

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Client Information</b>	<b>1</b>
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Tax Return Appointment

**Telephone number:**

**Fax number:**

**E-mail address:**

**Date:**

**Time:**

**Location:**

This tax organizer will assist you in gathering information necessary for the preparation of your **2020** tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)..... 1=married filing separate and lived with spouse ..... Year spouse died, if qualifying widow(er) (2018 or 2019) .....	
Taxpayer	First name and initial..... Last name..... Title/suffix..... Social security number..... Occupation..... Date of birth (m/d/y)..... Date of death (m/d/y)..... 1=blind.....	<b>Filing Status</b>  1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
Spouse	First name and initial..... Last name..... Title/suffix..... Social security number..... Occupation..... Date of birth (m/d/y)..... Date of death (m/d/y)..... 1=blind.....	
Address	In care of..... Street address..... Apartment number..... City..... State..... ZIP code.....	
Foreign Address	Region..... Postal code..... Country.....	

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Client Information (continued)</b>	<b>1</b> p2
Please add, change or delete information for 2020.				
<b>CLIENT INFORMATION</b>				
Taxpayer Contact Information	Home phone.....		<b>Daytime Phone</b>  1 = Work 2 = Home 3 = Mobile	
	Work phone.....			
	Work extension.....			
	Daytime phone (table).....			
	Mobile phone.....			
	Fax number.....			
	E-mail address.....			
Spouse Contact Information	Home phone.....			
	Work phone.....			
	Work extension.....			
	Daytime phone (table).....			
	Mobile phone.....			
	Fax number.....			
	E-mail address.....			
Taxpayer Authentication	Driver's license no.....			
	Driver's license state.....			
	Issue date (m/d/y).....			
	Expiration date (m/d/y).....			
	Theft protection PIN.....			
Spouse Authentication	Driver's license no.....			
	Driver's license state.....			
	Issue date (m/d/y).....			
	Expiration date (m/d/y).....			
	Theft protection PIN.....			
				<b>1</b> p2

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Dependents</b>	<b>2</b>																																																																																																																												
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## Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

YES

NO

**PERSONAL INFORMATION**☐☐

Did your marital status change during the year?

☐☐

Did your address change during the year?

☐☐

Could you be claimed as a dependent on another person's tax return for 2020?

**DEPENDENTS**☐☐

Were there any changes in dependents?

☐☐

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2020?

☐☐

Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

**HEALTH CARE COVERAGE**☐☐

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

**INCOME**☐☐

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

☐☐

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

☐☐

Did you receive any disability income?

☐☐

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

**PURCHASES, SALES AND DEBT**☐☐

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

☐☐

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

☐☐

Did you buy or sell any stocks, bonds or other investment property in 2020?

☐☐

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

☐☐

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

☐☐

Did you have any debts cancelled or forgiven?

☐☐

Does anyone owe you money which has become uncollectible?

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## Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

YES

NO

**RETIREMENT PLANS**☐☐

Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

☐☐

Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?

☐☐

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

**EDUCATION**☐☐

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?

☐☐

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

**ITEMIZED DEDUCTIONS**☐☐

Did you incur a loss because of damaged or stolen property?

☐☐

Did you work out of town for part of the year?

☐☐

Did you use your car on the job (other than to and from work)?

**ESTIMATED TAXES**☐☐

Did you apply an overpayment of 2019 taxes to your 2020 estimated tax (instead of being refunded)?

☐☐

If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)?

☐☐

Do you expect your 2021 taxable income and withholdings to be different from 2020?

**MISCELLANEOUS**☐☐

Do you want to allocate \$3 to the Presidential Election Campaign Fund?

☐☐

Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?

☐☐

May the IRS discuss your tax return with your preparer?

☐☐

Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

**2020****1040****US****Miscellaneous Questions (continued)**

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

**YES****NO****MISCELLANEOUS (continued)**☐☐

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

☐☐

Was your home rented out or used for business?

☐☐

Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

☐☐

Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?

☐☐

Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?

☐☐

Did you engage the services of any household employees?

☐☐

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

☐☐

Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?

☐☐

Did your bank account information change within the last twelve months?

☐☐

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

**CORONA VIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (CARES ACT)**☐☐

Did you receive an economic impact payment? If so, how much?

☐☐

Did your business have any PPP loan amounts forgiven?

☐☐

Did you receive a distribution from your retirement plan because of COVID?

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Direct Deposit &amp; Estimates (Form 1040 ES)</b>	<b>3, 6</b>
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Please enter all pertinent 2020 information.

### DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account .....

1=electronic payment of balance due .....

1=electronic payment of estimated tax .....


### BANK INFORMATION

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

### 2020 ESTIMATED TAX / 1040-ES (6)

#### Federal

	Amount Paid	Date Paid	TS	2020 Voucher Amount
Overpayment applied from 2019 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

#### State

	Amount Paid	Date Paid	TS	2020 Voucher Amount
Overpayment applied from 2019 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
Additional Estimated Tax Payments				
Paid with extension .....				

**1**

#### Type of Account

1 = Savings  
2 = Checking

**2**

#### Type of Investment

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

**3, 6**

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

7.1

Please enter all pertinent 2020 information.

**APPLICATION OF 2020 OVERPAYMENT (7.1)**

If you have an overpayment of 2020 taxes, do you want the excess refunded?

☐

or applied to 2021 estimate?

☐

Other (please explain):

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**2021 ESTIMATED TAX INFORMATION**

Do you expect your 2021 taxable income to be different from 2020?

Yes

☐

No

☐

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

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Do you expect your 2021 withholding to be different from 2020?

Yes

☐

No

☐

If "yes" explain any differences:

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7.1



2020	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2020 amounts & attach all W-2, W-2G and 1099-R forms.  
Last year's amounts are provided for your reference.

### WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)	Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2019 Wages
		1=spouse		Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	

### PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 2/31/20	2019 Distribution
		Distribution code #1 1=IRA/SEP/SIMPLE 1=spouse			Federal (Box 4)	State (Box 12)		

### GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2019 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

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

Total gambling losses .....  
Winnings not reported on Form W-2G .....

2020 Amount	TS	2019 Amount

10, 13.1, 13.2

[illegible]

2020	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2020 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

## MISCELLANEOUS INCOME

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5) .....				
Medicare premiums paid (SSA-1099) .....				
1=treat Medicare premiums paid as SE health ins. ....				
Tier 1 RR retirement benefits (RRB-1099, box 5) ...				
1=lump-sum election for SS benefits .....				
Alimony received .....				
Taxable scholarships and fellowships .....				
Jury duty pay .....				
Household employee income not on W-2 .....				
Excess minister's allowance .....				
Alaska permanent fund dividends .....				
Income from rental of personal property .....				
Income subject to S/E tax:				
_____				
_____				
_____				
_____				
Other income (1099-MISC, box 3, 8)				
_____				
_____				
_____				
_____				
_____				

## TAX WITHHELD (not entered elsewhere)

Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				

14.1

2020	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2
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Please add, change or delete 2020 information as appropriate.  
Be sure to attach all 1099-G forms.

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

2020 1099-G Amount

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

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

14.2

2020	1040	US	Education Distributions (ESA's and QTP's)	14.3
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Please enter all pertinent 2020 amounts and attach all 1099-Q forms.  
Enter qualified education expenses below that are not entered elsewhere.  
Last year's amounts are provided for your reference.

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

		2020 Amount	2019 Amount
No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1) .....		
	Earnings (Box 2) .....		
	Basis (Box 3) .....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...			
ESA's only:			
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19 .....			
No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1) .....		
	Earnings (Box 2) .....		
	Basis (Box 3) .....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...			
ESA's only:			
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19 .....			
No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits) .....		
	Elementary & secondary education (net of nontaxable benefits) ..		
	Form 1099-Q:		
	Gross distributions (Box 1) .....		
	Earnings (Box 2) .....		
	Basis (Box 3) .....		
	Rollover: 1=nontaxable, 2=taxable (Box 4) .....		
Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ...			
ESA's only:			
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19 .....			

Series: 51

**2020****1040****US****Business Income (Schedule C) (cont.)**No. **16** p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

	2020 Amount	2019 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:


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

**16** p2

Series: 52 Capital Gains & Losses (Schedule D)



<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Rental &amp; Royalty Income (Schedule E)</b>	No. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	<b>18</b>
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

### GENERAL INFORMATION

	2020 Amount	2019 Amount
Description of property .....		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address .....		
City .....		
State .....		
ZIP code .....		
Type of property (see table) .....		
Other type of property .....		
Number of days rented .....	34	

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

### INCOME

	2020 Amount	2019 Amount
Rents or royalties received .....		

### DIRECT EXPENSES

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

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

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



Series: 61 Asset Acquisition List

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Vehicle Expenses</b>	No. <input type="text"/>	<b>22</b> p3
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

### GENERAL INFORMATION

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

2020 Amount	2019 Amount

### AUTOMOBILE MILEAGE

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


### ACTUAL EXPENSES

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


<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Adjustments to Income</b>
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24

Please enter all pertinent 2020 information. Last year's amounts are provided for your reference.

**TRADITIONAL IRA CONTRIBUTIONS**

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) .....				
Contributions made to date .....				
1=covered by plan, 2=not covered .....				
.....				

**ROTH IRA CONTRIBUTIONS**

Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older) ..				
Contributions made to date .....				

**SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)**

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

**ADJUSTMENTS TO INCOME**

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

Alimony paid:

	Taxpayer	Spouse
Date of divorce or sep. agreement		
Recipient's first name ....		
Recipient's last name ....		
Recipient's SSN .....		
Amount paid .....	2019 amt:	2019 amt:

24

2020	1040	US	Itemized Deductions	25
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Please enter all pertinent 2020 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.

## MEDICAL AND DENTAL EXPENSES

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

	2020 Amount	TS	2019 Amount
Prescription medicines and drugs .....			
Doctors, dentists and nurses .....			
Hospitals and nursing homes .....			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer .....			
Long-term care premiums - spouse .....			
Insurance reimbursement (enter as a positive number) .....			
Lodging and transportation:			
Out-of-pocket expenses .....			
Medical miles driven .....			
Other medical and dental expenses:			
_____			
_____			
_____			

## TAXES PAID (State and local withholding and 2020 estimates are automatic.)

State income taxes - 1/20 payment on 2019 state estimate .....			
State income taxes - paid with 2019 state return extension .....			
State income taxes - paid with 2019 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/20 payment on 2019 city/local estimate .....			
City/local income taxes - paid with 2019 city/local extension .....			
City/local income taxes - paid with 2019 city/local return .....			

## SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items) .....			
Use taxes paid on 2020 purchases .....			
Use taxes paid with 2019 state return .....			
Sales tax on autos not included above .....			
Sales tax on boats, aircraft, other special items .....			

## OTHER TAXES PAID

Real estate taxes - principal residence:

_____			
_____			

Real estate taxes - held for investment :

_____			
_____			
_____			

Personal property taxes (including auto fees in some states. Provide a copy of tax notice) . . .

Foreign income taxes .....			
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Other taxes:

_____			
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**2020****1040****US****Itemized Deductions (continued)****25** p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**INTEREST PAID**

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

**2020 Amount****TS****2019 Amount**


Home mortgage interest not reported on Form 1098:

Payee's name.....	
Payee's SSN or FEIN....	
Payee's street address..	
Payee's city.....	
Payee's state.....	
Payee's ZIP code.....	
Payee's region.....	
Payee's postal code....	
Payee's country.....	
Amount paid.....	

Points not reported on Form 1098:


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

Investment interest (interest on margin accounts):


Passive interest.....

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

**CASH CONTRIBUTIONS**

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

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

Contributions by cash or check:


Volunteer expenses (out-of-pocket) .....

Number of charitable miles .....

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

Contributions by cash or check:


Volunteer expenses (out-of-pocket) .....

Number of charitable miles .....

**25** p2

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Itemized Deductions (continued)</b>
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<b>25</b> p3
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

### NONCASH CONTRIBUTIONS

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

50% limitation (see above):

2020 Amount	TS	2019 Amount

30% limitation (see above):


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


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


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

Union and professional dues .....

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


Investment expense:


Tax return preparation fee .....

Safe deposit box rental .....

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


<b>25</b> p3
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Series: 400 (T=taxpayer, S=spouse, Blank=joint) Itemized Deductions (continued)



**Please enter all pertinent 2020 amounts and attach all 1098 forms.  
Last year's amounts are provided for your reference.**

## LOAN INFORMATION (continued)

Loan #3

Lender's name.....

Form (see table).....

Number of form.....

1=taxpayer, 2=spouse, blank=joint.....

Interest paid.....

Points paid.....

Total principal paid.....

Lump sum principal payment (if paid off).....

Months outstanding (if not 12).....

1=home acquisition debt incurred after 12/15/17.....

Home acquisition debt balance - beginning of year.....

Home acquisition debt borrowed in 2020.....

Home equity debt balance - beginning of year.....

Home equity debt borrowed in 2020.....

Grandfather debt balance - beginning of year.....

2020 Amount

TS

2019 Amount

[illegible]

Loan #4

Lender's name.....

Form (see table).....

Number of form.....

1=taxpayer, 2=spouse, blank=joint.....

Interest paid.....

Points paid.....

Total principal paid.....

Lump sum principal payment (if paid off).....

Months outstanding (if not 12).....

1=home acquisition debt incurred after 12/15/17.....

Home acquisition debt balance - beginning of year.....

Home acquisition debt borrowed in 2020.....

Home equity debt balance - beginning of year.....

Home equity debt borrowed in 2020.....

Grandfather debt balance - beginning of year.....

[illegible]

## Form

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

2020

1040

US

## Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2020, please complete the information below for each donee using the following guidelines:

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

## DONATED PROPERTY INFORMATION

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

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

1

## How Property was Acquired

- |              |                 |
|--------------|-----------------|
| 1 = Purchase | 3 = Inheritance |
| 2 = Gift     | 4 = Exchange    |

2

## Method Used to Determine FMV

- |                       |                      |
|-----------------------|----------------------|
| 1 = Appraisal         | 3 = Catalog          |
| 2 = Thrift shop value | 4 = Comparable sales |

For other methods, see IRS Pub. 561.

26

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Business Use of Home (Form 8829)</b>	No. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span>	<b>29</b>
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**Please enter 2020 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.**

### BUSINESS USE OF HOME

Form.....

Number of form (e.g., enter 2 for Schedule C number 2) .....

Business use area (square footage) .....

Total area of home (square footage) .....

Total hours facility used (for daycare facilities only) .....

Total hours available (if not 8,760) .....

Area of home included above used exclusively for daycare business, if any (sq ft) .....

% (.xx) or amount of gross income from home if not 100% (-1 if none) .....

% (.xx) or amount of expenses from home if not 100% (-1 if none) .....

2020 Amount	2019 Amount

### INDIRECT EXPENSES

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

Mortgage interest.....

Real estate taxes.....

Casualty losses.....

Insurance.....

Miscellaneous.....

Rent.....

Repairs and maintenance.....

Utilities.....

Excess mortgage interest.....

Excess real estate taxes.....

Other indirect expenses:


### DIRECT EXPENSES

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

Mortgage interest.....

Real estate taxes.....

Casualty losses.....

Insurance.....

Miscellaneous.....

Rent.....

Repairs and maintenance.....

Utilities.....

Excess mortgage interest.....

Excess real estate taxes.....

Excess casualty losses.....

Allowable casualty losses.....

Other direct expenses:


<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Employee/Vehicle Bus. Exp. (Form 2106)</b>	No. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	<b>30</b>
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

Occupation, if different from Form 1040 .....	<div style="border: 1px solid black; height: 15px;"></div>
Form .....	
Number of form (1=first Schedule C, 2=second, etc.) .....	
1=spouse.....	
1=performance artist, 2=handicapped, 3=fee-basis government official .....	
1=minister's expenses .....	

**EMPLOYEE BUSINESS EXPENSES**

	2020 Amount	2019 Amount
Meal and entertainment expenses .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Reimbursements for meals and entertainment not on W-2, box 1 .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
1=Department of Transportation (80% meal allowance) .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Local transportation (bus, taxi, train, etc.) .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Travel expenses while away from home overnight .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Reimbursements not included on Form W-2, box 1 .....	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
Other business expenses:		
<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
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<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>
<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>	<div style="border: 1px solid black; height: 15px;"></div>

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Vehicle Expenses (Form 2106) (cont.)</b>	No. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	<b>30</b> p2
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

## VEHICLE INFORMATION

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

2020 Amount	2019 Amount

## VEHICLE 1

- Description of vehicle .....
- Date placed in service (m/d/y) .....
- Total mileage (for the tax year) .....
- Business mileage .....
- Commuting mileage (for the tax year) .....
- Average daily round-trip commute .....
- Number of months of business use if changed from 100% personal use .....
- Parking fees and tolls (business portion only) .....


### Actual expenses:

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


## VEHICLE 2

- Description of vehicle .....
- Date placed in service (m/d/y) .....
- Total mileage (for the tax year) .....
- Business mileage .....
- Commuting mileage (for the tax year) .....
- Average daily round-trip commute .....
- Number of months of business use if changed from 100% personal use .....
- Parking fees and tolls (business portion only) .....


### Actual expenses:

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


2020	1040	US	Health Savings Accounts (8889)	32.1
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Please enter all pertinent 2020 amounts & attach all 1099-SA forms.  
Last year's amounts are provided for your reference.

### HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2020, a high deductible health plan is one with an annual deductible that is not less than \$1,350 for self-only coverage or \$2,700 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,750 for self-only coverage or \$13,500 for family coverage.

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage .....				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum) .....				
Contributions included above that were made after you became eligible for Medicare .....				
Contributions made to date .....				

### HSA DISTRIBUTIONS

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



2020

1040

US

## Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2020 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

**DEPENDENT CARE EXPENSES (33.1)**

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2020				
Employer-provided benefits forfeited in 2020				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input type="text"/>	First name .....		
	Last name .....		
	Title or suffix .....		
	Date of birth (m/d/y) .....		
	Social security number .....		
	Qualified dependent care expenses incurred and paid in 2020 .....		2019 amt:
	1=disabled .....		
1=spouse, 2=joint .....			

No. <input type="text"/>	First name .....		
	Last name .....		
	Title or suffix .....		
	Date of birth (m/d/y) .....		
	Social security number .....		
	Qualified dependent care expenses incurred and paid in 2020 .....		2019 amt:
	1=disabled .....		
1=spouse, 2=joint .....			

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input type="text"/>	Name of provider .....		
	Street address .....		
	City .....		
	State .....		
	ZIP code .....		
	Foreign region .....		
	Foreign postal code .....		
	Foreign country .....		
	Identification number (SSN or EIN) .....		
	Amount paid to care provider in 2020 .....		2019 amt:
	1=spouse, 2=joint .....		

33.1,33.2

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Education Credits / Tuition Deduction</b>	No. <input type="text"/>	<b>38</b>
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Please complete the information below if you paid qualified education expenses in 2020 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

### STUDENT INFORMATION

1=taxpayer, 2=spouse .....

First name .....

Last name .....

Social security number .....

Number of years hope credit claimed .....

Number of prior years AOC claimed .....

1=student was NOT enrolled at least half-time for at least one academic period that began in 2020 (or the first 3 months of 2021 if the qualified expenses were made in 2020) at an eligible institution in a qualified program .....

1=student completed first four years of post-secondary education before 2020 .....

1=student was convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance .....


### EDUCATIONAL INSTITUTION ATTENDED (#1)

Name .....

Street address .....

City .....

State .....

ZIP code .....

1=2020 Form 1098-T was NOT received .....

1=2020 Form 1098-T received with Box 2 & 7 completed .....

1=2019 Form 1098-T received with Box 2 & 7 completed .....

Federal ID number from Form 1098-T .....


### EDUCATIONAL INSTITUTION ATTENDED (#2)

Name .....

Street address .....

City .....

State .....

ZIP code .....

1=2020 Form 1098-T was NOT received .....

1=2020 Form 1098-T received with Box 2 & 7 completed .....

1=2019 Form 1098-T received with Box 2 & 7 completed .....

Federal ID number from Form 1098-T .....


### QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2020 (net of refund or assistance, & not entered elsewhere) .....

Books & supplies required to be purchased from institution .....

Books & supplies not entered above .....

Amount of prior year refund or assistance \* .....

2020 Amount	2019 Amount

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

2020

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US

Report of Foreign Bank and Financial Accounts

82.1

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

	2020 Amount	2019 Amount
Canadian province or Mexican state .....		
Other type of filer .....		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN .....		
Other type of identification .....		
Number .....		
Country of issue .....		
Spouse:		
1=passport, 2=foreign TIN .....		
Other type of identification .....		
Number .....		
Country of issue .....		
Taxpayer:		
Title .....		
Spouse:		
Title .....		

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Report of Foreign Bank &amp; Fin. Accts.

No. 

82.1 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

### INFORMATION ON FINANCIAL ACCOUNTS

1=spouse.....

Type of account: 1=bank account, 2=securities account, or specify .....

Maximum value of account (-1 if unknown) .....

Financial institution:

Name of institution (Line 1) (mandatory) .....

Name of institution (Line 2) .....

Mailing address.....

Account number.....

City.....

State.....

ZIP/postal code.....

Country (if not US) .....

Accounts owned jointly:

Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer) ....

Principal joint owner:

Taxpayer identification number, if not joint filer .....

TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.....

Last name.....

First name.....

Middle initial.....

Address.....

City.....

State.....

ZIP/postal code.....

Country (if not US) .....

Accounts where filer has no financial interest:

Last name or org. name (mandatory) .....

First name.....

Middle initial.....

Taxpayer identification number.....

TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.....

Address.....

City.....

State.....

ZIP/postal code.....

Country (if not US) .....

Filer's title.....

2020 Amount

2019 Amount



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<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Foreign Reporting (8938)</b>	No. <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px; vertical-align: middle;"></span>	<b>82.2</b> p2
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

### FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

	2020 Amount	2019 Amount
Description of asset .....		
Type of account: 1=deposit, 2=custodial .....		
Use financial institution information from Form 114 .....		
Financial institution information (if not filing Form 114):		
Maximum value of account during year .....		
Name of institution .....		
Account number (mandatory for part I) .....		
Mailing address of institution .....		
City of institution .....		
State/province of institution .....		
Postal code of institution .....		
Country of institution .....		
1=account opened during year .....		
1=account closed during year .....		
1=account jointly owned with spouse .....		
1=no tax item in Part III with respect to this account .....		
1=used foreign currency exchange rate to convert value to US dollars .....		
Foreign currency in which account is maintained .....		
Foreign currency exchange rate (xxxx.xxxx) .....		
Source of exchange rate .....		

### OTHER FOREIGN ASSETS (Part II)

Identifying number or other designation (mandatory for part II) .....		
Date asset acquired during year (m/d/y) .....		
Date asset disposed of during year (m/d/y) .....		
1=jointly owned with spouse .....		
1=no tax item in Part III with respect to this asset .....		
Maximum value of asset during year .....		
1=used foreign currency exchange rate to convert value to US dollars .....		
Foreign currency in which asset is denominated .....		
Foreign currency exchange rate (xxxx.xxxx) .....		
Source of exchange rate .....		
Foreign entity information (complete if stock or interest):		
Name of entity .....		
Type of entity .....		
Mailing address of entity .....		
City of entity .....		
State/province of entity .....		
Postal code of entity .....		
Country of entity .....		

1

#### Type of Entity

- 1 = Partnership
- 2 = Corporation
- 3 = Trust
- 4 = Estate

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US

Foreign Reporting (8938) (continued)

No. 

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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

### OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name .....  
 1=issuer, 2=counterparty .....  
 Type of issuer or counterparty (see table 2) .....  
 Issuer or counterparty: 1=US person, 2=foreign person .....  
 Mailing address .....  
 City .....  
 State/province .....  
 Postal code .....  
 Country .....


Issuer or counterparty (#2):

Name .....  
 1=issuer, 2=counterparty .....  
 Type of issuer or counterparty (see table 2) .....  
 Issuer or counterparty: 1=US person, 2=foreign person .....  
 Mailing address .....  
 City .....  
 State/province .....  
 Postal code .....  
 Country .....


Issuer or counterparty (#3):

Name .....  
 1=issuer, 2=counterparty .....  
 Type of issuer or counterparty (see table 2) .....  
 Issuer or counterparty: 1=US person, 2=foreign person .....  
 Mailing address .....  
 City .....  
 State/province .....  
 Postal code .....  
 Country .....


Issuer or counterparty (#4):

Name .....  
 1=issuer, 2=counterparty .....  
 Type of issuer or counterparty (see table 2) .....  
 Issuer or counterparty: 1=US person, 2=foreign person .....  
 Mailing address .....  
 City .....  
 State/province .....  
 Postal code .....  
 Country .....


2

#### Type of Issuer or Counterparty

- 1 = Individual
- 2 = Partnership
- 3 = Corporation
- 4 = Trust
- 5 = Estate

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Additional Information

Please furnish any additional information or supporting details not provided elsewhere in this tax organizer.