

General: 1040

**Personal Information**

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) \_\_\_\_\_

Mark if you were married but living apart all year \_\_\_\_\_

Mark if your nonresident alien spouse does not have an ITIN \_\_\_\_\_

**Taxpayer**

**Spouse**

Social security number \_\_\_\_\_

First name \_\_\_\_\_

Last name \_\_\_\_\_

Occupation \_\_\_\_\_

Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3=Blank) \_\_\_\_\_

Mark if legally blind \_\_\_\_\_

Mark if dependent of another taxpayer \_\_\_\_\_

Taxpayer between 19 and 23, full-time student, with income less than 1/2 support? (Y, N) \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of death \_\_\_\_\_

Work/daytime telephone number/ext number \_\_\_\_\_

Do you authorize us to discuss your return with the IRS (Y, N) \_\_\_\_\_

General: 1040, Contact

**Present Mailing Address**

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City/State postal code/Zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Foreign phone number \_\_\_\_\_

Home/evening telephone number \_\_\_\_\_

Taxpayer email address \_\_\_\_\_

Spouse email address \_\_\_\_\_

General: 1040

**Dependent Information**

| First Name | Last Name | Date of Birth | Social Security No. | Relationship | Months in home | Care expenses paid for dependent |
|------------|-----------|---------------|---------------------|--------------|----------------|----------------------------------|
| _____      | _____     | _____         | _____               | _____        | _____          | _____                            |
| _____      | _____     | _____         | _____               | _____        | _____          | _____                            |
| _____      | _____     | _____         | _____               | _____        | _____          | _____                            |

Credits: 2441

**Child and Dependent Care Expenses**

Provider information:

Business name \_\_\_\_\_

First and Last name \_\_\_\_\_

Street address \_\_\_\_\_

City, state, and zip code \_\_\_\_\_

Social security number OR Employer identification number \_\_\_\_\_

Tax Exempt or Living Abroad Foreign Care Provider (1 = TE, 2 = LAFCP) \_\_\_\_\_

Amount paid to care provider in 2020 \_\_\_\_\_

**Taxpayer**

**Spouse**

Employer-provided dependent care benefits that were forfeited \_\_\_\_\_

Credits: Rebate  
**Economic Impact Payment (EIP)/Stimulus Payment**

Please provide all copies of Notices 1444 that you receive.

Economic impact payment (EIP) received (also known as the stimulus payment) \_\_\_\_\_  
 Mark if taxpayer or spouse, if married, was member of US Armed Forces in 2020 \_\_\_\_\_

Taxpayer

Spouse

Income: W2  
**Salary and Wages**

Please provide all copies of Form W-2 that you receive.

Below is a list of the Form(s) W-2 as reported in last year's tax return. If a particular W-2 no longer applies, mark the not applicable box.

| T/S   | Description | Prior Year Information | Mark if no longer applicable |
|-------|-------------|------------------------|------------------------------|
| _____ | _____       | _____                  | _____                        |
| _____ | _____       | _____                  | _____                        |
| _____ | _____       | _____                  | _____                        |
| _____ | _____       | _____                  | _____                        |

Retirement: 1099R  
**Pension, IRA, and Annuity Distributions**

Please provide all copies of Form 1099-R that you receive.

Below is a list of the Form(s) 1099-R as reported in last year's tax return. If a particular 1099-R no longer applies, mark the not applicable box.

| T/S   | Description | Prior Year Information | Mark if no longer applicable |
|-------|-------------|------------------------|------------------------------|
| _____ | _____       | _____                  | _____                        |
| _____ | _____       | _____                  | _____                        |
| _____ | _____       | _____                  | _____                        |
| _____ | _____       | _____                  | _____                        |

Income: K1, K1T  
**Schedules K-1**

Please provide all copies of Schedule K-1 that you receive.

Below is a list of the Schedule(s) K-1 as reported in last year's tax return. If a particular K-1 no longer applies, mark the not applicable box.

| T/S/J | Description | Form  | Mark if no longer applicable |
|-------|-------------|-------|------------------------------|
| _____ | _____       | _____ | _____                        |
| _____ | _____       | _____ | _____                        |
| _____ | _____       | _____ | _____                        |
| _____ | _____       | _____ | _____                        |

Income: W2G  
**Gambling Income**

Please provide all copies of Form W-2G that you receive.

Below is a list of the Form(s) W-2G as reported in last year's tax return. If a particular W-2G no longer applies, mark the not applicable box.

| T/S   | Description | Prior Year Information | Mark if no longer applicable |
|-------|-------------|------------------------|------------------------------|
| _____ | _____       | _____                  | _____                        |
| _____ | _____       | _____                  | _____                        |

Educate: 1099Q  
**Qualified Education Plan Distributions**

Please provide all copies of Form 1099-Q that you receive.

Below is a list of the Form(s) 1099-Q as reported in last year's tax return. If a particular 1099-Q no longer applies, mark the not applicable box.

| T/S   | Description | Prior Year Information | Mark if no longer applicable |
|-------|-------------|------------------------|------------------------------|
| _____ | _____       | _____                  | _____                        |



Income: B1 **Interest Income**

Please provide all copies of Form 1099-INT or other statements reporting interest income.

| T/S/J | Payer Name | Interest Income | Prior Year Information |
|-------|------------|-----------------|------------------------|
| _____ | _____      | _____           | _____                  |
| _____ | _____      | _____           | _____                  |
| _____ | _____      | _____           | _____                  |
| _____ | _____      | _____           | _____                  |

Income: B3 **Seller Financed Mortgage Interest**

T, S, J \_\_\_\_\_ Payer's name \_\_\_\_\_ Payer's social security number \_\_\_\_\_  
 Payer's address, city, state, zip code \_\_\_\_\_  
 Amount received in 2020 \_\_\_\_\_ Amount received in 2019 \_\_\_\_\_

Income: B2 **Dividend Income**

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

| T/S/J | Payer Name | Ordinary Dividends | Qualified Dividends | Prior Year Information |
|-------|------------|--------------------|---------------------|------------------------|
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |
| _____ | _____      | _____              | _____               | _____                  |

Income: D **Sales of Stocks, Securities, and Other Investment Property**

Please provide copies of all Forms 1099-B and 1099-S.

| T/S/J | Description of Property | Date Acquired | Date Sold | Gross Sales Price<br>(Less expenses of sale) | Cost or Other Basis |
|-------|-------------------------|---------------|-----------|--|---------------------|
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |
| _____ | _____                   | _____         | _____     | _____  | _____               |

Income: Income **Other Income**

Please provide copies of all supporting documentation.

|  |       |                |                  |                        |
|--|-------|----------------|------------------|------------------------|
| State and local income tax refunds             |       |                | 2020 Information | Prior Year Information |
| _____  |       |                | _____            | _____                  |
| Alimony received                               | T/S   | Agreement Date | 2020 Information | Prior Year Information |
| _____  | _____ | _____          | _____            | _____                  |
|  |       | Taxpayer       | Spouse           | Prior Year Information |
| Unemployment compensation                      |       | _____          | _____            | _____                  |
| Unemployment compensation repaid               |       | _____          | _____            | _____                  |
| Social security benefits                       |       | _____          | _____            | _____                  |
| Medicare premiums to be reported on Schedule A |       | _____          | _____            | _____                  |
| Railroad retirement benefits                   |       | _____          | _____            | _____                  |
| T/S/J  |       |                | 2020 Information | Prior Year Information |
| Other Income:                                  |       |                | _____            | _____                  |
| _____  |       |                | _____            | _____                  |

1040 Adj: IRA

**Adjustments to Income - IRA Contributions**

Please provide year end statements for each account and any Form 8606 not prepared by this office.

|  | Taxpayer | Spouse |
|--|----------|--------|
| <b>Traditional IRA Contributions for 2020 -</b>  |          |        |
| If you want to contribute the maximum allowable traditional IRA contribution amount, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible) | _____    | _____  |
| Enter the total traditional IRA contributions made for use in 2020   | _____    | _____  |
| <b>Roth IRA Contributions for 2020 -</b>   |          |        |
| Mark if you want to contribute the maximum Roth IRA contribution   | _____    | _____  |
| Enter the total Roth IRA contributions made for use in 2020  | _____    | _____  |

Educate: Educate2

**Higher Education Deductions and/or Credits**

Complete this section if you paid interest on a qualified student loan in 2020 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

| T/S   | Qualified student loan interest paid | 2020 Information | Prior Year Information |
|-------|--------------------------------------|------------------|------------------------|
| _____ | _____                                | _____            | _____                  |
| _____ | _____                                | _____            | _____                  |

Complete this section if you paid qualified education expenses for higher education costs in 2020. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

Please provide all copies of Form 1098-T.

| T/S   | Ed Exp Code* | Student's SSN | Student's First Name | Student's Last Name | Qualified Expenses | Prior Year Information |
|-------|--------------|---------------|----------------------|---------------------|--------------------|------------------------|
| _____ | _____        | _____         | _____                | _____               | _____              | _____                  |
| _____ | _____        | _____         | _____                | _____               | _____              | _____                  |
| _____ | _____        | _____         | _____                | _____               | _____              | _____                  |
| _____ | _____        | _____         | _____                | _____               | _____              | _____                  |

\*Education Expense Code: 1 = American opportunity credit; 2 = Lifetime learning credit; 3 = Tuition and fees deduction

The student qualifies for the American opportunity credit when enrolled at least half-time in a program leading to a degree, certificate, or recognized credential; has not completed the first 4 years of post-secondary education; has no felony drug convictions on student's record.

1040 Adj: 3903

**Job Related Moving Expenses**

Complete this section if you moved to a new home due to service in the armed forces.

|  |       |
|--|-------|
| Description of move                                      | _____ |
| Taxpayer/Spouse/Joint (T, S, J)                          | _____ |
| Mark if the move was due to service in the armed forces  | _____ |
| Number of miles from old home to new workplace           | _____ |
| Number of miles from old home to old workplace           | _____ |
| Mark if move is outside United States or its possessions | _____ |
| Transportation and storage expenses                      | _____ |
| Travel and lodging (not including meals)                 | _____ |
| Total amount reimbursed for moving expenses              | _____ |

1040 Adj: OtherAdj

**Other Adjustments to Income**

Alimony Paid:

| T/S                      | Date* | Recipient name | Recipient SSN | 2020 Information | Prior Year Information |
|--------------------------|-------|----------------|---------------|------------------|------------------------|
| _____                    | _____ | _____          | _____         | _____            | _____                  |
| Street address           |       | _____          |               |                  |                        |
| City, State and Zip code |       | _____          |               |                  |                        |

\*Enter the divorce/separation agreement date

|                    | Taxpayer | Spouse | Prior Year Information |
|--------------------|----------|--------|------------------------|
| Educator expenses: | _____    | _____  | _____                  |
| _____              | _____    | _____  | _____                  |
| Other adjustments: | _____    | _____  | _____                  |
| _____              | _____    | _____  | _____                  |
| _____              | _____    | _____  | _____                  |

Itemized: A1 **Medical and Dental Expenses**

| T/S/J |  | 2020 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| —     | Medical and dental expenses            | _____            | _____                  |
| —     | Medical insurance premiums you paid*** | _____            | _____                  |
| —     | Long-term care premiums you paid***    | _____            | _____                  |
| —     | Prescription medicines and drugs       | _____            | _____                  |
| —     | Miles driven for medical items         | _____            | _____                  |

\*\*\*Do not include pre-tax amounts paid by an employer-sponsored plan, amounts paid for your self-employed business, or Medicare premiums entered on Form Lite-3

Itemized: A1 **Tax Expenses**

| T/S/J |  | 2020 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| —     | State/local income taxes paid                  | _____            | _____                  |
| —     | 2019 state and local income taxes paid in 2020 | _____            | _____                  |
| —     | Sales tax paid on actual expenses              | _____            | _____                  |
| —     | Real estate taxes paid                         | _____            | _____                  |
| —     | Personal property taxes                        | _____            | _____                  |
| —     | Other taxes                                    | _____            | _____                  |

Itemized: A2 **Interest Expenses**

| T/S/J |   | 2020 Information | Prior Year Information |
|-------|---|------------------|------------------------|
| —     | Home mortgage interest From Form 1098             | _____            | _____                  |
| T/S/J | Other home mortgage interest paid to individuals: |                  |                        |
|       | Payee's Name                                      | SSN or EIN       | 2020 Information       |
| —     | _____   | _____            | Prior Year Information |
|       | Address   | City             | State Zip Code         |
|       | _____   | _____            | _____                  |

| T/S/J |  | 2020 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| —     | Investment interest expense, other than on Sch K-1s: | _____            | _____                  |
|       | Refinancing Information: Refinance #1                | Refinance #2     |                        |
| T/S/J | Recipient/Lender name                                | _____            | _____                  |
|       | Total points paid at time of refinance               | _____            | _____                  |
|       | Date of refinance                                    | _____            | _____                  |
|       | Term of new loan (in months)                         | _____            | _____                  |
|       | Reported on Form 1098 in 2020                        | _____            | _____                  |

Itemized: A3 **Charitable Contributions**

| T/S/J |  | 2020 Information | Prior Year Information |
|-------|--|------------------|------------------------|
| —     | Contributions made by cash or check              | _____            | _____                  |
| —     | Volunteer miles driven                           | _____            | _____                  |
| —     | Noncash items, such as: Goodwill, Salvation Army | _____            | _____                  |

Itemized: A3, A-5t **Miscellaneous Deductions**

| T/S/J |   | 2020 Information | Prior Year Information |
|-------|---|------------------|------------------------|
| —     | Other expenses  | _____            | _____                  |
| —     | _____   | _____            | _____                  |
| —     | Gambling losses (enter only if you have gambling income)  | _____            | _____                  |
|       | ***STATE USE ONLY - Complete the following fields only if you file a state return in AL, AR, CA, HI, MN, NY or PA |                  |                        |
| T/S/J | Unreimbursed expenses***  | 2020 Information | Prior Year Information |
| —     | Union dues, other than amounts reported on Form W-2***  | _____            | _____                  |
| —     | Tax preparation fees***   | _____            | _____                  |
| —     | Other expenses, subject to 2% AGI limitation***:  | _____            | _____                  |
| —     | _____   | _____            | _____                  |
| —     | _____   | _____            | _____                  |
| —     | Safe deposit box rental***  | _____            | _____                  |
| —     | Investment expenses, other than on Schedule(s) K-1 or Form(s) 1099-DIV/INT***                                     | _____            | _____                  |

General: Bank

**Direct Deposit/Electronic Funds Withdrawal Information**

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. \_\_\_\_\_

Primary account:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_  
 Name of financial institution \_\_\_\_\_  
 Your account number \_\_\_\_\_  
 Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
 Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

\*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Electronic Filing: ID Auth

**Identity Authentication**

**Taxpayer -**

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

**Spouse -**

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

**NOTES/QUESTIONS:**

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

- Refunded \_\_\_\_\_ [52]
- Applied to 2021 estimated tax liability \_\_\_\_\_ [53]

Do you expect a considerable change in your 2021 income? (Y, N) \_\_\_\_\_ [54]

If yes, please explain any differences:

\_\_\_\_\_ [55]  
 \_\_\_\_\_ [56]  
 \_\_\_\_\_ [57]  
 \_\_\_\_\_ [58]

Do you expect a considerable change in your deductions for 2021? (Y, N) \_\_\_\_\_ [59]

If yes, please explain any differences:

\_\_\_\_\_ [60]  
 \_\_\_\_\_ [61]  
 \_\_\_\_\_ [62]  
 \_\_\_\_\_ [63]

Do you expect a considerable change in the amount of your 2021 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 2021? (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]

**2020 Federal Estimated Tax Payments**

2019 overpayment applied to 2020 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 | 7/15/20  | _____ [6]                   | + _____ [7]  | _____             | _____   |
| 2nd quarter payment | 7/15/20  | _____ [8]                   | + _____ [9]  | _____             | _____   |
| 3rd quarter payment | 9/15/20  | _____ [10]                  | + _____ [11] | _____             | _____   |
| 4th quarter payment | 1/15/21  | _____ [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:**



Preparer use only

|  | 2020 Information | Prior Year Information |
|--|------------------|------------------------|
| Taxpayer/Spouse/Joint (T, S, J) _____  | [2]              |                        |
| Employer identification number _____   | [3]              |                        |
| Business name _____  | [5]              |                        |
| Principal business/profession _____  | [6]              |                        |
| Business code _____  | [12]             |                        |
| Business address, if different from home address on Organizer Form ID: 1040                                  |                  |                        |
| Address _____  | [15]             |                        |
| City/State/Zip _____ [16] _____ [17] _____   | [18]             |                        |
| Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____   | [19]             |                        |
| If other: _____  | [21]             |                        |
| Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____  | [22]             |                        |
| If other enter explanation: _____  | [24]             |                        |
| _____  |                  |                        |
| _____  |                  |                        |
| Enter an explanation if there was a change in determining your inventory: _____                              | [25]             |                        |
| _____  |                  |                        |
| Did you "materially participate" in this business? (Y, N) _____  | [26]             |                        |
| If not, number of hours you did significantly participate _____  | [28]             |                        |
| Mark if you began or acquired this business in 2020 _____  | [30]             |                        |
| Did you make any payments in 2020 that require you to file Form(s) 1099? (Y, N) _____                        | [31]             |                        |
| If "Yes", did you or will you file all required Forms 1099? (Y, N) _____                                     | [33]             |                        |
| Mark if this business is considered related to qualified services as a minister or religious worker _____    | [35]             |                        |
| Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____ | [37]             |                        |
| Medical insurance premiums paid by this activity + _____   | [40]             |                        |
| Long-term care premiums paid by this activity + _____  | [44]             |                        |
| Amount of wages received as a statutory employee + _____   | [47]             |                        |

**Business Income**

|                          | 2020 Information | Prior Year Information |
|--------------------------|------------------|------------------------|
| Gross receipts and sales |                  |                        |
| _____                    | + _____ [52]     |                        |
| _____                    | + _____          |                        |
| _____                    | + _____          |                        |
| _____                    | + _____          |                        |
| Returns and allowances   | + _____ [55]     |                        |
| Other income:            |                  |                        |
| _____                    | + _____ [57]     |                        |
| _____                    | + _____          |                        |
| _____                    | + _____          |                        |
| _____                    | + _____          |                        |

**Cost of Goods Sold**

|                     | 2020 Information | Prior Year Information |
|---------------------|------------------|------------------------|
| Beginning inventory | + _____ [59]     |                        |
| Purchases           | + _____ [61]     |                        |
| Labor:              |                  |                        |
| _____               | + _____ [63]     |                        |
| _____               | + _____          |                        |
| Materials           | + _____ [65]     |                        |
| Other costs:        |                  |                        |
| _____               | + _____ [67]     |                        |
| _____               | + _____          |                        |
| _____               | + _____          |                        |
| Ending inventory    | + _____ [69]     |                        |

Control Totals +



Preparer use only

|  | 2020 Information            | Prior Year Information |
|--|-----------------------------|------------------------|
| Description _____ [2]  |                             |                        |
| Taxpayer/Spouse/Joint (T, S, J) ___ [3]  | State postal code _____ [5] |                        |
| 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 2020 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**

|                           | 2020 Information | Prior Year Information |
|---------------------------|------------------|------------------------|
| Rents and royalties _____ | + _____ [33]     |                        |
| _____                     | _____            |                        |

**Rent and Royalty Expenses**

|  | 2020 Information | Percent if not 100% | Prior Year Information |
|--|------------------|---------------------|------------------------|
| Advertising _____                                      | + _____ [35]     | _____ [36]          |                        |
| Auto _____   | + _____ [38]     | _____ [39]          |                        |
| Travel _____   | + _____ [41]     | _____ [42]          |                        |
| Cleaning and maintenance _____                         | + _____ [44]     | _____ [45]          |                        |
| Commissions:   |                  |                     |                        |
| _____  | + _____ [47]     | _____ [49]          |                        |
| _____  | + _____          | _____               |                        |
| Insurance:   |                  |                     |                        |
| _____  | + _____ [50]     | _____ [52]          |                        |
| _____  | + _____          | _____               |                        |
| Legal and professional fees _____                      | + _____ [54]     | _____ [55]          |                        |
| Management fees:                                       |                  |                     |                        |
| _____  | + _____ [57]     | _____ [59]          |                        |
| _____  | + _____          | _____               |                        |
| Mortgage interest paid to banks, etc (Form 1098) _____ | + _____ [60]     | _____ [62]          |                        |
| _____  | + _____          | _____               |                        |
| Other mortgage interest _____                          | + _____ [63]     | _____ [65]          |                        |
| Qualified mortgage insurance premiums _____            | + _____ [66]     | _____ [67]          |                        |
| Other interest:  |                  |                     |                        |
| _____  | + _____ [69]     | _____ [71]          |                        |
| _____  | + _____          | _____               |                        |
| Repairs _____  | + _____ [72]     | _____ [73]          |                        |
| Supplies _____   | + _____ [75]     | _____ [76]          |                        |
| Taxes:   |                  |                     |                        |
| _____  | + _____ [78]     | _____ [80]          |                        |
| _____  | + _____          | _____               |                        |
| Utilities _____  | + _____ [81]     | _____ [82]          |                        |
| Depreciation _____                                     | + _____ [84]     | _____ [85]          |                        |
| Depletion _____  | + _____ [87]     | _____ [88]          |                        |
| Other expenses:  |                  |                     |                        |
| _____  | + _____ [90]     | _____               |                        |
| _____  | + _____          | _____               |                        |
|  | +                | _____               |                        |
|  | +                | _____               |                        |

Control Totals +

Preparer use only

Description \_\_\_\_\_

**Refinancing Points**

Preparer - Enter on Screen Rent

|   | 2020 Information | Prior Year Information |  |
|---|------------------|------------------------|--|
| <b>Refinancing points paid -</b>                                |                  |                        |  |
| Recipient's/Lender's name _____                                 | _____ (92)       |                        |  |
| Date of refinance _____   | _____            |                        |  |
| Total # Payments _____  | _____            |                        |  |
| Reported on 1098 in 2020 _____                                  | _____            |                        |  |
| Total points paid _____   | _____            |                        |  |
| Points deemed as paid in current year (Preparer use only) _____ | _____            |                        |  |
| <b>Refinancing points paid -</b>                                |                  |                        |  |
| Recipient's/Lender's name _____                                 | _____            |                        |  |
| Date of refinance _____   | _____            |                        |  |
| Total # Payments _____  | _____            |                        |  |
| Reported on 1098 in 2020 _____                                  | _____            |                        |  |
| Total points paid _____   | _____            |                        |  |
| Points deemed as paid in current year (Preparer use only) _____ | _____            |                        |  |
| <b>Refinancing points paid -</b>                                |                  |                        |  |
| Recipient's/Lender's name _____                                 | _____            |                        |  |
| Date of refinance _____   | _____            |                        |  |
| Total # Payments _____  | _____            |                        |  |
| Reported on 1098 in 2020 _____                                  | _____            |                        |  |
| Total points paid _____   | _____            |                        |  |
| Points deemed as paid in current year (Preparer use only) _____ | _____            |                        |  |

**Vacation Home Information**

Preparer - Enter on Screen Rent-3

|   | 2020 Information | Prior Year Information |
|---|------------------|------------------------|
| Number of days home was used personally _____                   | _____ [5]        |                        |
| Number of days home was rented _____                            | _____ [7]        |                        |
| Number of day home owned, if not 366 _____                      | _____ [9]        |                        |
| Carryover of disallowed operating expenses into 2020 + _____    | _____ [21]       |                        |
| Carryover of disallowed depreciation expenses into 2020 + _____ | _____ [22]       |                        |

**Passive and Other Information**

Preparer - Enter on Screen Rent-2

| Preparer use only<br>Carryovers | Non-QBI and Tax | For QBI & Tax | AMT          |
|---------------------------------|-----------------|---------------|--------------|
| Operating                       | + _____ [25]    | + _____ [26]  | + _____ [27] |
| Short-term capital              |                 | + _____ [28]  | + _____ [29] |
| Long-term capital               |                 | + _____ [30]  | + _____ [31] |
| 28% rate capital                |                 | + _____ [32]  | + _____ [33] |
| Section 1231 loss               | + _____ [34]    | + _____ [35]  | + _____ [36] |
| Ordinary business gain/loss     | + _____ [37]    | + _____ [38]  | + _____ [39] |
| Section 179                     | + _____ [40]    | + _____ [41]  | + _____ [42] |

NOTES/QUESTIONS: