

**From:**

Pinnacle CPA Advisory Group, LLC  
131 Dillmont Drive, Suite 200  
Columbus, OH 43235

**Prepared For:**

**2019 Client Organizer**



Leading Small Business and Individuals to Success

131 Dillmont Dr., Suite 200, Columbus, OH 43235 \* Telephone (614) 942-1990 \* Facsimile (614) 942-1991 \* www.cpaagi.com \* info@cpaagi.com

## ANNUAL ENGAGEMENT LETTER

Dear :

This letter is to confirm and specify the terms of our engagement with you for the year ended December 31, 2019, and to clarify the nature and extent of the tax services we will provide. **This letter must be signed and returned to us before we can begin work on your tax return.**

### SERVICES TO BE PROVIDED

We will prepare the tax returns for the calendar year 2019 as indicated by you below. ***(Please place a checkmark besides the returns you would like us to prepare, specifically listing ALL state and local returns.)***

- Federal Income Tax Return-Form 1040
- State Income Tax Return(s) \_\_\_\_\_ *(please list states)*
- City Income Tax Return(s) \_\_\_\_\_ *(please list cities)*
- Other Tax Returns \_\_\_\_\_ *(please list other localities)*

We are not responsible for returns not on the list. We are under no duty to review the information you provide to determine whether you may have a filing obligation with another state, city or other locality. If we become aware of any other filing requirement, we will tell you of the obligation and may prepare the appropriate returns at your request as a separate engagement.

This engagement letter does not cover the preparation of any financial statements, or any other accounting or advisory services which, if we are to provide, will be covered under a separate engagement letter.

It is your responsibility to provide us with all the information necessary for the preparation of complete and accurate returns. **You should retain all the documents, receipts, canceled checks, and other data that form the basis of income and deductions for a minimum of four years.** These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of the tax return(s) does not include any procedures designed to discover defalcations or other irregularities, should any exist. The returns will be prepared solely from information provided to us without verification by us.

We will use our judgment to resolve questions in your favor where a tax law is unclear or if there is a reasonable justification for doing so. Whenever we are aware that a possibly applicable tax law is unclear or that there are conflicting interpretations of the law by authorities (e.g., tax agencies and courts), we will explain the possible positions that may be taken on your return. We will follow whatever position you request, so long as it is consistent with the codes and regulations and interpretations that have been promulgated. If the IRS should later contest the position taken, there may be an assessment of additional tax plus interest and penalties. We assume no liability for any such additional penalties or assessments.

If during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement which will be billed separately from the preparation of this year's tax returns.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorization box.

**We will not file any federal, state or local tax extensions unless you specifically request us to do so in writing, by fax or email.**

Our policy is to put all tax advice in writing. You understand that you will not rely upon any unwritten advice because it may be tentative, incomplete, or not fully reviewed.

In accordance with federal law, in no case will we disclose your tax return information to any location outside the United States, to another tax return preparer outside of our firm for purposes of a second opinion, or to any other third party (except as specified below) for any other purpose without first receiving your written consent. Additionally, all information you provide us in connection with this engagement will be maintained by us on a strictly confidential basis according to our firm's *Privacy Policy*.

We may from time to time, and depending on the circumstances, use third-party service providers to assist in preparing your return, but these preparers will not make substantive decisions concerning your return. We may share your tax return information with these service providers, but remain committed to maintaining the confidentiality and security of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, (firm name) will remain responsible for the work provided by any such third-party service provider.

#### **CLIENT RESPONSIBILITIES**

We will provide you with an information checklist and questionnaire requesting specific information. Completing these forms will assist us in making sure you are well served for a reasonable fee. In providing this information to us, **you represent that the information you are supplying is truthful, accurate and complete to the best of your knowledge and that you have truthfully disclosed to us all income and other relevant facts affecting the returns. You further represent that you have provided us true, correct and complete information regarding amounts you claimed as tax deductions, and have maintained written documentation supporting all amounts, including log books and receipts.** We will not audit or otherwise verify the information you give us; however, we may ask for additional clarification of some information.

You will contact us immediately if you discover additional information that will lead to a change in your return, or if you receive any letters from the IRS, state or local taxing authorities.

The Internal Revenue Code and regulations impose preparation and disclosure standards with non-compliance penalties on both the preparer of a tax return and on the taxpayer. These standards differ and are higher for return preparers than taxpayers. To avoid exposure to these penalties, it may be necessary in some cases to make certain disclosures to you and/or in the tax return concerning positions taken on the return that don't meet these standards. Accordingly, we will discuss tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we conclude that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement and you agree to compensate us for our services to the date of withdrawal. Our engagement with you will terminate upon our withdrawal.

#### **TAX EXAMINATIONS**

You understand that taxing authorities may examine the returns and that penalties may be imposed on returns that are late, underpaid or incorrect. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. As such, you should know that IRS audit procedures will almost always include questions on bartering transactions and on deductions that require strict documentation such as **all charitable contributions**, travel and entertainment expenses and expenses for business usage of autos, computers, and cell phones. In preparing your returns we rely on your representations that we have been informed of all bartering transactions and that you understand and have complied with the documentation requirements for your expenses and deductions. We are not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest. If you have questions about these issues, please contact us.

Any proposed adjustments by the examining agent are subject to certain rights of appeal. Our standard tax preparation fee does not include responding to inquiries or examination by taxing authorities. However, we will be available, upon request, to represent you. **You understand that you will be charged an additional fee if we are asked to assist or represent you in a tax examination OR INQUIRY.** (Purchase of our Audit Guarantee within 10 days of receipt of your tax returns will exempt you from additional costs related to our responding to a tax examination or inquiry.)

You understand that, in the event of a preparer error, you are responsible for additional tax and interest that may be due, but our responsibility is to pay for any penalty that the IRS, state or local taxing authorities may assess.

#### **COMPENSATION**

Our fees are not contingent on the results of our services. Fees for our tax return preparation services are based upon the appropriate market rate for the level and value of services rendered. Our bill for this

engagement will be due and payable upon completion of these returns and additional services will not be performed until the bill for these services is paid in full. You understand that your bill will be based upon the predetermined amount given to you in Exhibit A attached or by the standard billing rates presented to you.

In the event that payment is not received when due, you will be assessed interest charges of 1½% per month on the unpaid balance. We reserve the right to suspend or terminate our work due to non-payment. In accordance with our firm policies, work may be suspended if your account becomes ninety (90) days or more overdue and will not be resumed until your account is paid in full. The suspension or termination of our work may cause you to fail to meet deadlines imposed by creditors, governments or other third-parties or may result in other adverse consequences and is a proper consequence of nonpayment of our statements. In the event that our work is suspended or terminated as a result of non-payment, you agree that we will not be responsible for your failure to meet government and other filing deadlines, or for penalties or interest that may be assessed against you resulting from your failure to meet said deadlines. Additionally if we elect to terminate our services for nonpayment, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed the services contemplated in this engagement. You will be obligated to compensate us for all time expended and to reimburse us for all out-of-pocket expenditures through the date of termination. In the event that any collection action is required to collect unpaid balances due us, you agree to reimburse us for our costs of collection, including attorney fees.

#### **RECORD RETENTION**

**In accordance with our firm's current document retention policy we will retain our work papers and your tax returns for your engagement for seven (7) years.** We will provide you a copy of the depreciation schedules and tax returns and other pertinent work papers that should be a part of your books and records. If you should need replacements, we will provide additional copies at our standard copying fees. All of your original records will be returned to you. After seven years, our work papers and files will no longer be available. Physical deterioration or catastrophic events may shorten the time during which our records will be available. The working papers and files of our firm are not a substitute for the original records of your company. When any records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies. It is agreed and understood that in connection with the performance of this engagement by (firm name), that the work papers prepared by us shall remain the property of (firm name).

#### **CONFIDENTIALITY PRIVILEGE**

Certain communications involving tax advice are privileged and not subject to disclosure to the IRS. By disclosing the contents of those communications to anyone, or by turning over information about those communications to the government, you may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any privileged communication; you agree to provide us with written, advanced authority to make that disclosure.

#### **SUBPOENAS AND OUTSIDE INQUIRIES**

Should we receive any request for the disclosure of privileged information from any third party, including a subpoena or IRS summons, we will notify you prior to responding to it if we are legally permitted to do so. You may, within the time permitted for our firm to respond to any request, initiate such legal action as you deem appropriate to protect information from discovery. If you take no action within the time permitted for us to respond or if your actions do not result in a judicial order protecting us from supplying requested information, we may construe your inaction or failure as consent to comply with the request. In the event you direct us to not make the disclosure, you agree to hold us harmless from any expenses incurred in defending the privilege, including, by way of illustration only, our attorney's fees, court costs, outside advisor's costs, or penalties or fines imposed as a result of your asserting the privilege or your direction to us to assert the privilege. In the event we are required to respond to a subpoena, court order or other legal process for the production of documents and/or testimony relative to information we obtained and/or prepared during the course of this engagement, you agree to compensate us at our hourly rates, as set forth above, for the time we expend in connection with such response, and to reimburse us for all of our out-of-pocket costs incurred in that regard.

#### **DISPUTE RESOLUTION**

If any dispute, controversy, or claim arises among the parties of this agreement, either party may, upon written notice to the other party, request that the matter be mediated. Such mediation will be conducted by a mediator appointed by and pursuant to the Rules of the American Arbitration Association (AAA) under its Commercial Mediation Rules or such other neutral facilitator acceptable to both parties. Both parties will exert their best efforts to discuss with each other in good faith their respective positions in an attempt to finally resolve such dispute or controversy. Any mediation initiated as a result of this engagement shall be administered within (county and state).

Each party may disclose any facts to the other party or to the mediator which it, in good faith, considers necessary to resolve the matter. All such discussions, however, will be for the purpose of assisting in settlement efforts and will not be admissible in any subsequent litigation against the disclosing party. Except as agreed by both parties, the mediator will keep confidential all information disclosed during negotiations. The mediator may not act as a witness for either party in any subsequent arbitration between

the parties.

The mediation proceedings will conclude within sixty (60) days from receipt of the written notice unless extended or terminated sooner by mutual consent. Each party will be responsible for its own expenses. The fees and expenses of the mediator, if any, will be borne equally by the parties.

If any dispute, controversy, or claim cannot be resolved by mediation, then the dispute, controversy, or claim will be settled by final and binding arbitration in accordance with the Rules of the American Arbitration Association (AAA) for the Resolution of Accounting Firm Disputes. No prehearing discovery will be permitted unless specifically authorized by the arbitration panel. The arbitration hearings will take place in the city closest to the place where this agreement was performed in which the AAA maintains an office, unless the parties agree to a different locale.

The award issued by the arbitration panel may be confirmed in a judgment by any federal or state court of competent jurisdiction. All reasonable costs of both parties, as determined by the arbitrators, including (1) the fees and expenses of the AAA and the arbitrators and (2) the costs, including reasonable attorneys' fees, necessary to confirm the award in court, will be born entirely by the non-prevailing party (to be designated by the arbitration panel in the award) and may not be allocated between the parties by the arbitration panel.

Such arbitration shall be binding and final. In agreeing to arbitration, we both acknowledge that in the event of a dispute over fees charged by the accountant, each of us is giving up the right to have the dispute decided in a court of law before a judge or jury and instead we are accepting the use of arbitration for resolution.

Potential errors may occur in your tax return(s) that can result in damages that may be many times the amount of the fees for this engagement. In order to induce us to accept this engagement, you therefore agree that our liability for any negligent errors or omissions committed by us in the performance of the engagement will be limited to the total amount of fees paid by you to us under the terms of this agreement.

Because there are inherent difficulties in recalling or preserving information as the period after an engagement increases, you agree that, notwithstanding the statute of limitations of the State of (state), any claims based on this engagement must be filed within twelve (12) months after performance of our service, unless you have previously provided us with a written notice of a specific defect in our services that forms the basis of the claim.

In the event that any portion of this engagement letter is deemed invalid or unenforceable, said finding shall not operate to invalidate the remainder of this engagement letter.

#### **CONFIRMATION OF AGREEMENT**

This engagement letter is contractual in nature, and includes all of the relevant terms that will govern the engagement for which it has been prepared. The terms of this letter supersede any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the terms set forth in this letter will only become effective if evidenced by a written amendment to this letter, signed by all of the parties.

If the foregoing is in accordance with your understanding, **please sign and date this letter in the spaces provided. Return all pages to us.** We appreciate the opportunity to be of service to you. We shall be pleased to discuss this engagement letter with you at any time. It is our policy to initiate services after we receive the executed engagement letter. **NOTE: If you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, and WI) both spouses are required to sign this engagement letter.**

Very truly yours,

Pinnacle CPA Advisory Group, LLC

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

## Exhibit A

### This Fee and Guarantee Disclosure is an Exhibit to our Engagement Letter

It is our goal to provide awesome service to every one of our clients. **Please take the time to read the enclosed information carefully and completely.**

#### Our Guarantees to You

- We will have your 2019 individual tax returns ready within **15 days or sooner**.<sup>1</sup>
- We will provide **free phone calls** for all 2020.<sup>2</sup>
- We will provide **free electronic filing**.<sup>3</sup>
- We will return your **emails and phone calls** within **2 business days**.
- We will provide a regular **electronic newsletter** of tax advice.<sup>4</sup>
- We will start your **appointment within 15 minutes** of the scheduled time.<sup>5</sup>
- We are **responsible for penalties** related to our preparation errors.<sup>6</sup>
- Your return will always be **reviewed by at least 3 sets of eyes**.<sup>7</sup>

#### The Investment

Assuming no material changes from last year, your **all-inclusive** investment with us will be:<sup>8</sup>

\$

- Exhibit B could increase the above amount.
- **The investment is payable when your returns are completed or sooner.**
- You can pay by cash, check, or credit/debit card including VISA, MasterCard or Discover. (American Express is not accepted.)
- There will be a \$70 re-run charge for client changes after our completion and a 10% surcharge for all returns received after 9/1/2020.<sup>9</sup>

#### Your Guarantees to Us

- You will do your best to accumulate your tax information in an orderly manner and submit the information as early as possible.
- You will punctually attend your appointment and have your complete information or **call us to reschedule at least 72 hours in advance**.
- You understand no appointments will be scheduled between April 1 and April 15, 2020.
- You will make an effort to refer at least one client like yourself to our firm so that we can continue to be here for you when you need us.
  1. All information must be received prior to March 25, 2020. We are not responsible if IRS software is not ready to accept returns.
  2. If the question or issue requires additional research and analysis beyond the initial consultation, that work will be subject to an additional price quotation before the service is performed where possible.
  3. You will always receive a paper or electronic copy. If a government authority does not accept e-filing or certain information invalidates e-filing, we will prepare your return for paper filing.
  4. You must provide us with a valid e-mail address and a signed "Consent to Use of Tax Return Information" form to receive the newsletter. If married, both spouses must sign.
  5. You need only be in our office by the appointed time.
  6. We work hard not to make errors on your tax return. If you have given us complete and accurate information and we fail to properly prepare your returns based on that information, we will pay the penalties associated with the error.
  7. All tax returns are prepared and/or reviewed by at least 2 professional and 1 administrative team members.
  8. Your fee can be adjusted upward or downward based on material changes from last year. You will be notified of upward adjustments before the service is performed where possible.
  9. Once we have finished the return and you make changes, we will assess a minimum \$70 re-run charge each time. We will also add a 10% surcharge when the return information is received after 9/1/2020.



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### CONSENT TO USE OF TAX RETURN INFORMATION

Regarding: 2019 Form 1040 Client Name \_\_\_\_\_

Federal law requires this consent form be provided to you. Unless authorized by law, CPA Advisory Group, Inc. cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent will be valid for one year from the date of signature.

***In efforts to fully serve our clients, from time to time, we provide them helpful information such as firm newsletters, surveys, published articles, press releases, information concerning firm seminars and nontax-related services, and announcements pertaining to firm personnel. To determine what items may be of interest to you, we will need to use your tax return information. If you would like us to use your tax return information for this purpose, please check the following box and sign and date this consent form.***

I, \_\_\_\_\_ authorize CPA Advisory Group, Inc. to use the information I provide to CPA Advisory Group, Inc. during the preparation of my tax return for 2019, including my entire return, for purposes of mailing to me: firm newsletters, surveys, published articles, press releases, information concerning firm seminars and nontax-related services, and announcements related to firm personnel. I understand I have the right to limit the consent to specific information, not just authorize use of the entire return. Recognizing that right, I consent to the use of my entire tax return.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Taxpayer Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse Name

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

**This is not the engagement letter. This form is optional. The separate, attached engagement letter must be signed and returned before we can start work on your tax return.**



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Dear :

It is time to prepare your tax returns.

Enclosed is your 2019 tax organizer to help you gather the documents and other information needed to prepare your tax returns. We have preprinted certain information from your 2018 return in the organizer to help you in completing it with a minimal amount of time and effort. You can either fill in the 2019 columns of the organizer or use the organizer as a guide for compiling the information needed for your 2019 returns, whichever method suits you best. If you did not receive a tax organizer and you want one, please call our office.

**Please be sure to include the following documents when you send in your information:**

- 1. Information Checklist**
- 2. Signed Engagement Letter - Mandatory - We cannot start your return without it!**
- 3. Consent For Use Of Tax Return Information - Needed to provide you newsletters!**
- 4. Questions Checklist - Mandatory - We are searching for deductions!**

For your convenience effective January 27, our office hours during tax season will be as follows:

Monday thru Friday	8 am - 6 pm
Saturday	9 am - 4 pm

We are also excited to announce that effective January 1, 2019, CPA Advisory Group, Inc. was jointly acquired by Kleshinski, Morrison & Morris, LLP and members of Pinnacle Wealth Planning Services, Inc. David Krebs, CPA will continue in his management role in the Columbus office. The individual offices will retain their current identities; however, from a licensing perspective, we are required to report under a common name which will be Pinnacle CPA Advisory Group, LLC. You will see this co-branding throughout our portal and on your tax returns.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Your Team at the CPA Advisory Group





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## **MEETING TIME AT OUR OFFICE**

For those clients with pre-scheduled appointments, your appointment date and time are:

**at**

If you were expecting an appointment and nothing is listed, please call the office.

## 2019 1040 Organizer Information Checklist

Print the organizer on one side of paper only. This way we can properly scan your documents.

This is a list of the most common items we'll need to finish your returns. We'll call you if we need anything else.

If you are sending an **email with an attachment**, please notify us of that fact by a separate email. We can accept any size but some email services won't send large files but don't inform you that they failed. We will not open zip files for security reasons.

- \_\_\_ **Signed Annual Engagement Letter and Exhibit A (MANDATORY)**  
(We must receive your engagement letter to start working on your tax return)
- \_\_\_ **Completed Taxpayer Questionnaire (MANDATORY)**
- \_\_\_ **Signed Consent to Use of Tax Information (REQUIRED to receive our newsletter)**
- \_\_\_ All tax return packets, mailing labels and correspondence sent to you by the various taxing agencies
- \_\_\_ All W-2's
- \_\_\_ All 1099 forms received confirming income from interest, dividends, retirement, social security, disability, unemployment, gambling winnings, cancellation of debt, credit and debit card transactions, etc.
- \_\_\_ All 1094 and 1095 forms related to health care transactions.
- \_\_\_ All income tax information for children if you want us to prepare any required returns
- \_\_\_ Year-end statement of mortgage interest (Form 1098), escrow activity and balance on mortgage or home equity loans and real estate taxes paid
- \_\_\_ Total of charitable contributions, and details for any non-cash contributions over \$500. **All contributions must have receipts.**
- \_\_\_ Copies of all LLC, Partnership or S-Corporation K-1's (send separately later if everything else is ready, and let us know it's coming)
- \_\_\_ If you bought, sold or refinanced real estate, then the 2 page HUD closing statement for each transaction
- \_\_\_ If you sold any shares of mutual funds and basis information is not provided by the broker, detail all activity in the funds sold from original purchase date through date of sale date (year-end summary statements are ideal)
- \_\_\_ If you are claiming auto mileage as a deduction for business, rental properties or unreimbursed employee expenses, we need to know: total miles, commuting miles, and business miles driven for the year
- \_\_\_ If you lease your car or are deducting actual expenses, please also provide: original value of the car (what you could have bought it for) and date of lease, and all expenses for lease payments, gas, car washes, licenses, insurance, tires, repairs, etc.
- \_\_\_ Copies of any federal, state or local tax correspondence received during the year
- \_\_\_ The dates and amounts paid for **all estimated tax payments** for 2019 and the amount of all refunds or rebates received

- \_\_\_ All legal documents for divorce decrees
- \_\_\_ Voided check (not deposit ticket) for account where refunds should be direct deposited optional)
- \_\_\_ The designated beneficiary form for all retirement plans
- \_\_\_ All gambling income and loss records
- \_\_\_ **New clients:** copies of prior year federal, state and local returns and depreciation schedules if applicable

## 2019 Taxpayer Questionnaire (Mandatory)

**Please check the appropriate box and include all necessary details.  
We are searching for deductions and planning your future. Please be complete!  
Did any of these things happen during 2019?**

### Personal Information

	<u>Yes</u>	<u>No</u>
Did your marital status change? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Did your mailing address or residence change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone provide over 1/2 of you or your families support?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or any dependent disabled or blind?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority from last year?	<input type="checkbox"/>	<input type="checkbox"/>

### Dependent Information

Were there any changes in dependents you claimed from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Name all dependents: _____		
Do you have any children under age 19 or college students under age 24 with unearned income in excess of \$2,200	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over 1/2 the support to others than your children? If yes, who? _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care (babysitting, daycare) while you worked or looked for work? If yes, please provide provider name, address, social security number/EIN, and amount paid.	<input type="checkbox"/>	<input type="checkbox"/>

### Buy or Sell Information and Debt Information

Did you buy, sell, or exchange any real estate? (Send all closing statements)	<input type="checkbox"/>	<input type="checkbox"/>
Did you abandon or have foreclosed any real estate? (Send Form 1099-A and/or 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
Did you sell or write off any stock? (Send original cost, sale price and dates)	<input type="checkbox"/>	<input type="checkbox"/>
Did you participate in puts, calls or "short the box" stock transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy or sell an interest in any other investments (ex. K-1's)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy a hybrid (gas/electric), alternative motor, or electric motor energy efficient vehicle that still qualifies? If yes, list make, model and year.	<input type="checkbox"/>	<input type="checkbox"/>
Did you take out a home equity loan or line of credit this year or refinance any real estate? (Send closing statements)	<input type="checkbox"/>	<input type="checkbox"/>

### Income Information

Were you a grantor or transferor for a foreign trust, have an interest in or a signature or other authority over a bank account, securities account, or other financial account in a foreign country, or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have \$10,000 in a foreign bank account for even one day during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have at least \$50,000 in foreign assets for even one day during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you earn any income in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any income during the year from property sold prior to this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive or rollover any retirement account money?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability or unemployment income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any tip income that was not reported to your employer?	<input type="checkbox"/>	<input type="checkbox"/>
Did any of your life insurance policies mature, or did you surrender any policies?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash in any U.S. Savings bonds?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive employer-provided educational assistance or other educational benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Did you take money out from a 529 plan? If yes, whose name was on the account and how much? (Send Form 1099-Q)	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a damage award for personal injury, sickness or discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive executor fees or jury duty fees? If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive or pay alimony (not child support)? If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you qualify for any Social Security benefits such as retirement, death, disability or Medicare? (Send Form 1099-SSA or other statement)	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
<b>Deduction Information</b>		
Did medical expenses exceed 10% of your income?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care (nursing home) premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a Health Savings Account (HSA)?		
If yes, provide the deductible \$ _____ contributions \$ _____		
qualified withdrawals \$ _____ and if single ___ or family ___ coverage.	<input type="checkbox"/>	<input type="checkbox"/>
Did you keep all your sales tax receipts for this year (not required)?		
If yes, total sales tax paid \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay sales tax on a car, boat, motor home, manufactured home, truck, motorcycle or plane purchased for personal use? If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for any property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay mortgage interest for your residence or a second residence? (Send Form 1098)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have to pay margin interest on a non-retirement investment portfolio?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest? (Send Form 1098-E)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have to pay private mortgage insurance (PMI)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a donee acknowledgment to substantiate all cash or check charitable contributions of \$250 or more <u>and proof of all</u> charitable contributions (cash & noncash)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat? (Send Form 1098-C)	<input type="checkbox"/>	<input type="checkbox"/>
Did you use your car on the job, for other than commuting?	<input type="checkbox"/>	<input type="checkbox"/>
Did you work out of town during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur unreimbursed casualty losses from farm, business or disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur any non-business bad debts?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a teacher or school administrator who bought school supplies in your job?	<input type="checkbox"/>	<input type="checkbox"/>

**Health Insurance Information (Must answer all questions in this section)**

Did you receive a Form 1095-A, 1095-B, or 1095-C?		
If yes, include these forms with your tax information	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy insurance through the marketplace (exchange)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an advanced payment from the marketplace paid to your health insurance company?	<input type="checkbox"/>	<input type="checkbox"/>

**College and Credit Information**

Did you pay any college expenses? If yes, provide annual summary of charges and payments received from school, and a list of checks written (Send Form 1098-T)	<input type="checkbox"/>	<input type="checkbox"/>
Have you started any adoption process?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your home this year?		
What kind? _____	<input type="checkbox"/>	<input type="checkbox"/>

**Planning Questions**

Are you covered by a pension plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any retirement contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make or would you consider a ROTH conversion?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with your retirement planning?	<input type="checkbox"/>	<input type="checkbox"/>
What year do you plan to retire? _____		
Do you need help with life, disability long-term care or health insurance planning?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with your education planning?	<input type="checkbox"/>	<input type="checkbox"/>
Are you planning on paying for your kid's college? If yes, how much \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with your estate planning?	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
Are your assets titled properly for estate purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have correct beneficiary designations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a will? If yes, what is the approximate date? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have power of attorneys for healthcare and financial decisions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with your investment planning?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need help with your recordkeeping?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a house mortgage(s)? If yes, what is the amount? _____ What is the rate? _____ %	<input type="checkbox"/>	<input type="checkbox"/>

**Miscellaneous Information**

For each K-1 you received, how many hours per year (including your spouse) do you work in the business? _____		
For each rental property you own, how many hours per year (including your spouse) do you work in the business or rental? _____		
Did you receive correspondence from federal, state, or local tax authorities? (Send the letters)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have employer provided stock options that you can exercise or sell?	<input type="checkbox"/>	<input type="checkbox"/>
Were you ever in the military?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any gifts in 2019 of more than \$15,000 to any one individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to allocate \$3 to the Presidential Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a household employee?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to have your refund direct deposited into your bank account? (Send voided check for account information)	<input type="checkbox"/>	<input type="checkbox"/>
Can you afford to pay all your taxes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you file bankruptcy or have debts forgiven or cancelled this year? (Send Form 1099-C)	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any gambling income and do you have proof of losses? If yes, send proof of losses for review.		
Did you trade in crypto-currencies during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect significant changes in income, expenses or dependents for 2019? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Were you a victim of identity theft, whereby the IRS issued you an IP PIN? If yes, please provide _____	<input type="checkbox"/>	<input type="checkbox"/>

**Business Owners and Farmers Only**

Did you start up or shut down a business during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you were self-employed, did you pay health insurance premiums? If yes, amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a group health insurance plan (owned by the business)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have more than one employee (including the owner and spouse as one)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you reimburse yourself or other employees for health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own or invest in a business that would be considered manufacturing or research?	<input type="checkbox"/>	<input type="checkbox"/>
Did you start a new employee pension plan this year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain records to support all business expense reimbursements issued to all owners and employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did you buy fuel to operate business equipment or off-road vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need coaching for your small business?	<input type="checkbox"/>	<input type="checkbox"/>

**Business Owners, Farmers, and Rental Property Owners Only**

Have all required 1099s been filed and issued? If no, would you like our assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Did you maintain mileage logs for all vehicles driven for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Do you keep records to support business purpose for all travel and meals expenditures?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any asset purchases or repair and maintenance costs ≥ \$2,500? If yes, attached all invoices.	<input type="checkbox"/>	<input type="checkbox"/>

**State Information**

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| Did you live and work in more than one state in 2018?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you contribute to or distribute from a 529 Plan?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, what state plan? _____  |                          |                          |
| Amount contributed \$ _____ Amount distributed \$ _____                       |                          |                          |
| Did you make any contributions to an ABLE plan? If yes, what state plan _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Amount contributed \$ _____ Amount distributed \$ _____                       |                          |                          |

**Local Information**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| Did you live or work in a city limit during 2019? If yes, list all: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you live in a township that has been annexed into a city during 2019?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you live in a school district that charges a separate tax during 2019? | <input type="checkbox"/> | <input type="checkbox"/> |

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_[1]  
 Mark if you were married but living apart all year \_\_\_\_\_[2]  
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) \_\_\_\_\_[3]

	<b>Taxpayer</b>		<b>Spouse</b>
Social security number	_____ [4]		_____ [5]
First name	_____ [6]		_____ [7]
Last name	_____ [8]		_____ [9]
Occupation	_____ [10]		_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]		_____ [14]
Mark if dependent of another taxpayer	_____ [15]		_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]		
Mark if legally blind	_____ [20]		_____ [21]
Date of birth	_____ [22]		_____ [24]
Date of death	_____ [26]		_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]		_____ [30] _____ [31]
Home/evening telephone number	_____ [32]		_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]		

**Present Mailing Address**

Address \_\_\_\_\_ [38]  
 Apartment number \_\_\_\_\_ [39]  
 City, state postal code, zip code \_\_\_\_\_ [40] \_\_\_\_\_ [41] \_\_\_\_\_ [42]  
 Foreign country name \_\_\_\_\_ [44]  
 Foreign phone number \_\_\_\_\_ [47]  
 In care of addressee \_\_\_\_\_ [48]

**Dependent Information**

(\*Please refer to Dependent Codes located at the bottom)

First Name <sup>49]</sup>	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent \_\_\_\_\_ [50]  
 Social security number of qualifying person \_\_\_\_\_ [51]

**Dependent Codes**

- |   |   |
|---|---|
| <p><b>*Basic</b></p> <ul style="list-style-type: none"> <li>1 = Child who lived with you</li> <li>2 = Child who did not live with you due to divorce/separation</li> <li>3 = Other dependent</li> <li>4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)</li> <li>5 = Qualifying child for Earned Income Credit only</li> <li>6 = Children who lived with you, but do not qualify for Earned Income Credit</li> <li>7 = Children who lived with you, but do not qualify for Child Tax Credit</li> <li>8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit</li> </ul> <p><b>***Months</b></p> <ul style="list-style-type: none"> <li>77 = Reported on odd year return</li> <li>88 = Reported on even year return</li> <li>99 = Not reported on return</li> </ul> | <p><b>**Other</b></p> <ul style="list-style-type: none"> <li>1 = Student (Age 19 - 23)</li> <li>2 = Disabled dependent</li> <li>3 = Dependent who is both a student and disabled</li> </ul> |
|---|---|



**Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) \_\_\_\_\_ [8]

Taxpayer email address \_\_\_\_\_ [9]

Spouse email address \_\_\_\_\_ [10]

**Taxpayer**

**Spouse**

Fax telephone number \_\_\_\_\_ [11] \_\_\_\_\_ [19]

Mobile telephone number \_\_\_\_\_ [12] \_\_\_\_\_ [20]

Mobile telephone #2 number \_\_\_\_\_ [13] \_\_\_\_\_ [21]

Pager number \_\_\_\_\_ [14] \_\_\_\_\_ [22]

Other: \_\_\_\_\_ [15] \_\_\_\_\_ [23]

    Telephone number \_\_\_\_\_ [16] \_\_\_\_\_ [24]

    Extension \_\_\_\_\_ [17] \_\_\_\_\_ [25]

Preferred method of contact: \_\_\_\_\_ [18] \_\_\_\_\_ [26]

    Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 \_\_\_\_\_ [18] \_\_\_\_\_ [26]

**NOTES/QUESTIONS:**

**Taxpayer -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [1]  
Identification number \_\_\_\_\_ [2]  
Issue date \_\_\_\_\_ [3]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [4]  
Location of issuance (State issued only) \_\_\_\_\_ [5]  
Document number (New York only) \_\_\_\_\_ [6]

**Spouse -**

Form of identification ( 1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) \_\_\_\_\_ [9]  
Identification number \_\_\_\_\_ [10]  
Issue date \_\_\_\_\_ [11]  
Expiration date (mm/dd/yyyy) \_\_\_\_\_ [12]  
Location of issuance (State issued only) \_\_\_\_\_ [13]  
Document number (New York only) \_\_\_\_\_ [14]

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**NOTES/QUESTIONS:**

If you have an overpayment of 2019 taxes, do you want the excess:

Refunded \_\_\_\_\_ [52]

Applied to 2020 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2020 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences: \_\_\_\_\_ [55]

\_\_\_\_\_ [56]

\_\_\_\_\_ [57]

\_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2020? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences: \_\_\_\_\_ [60]

\_\_\_\_\_ [61]

\_\_\_\_\_ [62]

\_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2020 withholding? (Y, N) \_\_\_\_\_ [64]

If yes, please explain any differences: \_\_\_\_\_ [65]

\_\_\_\_\_ [66]

\_\_\_\_\_ [67]

\_\_\_\_\_ [68]

Do you expect a change in the number of dependents claimed for 2020? (Y, N) \_\_\_\_\_ [69]

If yes, please explain any differences: \_\_\_\_\_ [70]

\_\_\_\_\_ [71]

\_\_\_\_\_ [72]

\_\_\_\_\_ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_ [74]

**2019 Federal Estimated Tax Payments**

2018 overpayment applied to 2019 estimates + \_\_\_\_\_ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/19	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/17/19	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/16/19	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/15/20	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]		

**\*Method of payment indicated in prior year**  
**EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System**  
**Voucher = Form 1040-ES estimated tax payment voucher**

**NOTES/QUESTIONS:**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]

State postal code \_\_\_\_\_ [2]

Amount paid with 2018 return + \_\_\_\_\_ [3]

2018 overpayment applied to '19 estimates + \_\_\_\_\_ [4]

Treat calculated amounts as paid \_\_\_\_\_ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

**2019 City Estimated Tax Payments**

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2018 return + _____ [31]		Amount paid with 2018 return + _____ [53]	
2018 overpayment applied to '19 estimates\$ _____ [32]		2018 overpayment applied to '19 estimates\$ _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2018 return + _____ [75]		Amount paid with 2018 return + _____ [97]	
2018 overpayment applied to '19 estimates\$ _____ [76]		2018 overpayment applied to '19 estimates\$ _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

**Calculated Amount**

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____



## Wages and Salaries #1

Please provide all copies of Form W-2.

**2019 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	__ [1]
Employer name _____	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	__ [5]
Mark if this is your current employer	__ [6]
Federal wages and salaries ( <b>Box 1</b> )	+ _____ [10]
Federal tax withheld ( <b>Box 2</b> )	+ _____ [12]
Social security wages ( <b>Box 3</b> ) (if different than federal wages)	+ _____ [14]
Social security tax withheld ( <b>Box 4</b> )	+ _____ [16]
Medicare wages ( <b>Box 5</b> ) (if different than federal wages)	+ _____ [18]
Medicare tax withheld ( <b>Box 6</b> )	+ _____ [21]
SS tips ( <b>Box 7</b> )	+ _____ [23]
Allocated tips ( <b>Box 8</b> )	+ _____ [25]
Dependent care benefits ( <b>Box 10</b> )	+ _____ [27]
<b>Box 13 -</b>	
Statutory employee	__ [29]
Retirement plan	__ [30]
Third-party sick pay	__ [31]
State postal code ( <b>Box 15</b> )	_____ [32]
State wages ( <b>Box 16</b> ) (if different than federal wages)	+ _____ [34]
State tax withheld ( <b>Box 17</b> )	+ _____ [36]
Local wages ( <b>Box 18</b> )	+ _____ [38]
Local tax withheld ( <b>Box 19</b> )	+ _____ [40]
Name of locality ( <b>Box 20</b> ) _____	[43]

	<b>Control Totals+</b>
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## Wages and Salaries #2

Please provide all copies of Form W-2.

**2019 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)	__ [1]
Employer name _____	[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farming / Fishing, 4 = National Guard)	__ [5]
Mark if this your current employer	__ [6]
Federal wages and salaries ( <b>Box 1</b> )	+ _____ [10]
Federal tax withheld ( <b>Box 2</b> )	+ _____ [12]
Social security wages ( <b>Box 3</b> ) (if different than federal wages)	+ _____ [14]
Social security tax withheld ( <b>Box 4</b> )	+ _____ [16]
Medicare wages ( <b>Box 5</b> ) (if different than federal wages)	+ _____ [18]
Medicare tax withheld ( <b>Box 6</b> )	+ _____ [21]
SS tips ( <b>Box 7</b> )	+ _____ [23]
Allocated tips ( <b>Box 8</b> )	+ _____ [25]
Dependent care benefits ( <b>Box 10</b> )	+ _____ [27]
<b>Box 13 -</b>	
Statutory employee	__ [29]
Retirement plan	__ [30]
Third-party sick pay	__ [31]
State postal code ( <b>Box 15</b> )	_____ [32]
State wages ( <b>Box 16</b> ) (if different than federal wages)	+ _____ [34]
State tax withheld ( <b>Box 17</b> )	+ _____ [36]
Local wages ( <b>Box 18</b> )	+ _____ [38]
Local tax withheld ( <b>Box 19</b> )	+ _____ [40]
Name of locality ( <b>Box 20</b> ) _____	[43]

	<b>Control Totals+</b>
--	------------------------



## Interest Income

Please provide copies of all Form 1099-INT or other statements reporting interest income.  
 \*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code <small>(**See codes below)</small>	Interest Income <sup>[1]</sup>	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	<b>1</b>	Payer						
		Amounts	+					
	<b>2</b>	Payer						
		Amounts	+					
	<b>3</b>	Payer						
		Amounts	+					
	<b>4</b>	Payer						
		Amounts	+					
	<b>5</b>	Payer						
		Amounts	+					
	<b>6</b>	Payer						
		Amounts	+					
	<b>7</b>	Payer						
		Amounts	+					
	<b>8</b>	Payer						
		Amounts	+					
	<b>9</b>	Payer						
		Amounts	+					
	<b>10</b>	Payer						
		Amounts	+					

**Interest Codes		
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond



## Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	(**See codes below)	Ordinary Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer											
		Amounts +											
	2	Payer											
		Amounts +											
	3	Payer											
		Amounts +											
	4	Payer											
		Amounts +											
	5	Payer											
		Amounts +											
	6	Payer											
		Amounts +											
	7	Payer											
		Amounts +											
	8	Payer											
		Amounts +											
	9	Payer											
		Amounts +											
	10	Payer											
		Amounts +											

<b>**Dividend Codes</b>	
Blank = Other	3 = Nominee

	<b>2019 Information</b>	<b>Prior Year Information</b>
State and local income tax refunds	+ _____ [5]	

	<b>T/S</b>	<b>Agreement Date</b>		<b>2019 Information</b>	<b>Prior Year Information</b>
Alimony received	—	_____	+	_____ [3]	
	—	_____	+	_____ [3]	

	<b>Taxpayer</b>		<b>Spouse</b>	
Unemployment compensation	+ _____ [9]	+	_____ [10]	
Unemployment compensation federal withholding	+ _____ [9]	+	_____ [10]	
Unemployment compensation state withholding	+ _____ [9]	+	_____ [10]	
Unemployment compensation repaid	+ _____ [12]	+	_____ [13]	
Alaska Permanent Fund dividends	+ _____ [18]	+	_____ [19]	

	<b>T/S/J</b>	<b>Self-Employment Income ?</b> (Y, N)		<b>2019 Information</b>	<b>Prior Year Information</b>
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [15]	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	
—	—	_____		+	

**NOTES/QUESTIONS:**

**Miscellaneous Income #1**

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

**Control Totals+**

**Miscellaneous Income #2**

Please provide all Forms 1099-MISC

Preparer use only

Name of payer	_____	[3]
Taxpayer/Spouse/Joint (T, S, J)	_____	[5]
State postal code	_____	[6]
Rents (Box 1)	+ _____	[13]
Royalties (Box 2)	+ _____	[15]
Other income (Box 3)	+ _____	[17]
Federal income tax withheld (Box 4)	+ _____	[19]
Fishing boat proceeds (Box 5)	+ _____	[21]
Medical and health care payments (Box 6)	+ _____	[23]
Nonemployee compensation (Box 7)	+ _____	[25]
Substitute payments in lieu of dividends or interest (Box 8)	+ _____	[27]
Payer made direct sales of \$5,000 or more of consumer products (Box 9)	_____	[29]
Crop Insurance proceeds (Box 10)	+ _____	[31]
Excess golden parachute payments (Box 13)	+ _____	[36]
Gross proceeds paid to an attorney (Box 14)	+ _____	[38]
Section 409A deferrals (Box 15a)	+ _____	[40]
Section 409A income (Box 15b)	+ _____	[42]
State tax withheld (Box 16)	+ _____	[44]
State/Payer's state no. (Box 17)	_____	[46]
State income (Box 18)	+ _____	[47]

**Control Totals+**

**NOTES/QUESTIONS:**



### Pension, Annuity, and IRA Distributions #1

Please provide all Forms 1099-R.

**2019 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer _____			[3]
State postal code _____			[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>		__	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[16]
State withholding <b>(Box 12)</b>	+	_____	[17]
Local withholding <b>(Box 15)</b>	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		__	[23]


	<b>Control Totals+</b>	
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### Pension, Annuity, and IRA Distributions #2

Please provide all Forms 1099-R.

**2019 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer _____			[3]
State postal code _____			[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>		__	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[16]
State withholding <b>(Box 12)</b>	+	_____	[17]
Local withholding <b>(Box 15)</b>	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		__	[23]


	<b>Control Totals+</b>	
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### Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R.

**2019 Information**

**Prior Year Information**

Taxpayer/Spouse (T, S)		__	[1]
Name of payer _____			[3]
State postal code _____			[5]
Gross distributions received <b>(Box 1)</b>	+	_____	[7]
Taxable amount received <b>(Box 2a)</b>	+	_____	[9]
Federal withholding <b>(Box 4)</b>	+	_____	[11]
Distribution code <b>(Box 7)</b>		__	[14]
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		__	[16]
State withholding <b>(Box 12)</b>	+	_____	[17]
Local withholding <b>(Box 15)</b>	+	_____	[19]
Amount of rollover	+	_____	[21]
Mark if distribution was due to a pre-retirement age disability		__	[23]


	<b>Control Totals+</b>	
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**NOTES/QUESTIONS:**

## Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) \_\_\_\_\_ [1]

State postal code \_\_\_\_\_ [2]

### Social Security Benefits

	2019 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2019 (Box 3 minus Box 4) <b>(Box 5)</b>	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld <b>(Box 6)</b>	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

### Tier 1 Railroad Benefits

	2019 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Portion of Tier 1 Paid in 2019 <b>(Box 5)</b>	+ _____ [22]	
Federal Income Tax Withheld <b>(Box 10)</b>	+ _____ [25]	
Medicare Premium Total <b>(Box 11)</b>	+ _____ [27]	

### Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2019 or receive any prior year benefits in 2019. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9

	[40]
	[41]
	[42]
	[43]
	[44]

#### NOTES/QUESTIONS:

**Traditional IRA**

	<b>Taxpayer</b>	<b>Spouse</b>
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2019	+ _____ [5]	+ _____ [6]
	<b>Taxpayer</b>	<b>Spouse</b>
Enter the nondeductible contribution amount made for use in 2019	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2020 for use in 2019	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2019:		
_____	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**Roth IRA**

**Please provide copies of any 1998 through 2018 Form 8606 not prepared by this office**

	<b>Taxpayer</b>	<b>Spouse</b>
Mark if you want to contribute the maximum Roth IRA contribution	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2019	+ _____ [29]	+ _____ [30]
Enter the amount a 2019 Roth IRA conversion should be adjusted by	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2018	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2019	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2018	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2019:		
_____	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

**NOTES/QUESTIONS:**

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**Preparer use only**

Business activity or profession name \_\_\_\_\_ [3]  
 Taxpayer/Spouse (T, S) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]  
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) \_\_\_\_\_ [6]  
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) \_\_\_\_\_ [7]  
 Enter the total amount of contributions made to a Keogh plan in 2019 + \_\_\_\_\_ [8]  
 Enter the total amount of contributions made to a Solo 401(k) plan in 2019 + \_\_\_\_\_ [9]  
 Enter the total amount of contributions made to a SEP plan in 2019 + \_\_\_\_\_ [10]  
 Enter the total amount of contributions made to a SARSEP plan in 2019 + \_\_\_\_\_ [11]  
 Enter the total amount of contributions made to a defined benefit plan in 2019 + \_\_\_\_\_ [12]  
 Enter the total amount of contributions made to a profit-sharing plan in 2019 + \_\_\_\_\_ [13]  
 Enter the total amount of contributions made to a money purchase plan in 2019 + \_\_\_\_\_ [14]  
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2019 + \_\_\_\_\_ [15]  
 Enter the total amount of contributions to a SIMPLE IRA plan in 2019 + \_\_\_\_\_ [16]

<b>Catch-up Contributions</b>
-------------------------------

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2019 + \_\_\_\_\_ [17]  
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2019 + \_\_\_\_\_ [18]

<b>Elective Deferrals</b>
---------------------------

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2019 + \_\_\_\_\_ [19]  
 Enter the amount of elective deferrals designated as Roth contributions in 2019 + \_\_\_\_\_ [20]

**NOTES/QUESTIONS:**







**Preparer use only**

Principal business or profession \_\_\_\_\_

<b>Preparer use only Carryovers</b>	<b>Pre- TCJA Regular</b>	<b>Regular</b>	<b>AMT</b>
Operating	+ [19]	+ [20]	+ [21]
Short-term capital		+ [22]	+ [23]
Long-term capital		+ [24]	+ [25]
28% rate capital		+ [26]	+ [27]
Section 1231 loss	+ [28]	+ [29]	+ [30]
Ordinary business gain/loss	+ [31]	+ [32]	+ [33]
Section 179	+ [34]	+ [35]	+ [36]

**NOTES/QUESTIONS:**

**Preparer use only**

	2019 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) ___[3]	State postal code _____	
Physical address: Street _____	[6]	
City, state, zip code _____ [7] ___ [8]	[9]	
Foreign country _____	[11]	
Foreign province/county _____	[12]	
Foreign postal code _____	[13]	
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) [14]		
Description of other type (Type code #8) _____	[15]	
Did you make any payments in 2019 that require you to file Form(s) 1099? (Y,N) _____	[16]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	_____
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]	
Percentage of ownership if not 100% _____	[22]	
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]	

**Rent and Royalty Income**

Rents and royalties	2019 Information	Prior Year Information
_____ + _____	[34]	_____
_____		_____

**Rent and Royalty Expenses**

	2019 Information	Percent if not 100%	Prior Year Information
Advertising	+ _____	[36] _____	[37] _____
Auto	+ _____	[39] _____	[40] _____
Travel	+ _____	[42] _____	[43] _____
Cleaning and maintenance	+ _____	[45] _____	[46] _____
Commissions:			
_____	+ _____	[48] _____	[50] _____
_____	+ _____		
Insurance:			
_____	+ _____	[51] _____	[53] _____
_____	+ _____		
Legal and professional fees	+ _____	[55] _____	[56] _____
Management fees:			
_____	+ _____	[58] _____	[60] _____
_____	+ _____		
Mortgage interest paid to banks, etc (Form 1098)			
_____	+ _____	[61] _____	[63] _____
_____	+ _____		
Other mortgage interest	+ _____	[64] _____	[66] _____
Qualified mortgage insurance premiums	+ _____	[67] _____	[68] _____
Other interest:			
_____	+ _____	[70] _____	[72] _____
_____	+ _____		
Repairs	+ _____	[73] _____	[74] _____
Supplies	+ _____	[76] _____	[77] _____
Taxes:			
_____	+ _____	[79] _____	[81] _____
_____	+ _____		
Utilities	+ _____	[82] _____	[83] _____
Depreciation	+ _____	[85] _____	[86] _____
Depletion	+ _____	[88] _____	[89] _____
Other expenses:			
_____	+ _____	[91] _____	
_____	+ _____		
_____	+ _____		
_____	+ _____		

**Control Totals+**

**RENT & ROYALTY**

Form ID: Rent

**Preparer use only**  
Description \_\_\_\_\_

**Refinancing Points**

Preparer - Enter on Screen Rent

	2019 Information	Prior Year Information	
<b>Refinancing points paid -</b>			
Recipient's/Lender's name _____	[93]		
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2019 _____			
Total points paid _____			
Points deemed as paid in current year <b>(Preparer use only)</b> _____			
<b>Refinancing points paid -</b>			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2019 _____			
Total points paid _____			
Points deemed as paid in current year <b>(Preparer use only)</b> _____			
<b>Refinancing points paid -</b>			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2019 _____			
Total points paid _____			
Points deemed as paid in current year <b>(Preparer use only)</b> _____			

**Vacation Home Information**

	2019 Information	Prior Year Information
Number of days home was used personally _____	[6]	
Number of days home was rented _____	[8]	
Number of day home owned, if not 365 _____	[10]	
Carryover of disallowed operating expenses into 2019 + _____	[22]	
Carryover of disallowed depreciation expenses into 2019 + _____	[23]	

**Passive and Other Information**

Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Operating	+ [41]	+ [42]	+ [43]
Short-term capital		+ [44]	+ [45]
Long-term capital		+ [46]	+ [47]
28% rate capital		+ [48]	+ [49]
Section 1231 loss	+ [50]	+ [51]	+ [52]
Ordinary business gain/loss +	[53]	+ [54]	+ [55]
Section 179	+ [56]	+ [57]	+ [58]

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1-7	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss		[27]	[28]
	Ordinary business gain/loss	[30]	[31]	[32]
	Other losses - 1040 Sch 1	[33]	[34]	[35]
	Section 179	[36]	[37]	[38]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1-7	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss		[27]	[28]
	Ordinary business gain/loss	[30]	[31]	[32]
	Other losses - 1040 Sch 1	[33]	[34]	[35]
	Section 179	[36]	[37]	[38]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [6]  
 Name of entity \_\_\_\_\_ [13]  
 State postal code \_\_\_\_\_ [14]  
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) \_\_\_\_\_ [17]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1-7	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss		[27]	[28]
	Ordinary business gain/loss	[30]	[31]	[32]
	Other losses - 1040 Sch 1	[33]	[34]	[35]
	Section 179	[36]	[37]	[38]

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1T-3	Operating	[27]	[28]	[29]
	Short-term capital		[30]	[31]
	Long-term capital		[32]	[33]
	28% rate capital		[34]	[35]
	Section 1231 loss	[36]	[37]	[38]
	Ordinary business gain/loss	[39]	[40]	[41]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1T-3	Operating	[27]	[28]	[29]
	Short-term capital		[30]	[31]
	Long-term capital		[32]	[33]
	28% rate capital		[34]	[35]
	Section 1231 loss	[36]	[37]	[38]
	Ordinary business gain/loss	[39]	[40]	[41]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1T-3	Operating	[27]	[28]	[29]
	Short-term capital		[30]	[31]
	Long-term capital		[32]	[33]
	28% rate capital		[34]	[35]
	Section 1231 loss	[36]	[37]	[38]
	Ordinary business gain/loss	[39]	[40]	[41]

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [2]  
 Employer identification number \_\_\_\_\_ [3]  
 Name of activity \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1T-3	Operating	[27]	[28]	[29]
	Short-term capital		[30]	[31]
	Long-term capital		[32]	[33]
	28% rate capital		[34]	[35]
	Section 1231 loss	[36]	[37]	[38]
	Ordinary business gain/loss	[39]	[40]	[41]

Description \_\_\_\_\_ [1]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [5]  
 State postal code \_\_\_\_\_ [6]  
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) \_\_\_\_\_ [7]  
 Date former residence was acquired \_\_\_\_\_ [9]  
 Date former residence was sold \_\_\_\_\_ [10]  
 Selling price of former residence + \_\_\_\_\_ [11]  
 Expenses related to the sale of your old home + \_\_\_\_\_ [12]  
 Original cost of home sold including capital improvements + \_\_\_\_\_ [13]

### Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) \_\_\_\_\_ [19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

### Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + \_\_\_\_\_ [28]  
 Total current year payments received + \_\_\_\_\_ [29]

### Form 6252 - Related Party Installment Sale Information

Related party name \_\_\_\_\_ [30]  
 Address \_\_\_\_\_ [31]  
 City, State and Zip \_\_\_\_\_ [32] [33] \_\_\_\_\_ [34]  
 Identifying number of related party \_\_\_\_\_ [35]  
 Was the property sold as a marketable security? (Y, N) \_\_\_\_\_ [36]  
 Enter date of second sale if more than 2 years after the first sale \_\_\_\_\_ [37]  
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_ [38]  
 Selling price of property sold by a related party + \_\_\_\_\_ [40]

### NOTES/QUESTIONS:



## Preparer use only

Description \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [9]  
 State postal code \_\_\_\_\_ [10]  
 Mark to include gross proceeds for 1099-S reporting on Form 4797, line 1 \_\_\_\_\_ [15]  
 Mark if disposition is due to casualty or theft \_\_\_\_\_ [19]  
 Mark if disposition was to a related party \_\_\_\_\_ [21]

## Sale Information

Date acquired \_\_\_\_\_ [23]  
 Date sold \_\_\_\_\_ [24]  
 Gross sales price or insurance proceeds received + \_\_\_\_\_ [25]  
 Cost or other basis + \_\_\_\_\_ [26]  
 Commissions and other expenses of sale + \_\_\_\_\_ [27]  
 Depreciation allowed or allowable + \_\_\_\_\_ [28]

## Form 4797, Part III - Recapture

Additional depreciation after 1975 (Section 1250) + \_\_\_\_\_ [30]  
 Applicable percentage (if not 100%) (Section 1250) \_\_\_\_\_ [31]  
 Additional depreciation after 1969 (Section 1250) + \_\_\_\_\_ [32]  
 Soil, water and land clearing expenses (Section 1252) + \_\_\_\_\_ [33]  
 Applicable percentage (if not 100%) (Section 1252) \_\_\_\_\_ [34]  
 Intangible drilling and development costs (Section 1254) + \_\_\_\_\_ [35]  
 Applicable payments excluded from income under sec. 126 (Section 1255) + \_\_\_\_\_ [36]

## Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + \_\_\_\_\_ [37]  
 Total current year payments received + 0 [38]

## Form 6252 - Related Party Installment Sale Information

Related party name \_\_\_\_\_ [39]  
 Address \_\_\_\_\_ [40]  
 City, State, and Zip \_\_\_\_\_ [41] [42] [43]  
 Identifying number of related party \_\_\_\_\_ [44]  
 Was the property sold as a marketable security? (Y, N) \_\_\_\_\_ [45]  
 Enter date of second sale \_\_\_\_\_ [46]  
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) \_\_\_\_\_ [47]  
 Selling price of property sold by a related party + \_\_\_\_\_ [49]

## NOTES/QUESTIONS:

Alimony Paid:

T/S	Date*	2019 Information	Prior Year Information
		+ _____ [4]	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+ _____	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+ _____	
	Recipient name and SSN		
	Address		
	City, state and zip code		

\* Date of divorce/separation agreement

	2019 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ _____ [6]	+ _____ [7]	
	+ _____	+ _____	
Other adjustments:	+ _____ [9]	+ _____ [10]	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	
	+ _____	+ _____	

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2019 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2019. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2019 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="border: 1px solid black; background-color: #cccccc; padding: 5px;">           _____            _____            _____         </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**NOTES/QUESTIONS:**

## Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

**Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.**

**Preparer - Enter on Screen Educate2**

Taxpayer/Spouse (T, S) \_\_\_\_\_ [8]  
 Education Code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) \_\_\_\_\_  
 Student's social security number \_\_\_\_\_  
 Student's first name \_\_\_\_\_  
 Student's last name \_\_\_\_\_

### Institution Information

**Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.**

Institution's federal identification number \_\_\_\_\_ [8]  
 Institution's name \_\_\_\_\_  
 Institution's street address \_\_\_\_\_  
 Institution's city, state, zip code \_\_\_\_\_

### Tuition Paid and Related Information

**Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2019.  
 Enter the amount actually paid during 2019.**

	2019 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) <b>(Box 1)</b>	+ _____ [8]	[ ]
Field no longer applicable	_____	
Educational institution changed its reporting method for 2019 <b>(Box 3)</b>	_____	
Adjustments made for a prior year <b>(Box 4)</b>	_____	
Scholarships or grants <b>(Box 5)</b>	_____	
Adjustments to scholarships or grants for a prior year <b>(Box 6)</b>	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2020 <b>(Box 7)</b>	_____	
At least half-time student <b>(Box 8)</b>	_____	
Graduate student <b>(Box 9)</b> (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund <b>(Box 10)</b>	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	

1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2019

**NOTES/QUESTIONS:**

Schedule A - Medical and Dental Expenses

T/S/J

2019 Information

Prior Year Information

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received

[1] \_\_\_\_\_ + \_\_\_\_\_ [2]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

Medical insurance premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.

[4] \_\_\_\_\_ + \_\_\_\_\_ [5]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

Long-term care premiums you paid:

Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)

[7] \_\_\_\_\_ + \_\_\_\_\_ [8]
\_\_\_\_\_ + \_\_\_\_\_

Prescription medicines and drugs:

[10] \_\_\_\_\_ + \_\_\_\_\_ [11]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

[13] Miles driven for medical items \_\_\_\_\_ [14]

Blank grid for Prior Year Information

Schedule A - Tax Expenses

T/S/J

2019 Information

Prior Year Information

State/local income taxes paid:

[18] \_\_\_\_\_ + \_\_\_\_\_ [19]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

2018 state and local income taxes paid in 2019:

[21] \_\_\_\_\_ + \_\_\_\_\_ [22]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

Real estate taxes paid:

[24] \_\_\_\_\_ + \_\_\_\_\_ [25]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

Personal property taxes:

[27] \_\_\_\_\_ + \_\_\_\_\_ [28]
\_\_\_\_\_ + \_\_\_\_\_

Other taxes, such as: foreign taxes and State disability taxes

[30] \_\_\_\_\_ + \_\_\_\_\_ [31]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

Sales tax paid on major purchases:

[36] \_\_\_\_\_ + \_\_\_\_\_ [37]
\_\_\_\_\_ + \_\_\_\_\_

Sales tax paid on actual expenses:

[39] \_\_\_\_\_ + \_\_\_\_\_ [40]
\_\_\_\_\_ + \_\_\_\_\_
\_\_\_\_\_ + \_\_\_\_\_

Blank grid for Prior Year Information

Control Totals+

ITEMIZED DEDUCTIONS

## Interest Expenses

T/S/J	2019 Interest Paid <sup>[2]</sup>	2019 Points Paid	Type*	2019 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1]	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	
	+	+	+	+	

**\*Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2019 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
<b>Address</b>				
<b>City, state and zip code</b>				
			+	
<b>Address</b>				
<b>City, state and zip code</b>				

**T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -**

Payer's/Borrower's name \_\_\_\_\_ [7]  
 Street Address \_\_\_\_\_  
 City/State/Zip code \_\_\_\_\_

**Refinancing Points paid in 2019 -**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [11]  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2019 (**Preparer use only**) + \_\_\_\_\_ [12]  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2019 \_\_\_\_\_

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 Recipient/Lender name \_\_\_\_\_  
 Total points paid at time of refinance \_\_\_\_\_  
 Points deemed as paid in 2019 (**Preparer use only**) + \_\_\_\_\_  
 Date of refinance \_\_\_\_\_  
 Term of new loan (in months) \_\_\_\_\_  
 Reported on Form 1098 in 2019 \_\_\_\_\_

T/S/J	2019 Information
Investment interest expense, other than on Schedule(s) K-1:	
[15]	+
	+
	+
	+
	+
	+
	+
	+
	+

T/S/J

2019 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.

Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.

[2]	_____	+ _____	[3]	
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
[5]	Volunteer miles driven _____		[6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods _____			
[8]	_____	+ _____	[9]	
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		

\*\*Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area

**Miscellaneous Deductions**

T/S/J

2019 Information

Prior Year Information

Other expenses, not subject to the 2% AGI limit:

[12]	_____	+ _____	[13]	
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
[15]	Gambling losses: (Enter only if you have gambling income) _____	+ _____	[16]	
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		

NOTES/QUESTIONS:

**Noncash Contributions Exceeding \$500**

**For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals+**

**Noncash Contributions Exceeding \$500**

**For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals+**

**Noncash Contributions Exceeding \$500**

**For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [1]  
 Donated property description \_\_\_\_\_ [4]  
 Name of donee organization \_\_\_\_\_ [5]  
 Address of donee organization \_\_\_\_\_ [6]  
 City \_\_\_\_\_ [7]  
 State postal code \_\_\_\_\_ [8]  
 Zip code \_\_\_\_\_ [9]  
 Date contributed \_\_\_\_\_ [10]  
 Date acquired by donor \_\_\_\_\_ [11]  
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_ [12]  
 Donor's cost or basis \_\_\_\_\_ + \_\_\_\_\_ [13]  
 Fair market value \_\_\_\_\_ + \_\_\_\_\_ [14]  
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_ [15]  
 If other: \_\_\_\_\_ [16]

**Control Totals+**



**Preparer use only**

Principal business or profession \_\_\_\_\_ [3]  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_ [4]  
 State postal code \_\_\_\_\_ [5]

**Business Use of Home**

	2019 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8760	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

**List as direct expenses any expenses which are attributable only to the business part of your home.  
 List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.**

	2019 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [48]	+ _____ [50]	_____
Rent	+ _____ [54]	+ _____ [55]	_____
Repairs & maintenance	+ _____ [57]	+ _____ [58]	_____
Utilities	+ _____ [60]	+ _____ [61]	_____
Other expenses, such as: Supplies & Security system	+ _____ [63]	+ _____ [64]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [66]	_____
Carryovers:			
Operating expenses		+ _____ [67]	_____
Casualty losses		+ _____ [68]	_____
Depreciation		+ _____ [70]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [71]	_____
Depreciation		+ _____ [75]	_____

**NOTES/QUESTIONS:**

**If you used your automobile for business purposes, please complete the following information.**

**Preparer use only**

Description of business or profession \_\_\_\_\_ [3]

**Vehicles**

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

**Vehicle Questions**

	<b>Vehicle 1</b>	<b>Prior Year</b>	<b>Vehicle 2</b>	<b>Prior Year</b>	<b>Vehicle 3</b>	<b>Prior Year</b>	<b>Vehicle 4</b>	<b>Prior Year</b>
--	------------------	-------------------	------------------	-------------------	------------------	-------------------	------------------	-------------------

If you used your automobile for work purposes, answer the following questions:

Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

**Vehicle Expenses**

	<b>Vehicle 1</b>	<b>Prior Year Information</b>	<b>Vehicle 2</b>	<b>Prior Year Information</b>	<b>Vehicle 3</b>	<b>Prior Year Information</b>	<b>Vehicle 4</b>	<b>Prior Year Information</b>
Total miles for year	_____ [32]		_____ [34]		_____ [36]		_____ [38]	
Commuting miles	_____ [42]		_____ [44]		_____ [46]		_____ [48]	
Business miles	_____ [52]		_____ [54]		_____ [56]		_____ [58]	
Parking fees	+ _____ [92]		+ _____ [94]		+ _____ [96]		+ _____ [98]	
Tolls	+ _____ [100]		+ _____ [102]		+ _____ [104]		+ _____ [106]	
Gasoline	+ _____ [108]		+ _____ [110]		+ _____ [112]		+ _____ [114]	
Oil	+ _____ [116]		+ _____ [118]		+ _____ [120]		+ _____ [122]	
Repairs	+ _____ [124]		+ _____ [126]		+ _____ [128]		+ _____ [130]	
Maintenance	+ _____ [132]		+ _____ [134]		+ _____ [136]		+ _____ [138]	
Tires	+ _____ [140]		+ _____ [142]		+ _____ [144]		+ _____ [146]	
Car washes	+ _____ [148]		+ _____ [150]		+ _____ [152]		+ _____ [154]	
Insurance	+ _____ [156]		+ _____ [158]		+ _____ [160]		+ _____ [162]	
Interest	+ _____ [164]		+ _____ [166]		+ _____ [168]		+ _____ [170]	
Registration	+ _____ [172]		+ _____ [174]		+ _____ [176]		+ _____ [178]	
Licenses	+ _____ [180]		+ _____ [182]		+ _____ [184]		+ _____ [186]	
Property taxes	+ _____ [188]		+ _____ [190]		+ _____ [192]		+ _____ [194]	
Other vehicle expenses	+ _____ [196]		+ _____ [198]		+ _____ [200]		+ _____ [202]	
Vehicle rentals	+ _____ [204]		+ _____ [206]		+ _____ [208]		+ _____ [210]	
Inclusion amt (Preparer only)	_____ [212]		+ _____ [214]		+ _____ [216]		+ _____ [218]	
Depreciation	+ _____ [220]		+ _____ [222]		+ _____ [224]		+ _____ [226]	

2019 Information

Taxpayer

Spouse

Prior Year Information

Self-employed health insurance premiums: (Not entered elsewhere)

_____	+	_____ [2]	+	_____ [3]	_____ _____ _____
_____	+	_____	+	_____	

Self-employed long-term care premiums: (Not entered elsewhere)

_____	+	_____ [5]	+	_____ [6]	_____ _____ _____
_____	+	_____	+	_____	

NOTES/QUESTIONS:



Preparer use only

Activity name \_\_\_\_\_

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

		Description of Asset Acquired	Date Acquired	Cost or Basis
<b>EXAMPLE</b>		2019 Model T - (EXAMPLE ASSET)	03/09/19	25,750
	Comments:	22,500 job-related miles, 25,000 total miles		
1	Comments:			
2	Comments:			
3	Comments:			
4	Comments:			
5	Comments:			
6	Comments:			
7	Comments:			
8	Comments:			
9	Comments:			
10	Comments:			
11	Comments:			
12	Comments:			
13	Comments:			
14	Comments:			
15	Comments:			
16	Comments:			
17	Comments:			
18	Comments:			
19	Comments:			
20	Comments:			
21	Comments:			
22	Comments:			
23	Comments:			
24	Comments:			
25	Comments:			

## Ohio General Information

Enter your current Ohio county of residence \_\_\_\_\_ [1]  
 School district number \_\_\_\_\_ [2]

## Use Tax

Mark this field to certify no sales or use tax is due \_\_\_\_\_ [3]  
 Purchases subject to use tax \_\_\_\_\_ [4]

## Contributions

### Amount of charitable contributions you wish to make to:

Military injury relief fund \_\_\_\_\_ [5]  
 Natural areas and endangered species fund \_\_\_\_\_ [6]  
 Wildlife species and endangered wildlife \_\_\_\_\_ [7]  
 Ohio History Fund \_\_\_\_\_ [8]  
 Breast and cervical cancer project \_\_\_\_\_ [9]  
 Wishes for sick children \_\_\_\_\_ [10]

## Credits

	Taxpayer	Spouse
Displaced worker training expenses for 12-month period since loss of job	_____ [11]	_____ [12]
Amount contributed to Ohio political campaigns	_____ [13]	_____ [14]

## Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [15]	_____ [17]
To	_____ [16]	_____ [18]

	Taxpayer	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)	_____ [19]	_____ [20]
If nonresident, enter state of residency	_____ [21]	_____ [22]
If foreign, enter country of residency	_____ [23]	_____ [24]

**NOTES/QUESTIONS:**