefit programs, Feed purchased, Fertilizers & lime, Freight & trucking, Gasoline, fuel, & oil, Insurance (other than health), Interest - mortgage (paid to banks, etc.), Interest - other, Non-W-2 labor hired, W-2 wages paid, Pension & profit-sharing plans, Rent - vehicles, machinery, & equipment, Rent - other (land, animals, etc.), Repairs & maintenance, Seeds & plants purchased, Storage & warehousing, Supplies purchased, Taxes, Utilities, Veterinary, breeding, & medicine, Other expenses.

Form 4835 - Farm Rental Income and Expenses

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

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

General Information

Description \_\_\_\_\_ Employer ID Number \_\_\_\_\_

This farm was disposed of during 2020

Income

	2020		2020
Income from production of livestock, grains, & other crops . . . . .	_____	Crop insurance proceeds:	
Total cooperative distributions . . . . .	_____	Amount received in 2020 . . . . .	_____
Total agricultural payments . . . . .	_____	<input type="checkbox"/> You elect to defer to 2021	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2019 . . . . .	_____
CCC loans reported . . . . .	_____	Other income . . . . .	_____
CCC loans forfeited . . . . .	_____		_____

Expenses

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

### Expenses Related to Schedule F Business

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

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

#### Auto Expense

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

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

- |   |   |
|---|---|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> This vehicle is available for use during off-duty hours</p> <p><input type="checkbox"/> <input type="checkbox"/> Another vehicle is available for personal use</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> There is evidence to support your deduction</p> <p><input type="checkbox"/> <input type="checkbox"/> The evidence is written</p> |
|---|---|

#### Mileage

Number of miles the vehicle was driven during 2020

- Business . . . . . \_\_\_\_\_
- Commuting . . . . . \_\_\_\_\_
- Other . . . . . \_\_\_\_\_

#### Expenses

- |                              |                               |
|------------------------------|-------------------------------|
| Garage rent . . . . . _____  | Repairs . . . . . _____       |
| Gas . . . . . _____          | Tires . . . . . _____         |
| Insurance . . . . . _____    | Tolls . . . . . _____         |
| Licenses . . . . . _____     | Lease addback . . . . . _____ |
| Oil . . . . . _____          | Other expenses _____          |
| Parking fees . . . . . _____ | _____                         |
| Rental fees . . . . . _____  | _____                         |
| Interest . . . . . _____     | _____                         |
| Property tax . . . . . _____ | _____                         |

#### Business Use of Home

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

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

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

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

- How many days during the year was the area used \_\_\_\_\_
- How many hours per day was the area used \_\_\_\_\_
- The daycare facility was in operation for the entire year

#### Expenses

#### Office expenses

#### Home expenses

- |  |       |       |
|--|-------|-------|
| Mortgage interest . . . . . _____        | _____ | _____ |
| Real estate taxes . . . . . _____        | _____ | _____ |
| Excess mortgage interest . . . . . _____ | _____ | _____ |
| Excess real estate taxes . . . . . _____ | _____ | _____ |
| Insurance . . . . . _____                | _____ | _____ |
| Rent . . . . . _____                     | _____ | _____ |
| Repairs & maintenance . . . . . _____    | _____ | _____ |
| Utilities . . . . . _____                | _____ | _____ |
| Other expenses . . . . . _____           | _____ | _____ |

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

