2020 TAX ORGANIZER

T O

This tax organizer has been prepared for your use in gathering the information needed for your 2020 tax return.

To save you time, selected information from your 2019 tax return has been entered in this organizer. Please line through any information that does not apply to your 2020 tax return.

In some cases, 2019 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

2020 TAX ORGANIZER

T 0

I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

Taxpayer Signature	Date
Spouse Signature	Date

Questions (Page 1 of 3)

The following questions pertain to the 2020 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:	Yes	No
Did your marital status change?		
Can you or your spouse be claimed as a dependent by another taxpayer?		
Did you or your spouse serve in the military or were you or your spouse on active duty?		
Dependents:		
Were there any changes in dependents from the prior year? Note: Include non-child dependents for whom you provided more than half the support.		
Are any of your dependents required to file a tax return?		
Did you or your spouse pay for childcare while you or your spouse worked or looked for work?		
Do you have any children under age 18 with unearned income more than \$1,100?		
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,100?		
Did you adopt a child or begin adoption proceedings?		
Are any of your dependents non-U.S. citizens or non-U.S. residents?		
Healthcare:		
Did you obtain healthcare coverage through the Marketplace? If Yes, include all Forms 1095-A.		
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?		
Were you eligible for employer-sponsored healthcare coverage?		
Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA.		
If Yes, were the amounts distributed for unreimbursed qualified medical expenses?		
Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA.		
If Yes, were the amounts distributed for unreimbursed qualified medical expenses?		
Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include Forms 1099-LTC.		
If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?		
Education:		
Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?		
Did you or your spouse pay any student loan interest?		
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan?		
If Yes, include all Forms 1099-Q.		
If Yes, were the amounts withdrawn used for qualified tuition expenses?		

Questions (Page 2 of 3)

Deductions and Credits:		
Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?	Yes	No
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.		
Did you or your spouse incur any casualty or theft losses?		
Did you or your spouse make any large purchases, such as motor vehicles and boats?		
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?		
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?		
Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?		
Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?		
Investments:		
Did you or your spouse have any debts canceled, forgiven, or refinanced?		
Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?		
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?		
Did you or your spouse sell, exchange, or purchase any real estate?		
If Yes, include closing statements.		
Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?		
Did you or your spouse sell any securities not reported on Form 1099-B?		
Retirement or Severance:		
Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?		
Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?		
Did you or your spouse make a qualified charitable contribution?		
Did you or your spouse retire or change jobs?		
Personal Residence:		
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?		
Are your total mortgages on your first and/or second residence greater than \$750,000?		
If Yes, provide the principal balance and interest rate at the beginning and end of the year.		
Did you or your spouse take out a home equity loan?		
Did you or your spouse have an outstanding home equity loan at the end of the year?		
If Yes, provide the principal balance and interest rate at the beginning and end of the year.		

Questions (Page 3 of 3)

Sale of Your Home:	Yes	No
Did you sell your home?		
Did you receive Form 1099-S?		
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five- year period prior to the sale?		
Did you or your spouse ever rent out the property?		
Did you or your spouse ever use any portion of the home for business purposes?		
Have you or your spouse sold a principal residence within the last two years?		
At the time of the sale, the residence was owned by the: Taxpayer Spouse Both		
Gifts:		
Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual?		
Did you or your spouse make any gifts to a trust for any amount?		
Did you or your spouse have a life insurance trust?		
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?		
Did you or your spouse forgive any indebtedness to any individual, trust, or entity?		
Foreign Matters:		
Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?		
Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account, or other financial account in a foreign country?		
Did you or your spouse create or transfer money or property to a foreign trust?		
Did you or your spouse own any foreign financial assets?		
Miscellaneous:		
Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,200 during the year for domestic services performed in or around your home to individuals who could be considered household employees?		
Did you or your spouse receive unreported tip income of \$20 or more in any month?		
Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness?		
Did you or your spouse engage in any bartering transactions?		
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?		
Did you or your spouse sell, acquire, or exchange Bitcoin or other virtual currencies or engage in any sales or exchanges denominated in Bitcoin or other virtual currencies?		
Did you or your spouse receive an economic impact payment?		
If Yes, enter the amount of any economic impact payment received		
If Yes, did you or your spouse repay any of the economic impact payment received?		
If Yes, enter the amount of the economic impact payment repaid.		

	<u>Form</u>	
Alimony Paid or Received	13	Gambli
Annuity Payments Received	9A	Gifts
Application of Refund	20	Health
Business Income and Expenses	6, 6A	Housel
Business Use of Home:		Installn
Business	6D	Interes
Employee Business Expenses	17B	Interes
Farm	12E	Investr
Itemized Deductions	16A	IRA Co
Passthrough	11B	IRA Dis
Rental	10E	Keogh
Calendar	33	Medica
Casualty or Theft Losses	16	Ministe
Child and Dependent Care Expenses	18	Miscell
Consolidated Brokerage Statements:		Miscell
Interest Income & Foreign Information	5E	Mortga
Dividend Income & Foreign Information		Moving
Sales of Stocks, Securities, Capital Assets & Mis		Partne
Contributions		Pensio
Dependent Information		Person
Depreciable Property and Equipment:		Railroa
Business	6A	Real Es
Employee Business Expenses		Rental
Farm		Roth IF
Rental and Royalty		S Corp
Direct Deposit Information		Sale of
Dividend Income		Sale of
Education Expenses		Saving
Educator (Teacher) Expenses		SEP/SI
Electronic Filing		Social
Employee Business Expenses		State a
Estate Income		Studer
Farm Income and Expenses		Taxes I
Federal, State and City Estimated Taxes		Trust Ir
		Unemp
· ·		Vehicle
Foreign Housing Expenses		Bus
Foreign Toyon		Em
Foreign Travel and Workdows		Fari
Foreign Travel and Workdays		Rer
Foreign Wages and Other Income	31, 31A, 31B	Par
		Magaa

	FOITI
Gambling Winnings	21
Gifts	34, 35
Health Savings Accounts	134
Household Employment Taxes	19
Installment Sale Receipts	7
Interest Income	54
Interest Paid	. 144
Investment Interest Expense	144
IRA Contributions	9
IRA Distributions	
Keogh Plan Contributions	94
Medical and Dental Expenses	14
Ministerial Income	13E
Miscellaneous Income and Adjustments	10
Miscellaneous Itemized Deductions	
Mortgage Interest Paid	. 144
Moving Expenses	
Partnership Income	
Pension Income	
Personal Information	
Railroad Retirement Benefits	
Real Estate Mortgage Investment Conduit Income (REMIC)	1
Rental and Royalty Income and Expenses	10, 10
Roth IRA Contributions/Conversions	
S Corporation Income	
Sale of Stock, Securities and Other Capital Assets	
Sale of Your Home	8
Savings Bond Purchases	
SEP/SIMPLE Plan Contributions	
Social Security Benefits	10
State and Local Tax Refunds	10
Student Loan Interest	
Taxes Paid	
Trust Income	
Unemployment Compensation	
Vehicle/Other Listed Property Information:	
Business	6B, 60
Employee Business Expenses	17A
Farm	
Rental and Royalty10	•
Partnership/S Corporation	
Wages and Salaries	34





Personal Information

Taxpayer:	First Name and Initial		Last Name					Social Security Number
	Occupation		Date of Birth (Mo/Da/	Yr) D	ate of Death	ı (Mo/Da/Yr)		
	Driver's License or State-Issued ID Num Driver's License	State-Issued ID	Expiration Date (Mo/E		ssue Date (N	lo/Da/Yr)	State	Does not expire
Spouse:	First Name and Initial		Last Name				;	Social Security Number
	Occupation		Date of Birth (Mo/Da/	<u>'Yr)</u>	ate of Death	(Mo/Da/Yr)		·
	Driver's License or State-Issued ID Num	nber State-Issued ID	Expiration Date (Mo/E		ssue Date (N	lo/Da/Yr)	State	Does not expire
Contact Information:	Street Address	_					 ;	Apartment Number
	City		State	9				ZIP or Postal Code
	Foreign Province or County							
	Foreign Country							
	Taxpayer Daytime/Work Phone	Taxpayer Evening/Home	Phone Taxpayer	Foreign P	hone			
	Taxpayer Cell Phone	Taxpayer Fax Number						
	Spouse Daytime/Work Phone	Spouse Evening/Home P	Phone Spouse Fo	oreign Pho	one			
	Spouse Cell Phone	Spouse Fax Number						
	Taxpayer Email Address							
	Spouse Email Address							
May the IRS or other taxing a	Preferred Method of Contact uthority discuss the return with	n the preparer?				Ye	s No	
	dependent on someone else's t	ha						Spauge
						Ye	axpayer s No	Spouse Yes No
Are you considered legally bli Do you want to contribute to Are you a U.S. citizen or Gree	the Presidential Election Camp	paign Fund?						
Personal Identification Num		IRS 2 - Issued by	State or City					
				TS	State	City	Code	PIN





Personal Information

Taxpayer:	First Name and Initial		Last Name					Social Security Number
	Occupation		Date of Birth (Mo/Da/	<u>'Yr)</u>	ate of Deatl	n (Mo/Da/Yr)		Base and survive
	Driver's License or State-Issued ID Num Driver's License	State-Issued ID	Expiration Date (Mo/D	Г	Ssue Date (N	Mo/Da/Yr)	State	Does not expire
Spouse:	First Name and Initial		Last Name					Social Security Number
	Occupation		Date of Birth (Mo/Da/		ate of Deat	n (Mo/Da/Yr)		,
								Does not expire
	Driver's License or State-Issued ID Num Driver's License	State-Issued ID	Expiration Date (Mo/D	Г	Ssue Date (N	no/Da/Yr)	State	
Contact Information:	Street Address							Apartment Number
	City		State	Э				ZIP or Postal Code
	Foreign Province or County							
	Foreign Country							
	Taxpayer Daytime/Work Phone	Taxpayer Evening/Home	Phone Taxpayer	Foreign P	hone			
	Taxpayer Cell Phone	Taxpayer Fax Number						
	Spouse Daytime/Work Phone	Spouse Evening/Home P	Thone Spouse Fo	oreign Ph	one			
	Spouse Cell Phone	Spouse Fax Number						
	Taxpayer Email Address							
	Spouse Email Address							
	Preferred Method of Contact					Ye	es No	D
	authority discuss the return with dependent on someone else's t							
							axpayer	
Are you considered legally blind Do you want to contribute to Are you a U.S. citizen or Gree	the Presidential Election Camp	paign Fund?					es No	Yes No
Personal Identification Num								
	Code 1 Issued by	2 133dcd by	Cate of Oity	TS	State	City	Code	PIN



Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
Α						
в						
С						
D						
E						
F						
G	<u> </u>					
н	·			· ·		

Did dependent have income over \$4,300?

			lacktriangle	
	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
Α				
В				
С				
D				
Е				
F				
G				
Н				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
13	Linployer's Name	Taxable Wages	Federal	FICA/TIER 1	Medicare	State	Local



Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
Α						
В						
С						
D						
E						
F						
G						
н						

Did dependent have income over \$4,300?

	★					
	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN		
Α						
В						
С						
D						
Е						
F						
G						
Н						

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

4



Electronic Filing

Electronic Filing:

Spouse PIN

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has impler filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns entering the state returns prepared.	require certain
Do not electronically file the federal return	🗀
Do not electronically file the state return(s)	
Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. A will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.	-
The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature docume electronically filing.	nt when
Would you like to use a randomly generated PIN? Taxpayer	Yes No
Spouse [
If No, enter a 5-digit self-selected PIN: Taxpayer PIN	

Electronic Filing



Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. Electronic filing is the only filing method that provides you with acknowledgment that the IRS has received your return and is processing it. If you are to receive a refund and use direct deposit with electronic filing, you will normally receive your refund in about 3 weeks.

Note that not all returns qualify for electronic filing under IRS rules.	Yes	No
If you qualify for electronic filing, would you like to file the return electronically with the IRS?		
If you qualify, would you like to file your state returns electronically?		
The IRS requires the use of a 5-digit self-selected Personal Identification Number (PIN) in lieu of mailing a signature do electronically filing.	cument	when
Would you like to use a randomly generated PIN?	Yes	No
Taxpayer		
Spouse		
If No, provide a 5-digit self-selected PIN:		
Taxpayer PIN		
Spouse PIN		

4



Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically. If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

Opt-Out Statement:		
	has informed me (us) that my (our) 2	020 Individual Incom
Tax return may be required to be electronically filed if the firm files the reprovide a number of benefits to taxpayers, including an acknowledgment processing, and faster refunds. I (we) do not want to file my (our) return will not file or otherwise mail or submit my (our) paper return to the IRS.	nt that the IRS received the return, a reduced char electronically and will personally file the paper retu	ice of errors in
Taxpayer signature:	Date:	
Spouse signature:	Date:	
The IRS requires the use of a 5-digit self-selected Personal Identific electronically filing.	cation Number (PIN) in lieu of mailing a signature	e document when
Would you like to use a randomly generated PIN?		Yes No
Taxpayer		
Spouse		
If No, enter a 5-digit self-selected PIN:		
Taxpayer PIN		
Spouse PIN		





Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states a receive your refund or pay a account information may also	a balance due electronically, co	o and balances due to be paid dir mplete the following information.	ectly from your financial institution. If you If you selected either of these options in 2	would like to 2019, your Yes No
Would you like any refunds	owed to you directly deposited	?		
Would you like to pay any a	mount due on your federal retu			
If Yes, what amount wou	uld you like withdrawn, if not the	e entire balance due?		
If Yes, when should the	withdrawal occur, if other than	the due date of the return?	(Mo/Da/Yr)	
Would you like to pay any a	mount due on your state return	(s) using electronic withdrawal?		
	uld you like withdrawn, if not the			
If Yes, when should the	withdrawal occur, if other than	the due date of the return?	(Mo/Da/Yr)	
The IRS and some states al	low estimated payments to be	electronically withdrawn on the du	ue dates of the estimated payments.	
Would you like to pay ar	ny estimated payments due for	your f <u>ederal r</u> eturn using electroni	ic withdrawal?	
Would you like to pay ar	ny estimated payments due for	your state return(s) using electron	ically withdrawal, if available?	
Routing Transit Number	(RTN)			
Account Hambor				
Type of account:	Checking	Traditional Savings	IRA Savings	
Type of account.	Archer MSA Savings	Coverdell Ed. Savings	HSA Savings	
	/ il on or il out in go			
Is this a business accou	nt?	Yes	No	
Account owner		Taxpayer	Spouse	Joint
I confirm that the bank a		ect deposit/electronic withdrawal	options selected above are correct.	Yes No
	owed to you directly deposited			
•	uld you like withdrawn, if not the		(Mo/Do∕Vr)	
· ·	withdrawal occur, if other than		(Mo/Da/Yr)	
If Yes, what amount wou	uld you like withdrawn, if not the	e entire balance due?		
	withdrawal occur, if other than		(Mo/Da/Yr)	
	· ·	•	ue dates of the estimated payments.	
			ic withdrawal?	
Would you like to pay ar	ny estimated payments due for	your state return(s) using electron	ically withdrawal, if available?	
Name of bank or financia	al institution			
Routing Transit Number		<u>- </u>		
•		· · · · · · · · · · · · · · · · · · ·		
Account Hamber				
Type of account:	Checking	Traditional Savings	IRA Savings	
Type of decount.	Archer MSA Savings	Coverdell Ed. Savings	HSA Savings	
Is this a business accou	nt?	Yes	No	
Account owner		Taxpayer	Spouse	Joint
I confirm that the bank a	account information and the dire	ect deposit/electronic withdrawal	options selected above are correct.	



U.S. Series I Savings Bonds Purchase

Up to \$5,000 of your refund may be used to purchase U.S. Series I Savings Bonds for yourself, your spouse, and up to two of in \$50 increments.	ther indi	ividuals,
	Yes	No
Do you want to use any of your refund to purchase any U.S. Series I Savings Bonds?		
If Yes, provide the information requested for each type of bond you want to purchase using your refund.		
If the purchase is for someone other than the taxpayer or spouse, or if the bond should have a co-owner or beneficiary, provide of the person receiving the bond (if not the taxpayer or spouse), the name of the person being designated as the co-owner of if applicable, the name of the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to lead to the person designated as the beneficiary of the bond, if applicable, and the amount of the bond to lead to the bond to be bond to be bond to the bond to lead to the bond to lead to the bond to be bon	the bon	d,
Joint:		
Co-owner name		
Beneficiary name		
Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds		
Note: If filing a married filing joint return, bonds purchased will be jointly owned by the taxpayer and spouse. In this case, name does not need to be entered as a co-owner. If the bonds will not be jointly owned by the taxpayer and spouse, the sinformation should be entered in the taxpayer, spouse, or other owner areas below.		
Taxpayer:		
Co-owner name		
Beneficiary name		
Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds		
Spouse:		
Co-owner name		
Beneficiary name		
Amount of refund, if not the entire refund, to be used to purchase U.S. Series I Savings Bonds		
Bond purchases for someone other than the taxpayer or spouse:		
Taxpayer name		
Co-owner name		
Beneficiary name		
Amount of purchase		
Taxpayer name		
Co-owner name		
Beneficiary name		
Amount of purchase		

Interest Income



Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

	Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both							
TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2019 Interest Amount		
						_		
						-		
	Total					_		
Selle	er-Financed Mortgage Interest Informa	tion:						

S

Name of Individual from Whom

	Mortgage Interest Was Received	Number of Individual	Amount	Amount		
Address of Individual from Whom Mortgage Interest Was Received						

Identification

Enter Any Additional Informa	tion:
------------------------------	-------

2020 Interest

2019 Interest

Note: List all items sold during the year on Form 7.



Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
Α					
в					
с					
D					
E					
F					
G					
H					
'. —					
J					
К					
Ь					
N					
· · ·	Total				

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

	•		
	Code	Tax-Exempt Interest	2019 Gross Dividends Amount
Α			
В			
С			
D			
Ε			
F			
G			
Н			
ı			
J			
K			
L			
М			
Ν		· ·	
	Total		

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



Interest Income and Foreign Information

ς	Special Interest Co	de:		2 - Seller	Financed 3 - Early Withd	Irawal Pei	nalty 5 - Acc	crued Interest			7 - Amortizable	Bon
	1 - Qualified Educat	ional S	eries EE Bonds	Mortgage	e Interest 4 - Nominee In		6 - Ori	ginal Issue Disco	ount Adjus		Premium Adjus	tmer
Т	SJ		Source	e		Intere	st Income	U.S. Bond Obligati	s and ons	▼ Code	Special Inte	rest
_												
	-				Tay	-Evemnt	Interest Coo	اما ـ 1 ـ 1000	IT 2 - Dri	vate Act	ivity Bond 3 - I	Roth
					Ιαλ	-Exempt	interest Coc	ie. 1- 1033-iii	<u> </u>	vale Aci	ivity boliu 3 - i	ווטע
S	Social Security No of Home Buyer) .	Address o	f Indivi	dual from Whom Mortg	age Inte	rest Was Re	ceived	Code	Э	Tax-Exempt Interest	
-	or Home Buyer										merest	
_												
	Federal Withholding		State Withholdir	g	Investment Expenses	Tax	k Exempt Pa CUSIP No.	id 2019 A	9 Interest mount	t		
_												
_	ign Taxes Pai	d or	Δccrued:			-						
_	.g.: 10,000 1 a.:				N		V : (T	Date Paid	Tax A	mount	T A	
	5	Source	9		Name of Foreign Cour Imposing Tax	ntry	X if Tax Accrued	or Accrued (Mo/Da/Yr)	(in F	oreign ency)	Tax Amo (in U.S. Do	
								,				
_												
_												
ik	tional State In	form	nation:									
	Payer ID				New Hampshire or I	Ilinois R	eason Intere	est is Nontaxa	ıble			
	-				<u>-</u>							
		L										
_	ian Bank Ass	ounte	and Tructo									
	ign Bank Acc										Yes	Г
	any time during 20	J∠U, UI	id you nave an in	terest ii	n or a signature authority	over a i	nanciai accc	uni			-	-



Dividend Income and Foreign Information

				(=====	s sold during the	Form 1099				
SJ		Source	•	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bon Amo	d Interest unt or in Box 1a	Code	Tax-Exempt Interest	
										_
										_
									\neg	-
	Box 2a	Box 2b		n 1099-DIV	_	_	2019		Tax-Exempt Inte	erest Code:
To	tal Capital Gain stribution	Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectible (28%) Gai		dend	Gross Dividend Amount		1 - 1099-DIV 2 - Private Activ 3 - Both	rity Bonds
						ļ.				
		Form 1	099-DIV							
	Box 4 Federal ithholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholdin	g					
igr	ı Taxes Pa	aid or Accrued								
igr		aid or Accrued		Name of Foreigr Imposing		X if Ta	or Ac	Paid crued Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amor (in U.S Dollars
igr							or Ac	crued	(in Foreign	(in U.S
igr							or Ac	crued	(in Foreign	(in U.S
igr							or Ac	crued	(in Foreign	(in U.S
igr							or Ac	crued	(in Foreign	(in U.S
							or Ac	crued	(in Foreign	(in U.S
	nal State I	Source		Imposing	Гах	Accrue	d or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S
		Source		Imposing		Accrue	d or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S
	nal State I	Source		Imposing	Гах	Accrue	d or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S
	nal State I	Source		Imposing	Гах	Accrue	d or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S
	nal State I	Source		Imposing	Гах	Accrue	d or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S
tio	nal State I	Source Information:		Imposing	Гах	Accrue	d or Ac (Mo/I	crued Da/Yr)	(in Foreign	(in U.S
tio	nal State I Payer ID	Source	usts:	New Ham	pshire Reason	Accrue	s Nontaxa	crued Da/Yr)	(in Foreign	(in U.S

Foreign Assets



Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

G	eneral	l Info	rmation:											
	TSJ										_			
	Title of													
	Enter a	all cour	ntries where you	have foreign bank ac	counts									
Fo	oreign	Iden	tification:										Υ	es No
	Passpo	ort												
	Foreigr													
	If not p	asspo	rt or TIN, enter d	lescription						_				
	Countr	•												
In	forma	tion	on Foreign F	inancial Accoun	ts:									
			1 - Bank Accou	unt 2 - Securities	Account	3 - Other	\neg							
	_ ▼	.			Maximun	n	_							
	Accou Type		If Other Accou	ınt Type, Describe	Account Value		Account	·Νι	umber			Financial tution Na		
Α														
В														
			5	Street Address						Cit	/			
Α														
В														
				State		ZIP/	Postal Cod	le	Country			G	illN	
٨								-						
A B														
_	If you h	nave n	o financial intere	st in the account										
	the acc	count o	jointly owned, powner informatio	n below.	Type of TIN	Code: A	- Employer	Ide	entification No. (EIN	N) B-	SSN or I			
			Last Name or	Organization Name			First	t Na	ame	Midd Initia	Suffix	K I	xpayer Numbe	
Α														
В														
	" -						1							
	# of Joint			Street Add	ress						City			
^	Owner	rs												
A B														
_	1 No.	financi	al interest OA	- Joint - spouse is joir	at augan C	D loint	ather isint		mar 2 Canaalida	atad				
	1 - 110	IIIIaiici	al interest 2A	- Joint - Spouse is join	it Owner 2	D - JOHN	other joint	OW	ner 3 - Consolida		▼			
			5	State		ZIP/Pos	stal Code		Country	(Owner- ship	Fi	iler's Ti	itle
Α											Code			
В														
		1 - [Deposit 2 - Cu	ıstodial			l							
	_ V		•	 			_				Acct	Acct	T.	No Tax
	Туре	Fore	ign Currency	Exchange Rate			Source of	Exc	change		Open		Joint	Items Reported
Α														-
В														

Foreign Assets



ΔοοΔτ	Inform	ation:
ハンンヒに		auvii.

	Description				ying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	Itams			
Value	Foreign C	Currency	Exchange Rate	e Source of Exchange Rate								
If Asset is Stock of a	Foreign	Entity or	an Interest in a	Foreign	Entity							
					1 - Partnersh	ip 2 - Corporati	on 3 - Tru	st 4 - Es	state			
Nai	me of Fore	eign Entity		Type of Foreign Entity		Mailing Addres	s of Foreign	Entity				
City or Town of Foreign	n Entity		nce, County or of Foreign Entity		untry of ign Entity	Postal Code of Foreign Entity	F	GIIN				
f Asset is NOT Stock	ity or an Interest	t in a For	eign Entity				person					
					1 - Issuer	2 - Counterparty		,				
			Name of Issuer				Issuer Code	Type of Issuer	Residenc of Issuer			
			1 - Individual 2 -	Partnershi	o 3 - Corpoi	ration 4 - Trust	5 - Estate					
M	ailing Add	ress of Iss	uer			City or Tow	n of Issuer					
	Pro	vince, Cou	nty or State of Issue	r		1	ountry Issuer		tal Code Issuer			
Foreign assets were acqu		_	e tax year						Yes			
Foreign Bank Accoun	its and T	rusts:										
At any time during 2020, in a foreign country, s	such as a b	ank accou	-		•	10		[
If Yes, enter name of fore	•											
Were you the grantor of, or transferor to, a foreign trust that exist any beneficial interest in it?								[



Brokerage Statement Details

TSJ	Payer Name	Account No.	Information Included (X or 🖊)
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	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
Α								
в								
С								
D								
E								
F								
G								
Н								
1								
J								
K								
ᅵ								
М								
N								
0								
Р								
Q								
R								
S T								

A

Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



Brokerage Name					TS	J	Acc	ount Nu	mber
okerage Address									
	Intere	st Inco	me and F	oreig	ın Info	rmatio	<u>1</u>		
erest Income:	st all items sold dur	ing the year	on Form 5G.)						
Special Interest Code: 1 - Qualified Educational Se	2 -	Early Withdra Nominee Inte	wal Penalty 4 - A	accrued Inte	erest ue Discount A	6 djustment F		zable Bond Adjustment	
				T		U.S. Bon	do and		·
	Source			Interes	st Income	Obliga		Code	Special Interes
Tax-Exempt Interest Cod	e: 1 - 1099-INT	2 - Privat	e Activity Bond	3 - Both					
▼ Code Tax-Exempt	Invest	ment	Federal		Sta	nto	Tax Ex	emnt	2019 Interest
Code Interest	Exper		Withholdin		Withh		Bond CU		Amount
oign Tayon Doid or	Accrued:								
eign raxes Palu of A									
eign Taxes Paid or A	•	Name	e of Foreign Cou Imposing Tax	ntry	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr	d (in	Amount Foreign rrency)	Tax Amoun
	,	Name	e of Foreign Cou Imposing Tax	ntry		or Accrue	d (in		I ax Amoun
	•	Name	e of Foreign Cou Imposing Tax	ntry		or Accrue	d (in	Foreign	l ax Amoun
	,	Name	e of Foreign Cou Imposing Tax	ntry		or Accrue	d (in	Foreign	I ax Amoun
	,	Name	e of Foreign Cou Imposing Tax	ntry		or Accrue	d (in	Foreign	I ax Amoun
Source		Name	e of Foreign Cou Imposing Tax	ntry		or Accrue	d (in	Foreign	l ax Amoun
Source		Name	e of Foreign Cou Imposing Tax	ntry		or Accrue	d (in	Foreign	l ax Amoun
		Name	e of Foreign Cou Imposing Tax		Accrued	or Accrued (Mo/Da/Yr	d (in Cu	Foreign rrency)	I ax Amoun
Source		Name	Imposing Tax		Accrued	or Accrued (Mo/Da/Yr	d (in Cu	Foreign rrency)	l ax Amoun
Source		Name	Imposing Tax		Accrued	or Accrued (Mo/Da/Yr	d (in Cu	Foreign rrency)	I ax Amoun
Source		Name	Imposing Tax		Accrued	or Accrued (Mo/Da/Yr	d (in Cu	Foreign rrency)	I ax Amoun



Consolidated Brokerage Statement Dividend Income and Foreign Information

List all items sold during the year on Form 5G.

Dividend Income:

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

			Fo	orm 1099-DIV		
	Source	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
Α						
В						
С						
D						
Ε						

			Form 10	099-DIV		
	Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nondividend Distributions	2019 Gross Dividends Amount
Α						
В						
С						
D						
Е						

		Form 1	099-DIV	
	Box 4 Federal Withholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholding
Α				
В				
С				
D				
F				

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
Α						
В						
С						
D						
E						

Additional State Information:

	Payer ID	New Hampshire Reason Dividend is Nontaxable
Α		
В		
С		
D		
Е		



Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

id you have any of the following during the year?					Yes	Ν
Mutual fund transactions						
Exchange of any securities or investments for something other than cash						
Sales of inherited property						
Sales of any stock or stock options at a loss and purchases of the same of	-					
before or 30 days after the sale Commodity sales, short sales or straddles						
Commodity sales, short sales or straddles Reinvestment of the proceeds of the sale of a publicly traded security into						
Reinvestment of the proceeds of the sale of qualified small business stock			s stock			
Securities which became worthless						
Kind of Property and Description		Quai	ntity Acq	ate uired Da/Yr)	Date S (Mo/Da	
			•	,		
	Gross Sales Price (Less Commissions)	Cost or Other Bas			State Ta Withhe	
A						
В						
C						
D						
Other Income:						
Nature and Source			2020 Amount	20	19 Amou	ınt
ther Adjustments to Income:						
Nature and Source			2020 Amount	20	19 Amou	ınt
nvestment Interest Expense:						
Interest paid on money you borrowed that is allocable to property held for	r investment.					
Paid To			2020 Amount	20	19 Amou	ınt
oreign Bank Accounts and Trusts:						
At any time during 2020, did you have an interest in or a signature or other	er authority over a fi	nancial acco	unt		Yes	
in a foreign country, such as a bank account, securities account, or of If Yes, enter name of foreign country	ther financial accou	nt?				L



Name of Business:		
Principal Business or Profession:		
TSJ Employer ID number Street address City, state, ZIP or postal code, and country Method of inventory Method of accounting		
Business Questions for 2020:		Yes No
Did you dispose of this business? If Yes, what was the disposition date? Was there a change in determining quantities, costs or valuations between opening and closing invent Were you involved in the operations of this business on a regular, continuous and substantial basis? Have you prepared or will you prepare all required Forms 1099?	(Mo/Da/Yr) ory?	
Health insurance premiums paid for yourself and your dependents		
Income: Payment card and third party transactions: Include all Forms 1099-K		
Description	2020 Amount	2019 Amount
Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC		
Other Income:		
Other gross receipts or sales Less returns and allowances		-
Cost of Goods Sold:	2020 Amount	2019 Amount
Beginning inventory Purchases less cost of items withdrawn for personal use Cost of labor (do not include amounts paid to yourself) Materials and supplies		-
Other costs of goods sold:	Γ	T
Description	2020 Amount	2019 Amount
Ending inventory		



ame of Business:				
incipal Business or Profession:				
penses:			2020 Amount	2019 Amount
Contract labor Employee benefit programs and health insurance (consurance (other than health) Interest - mortgage (paid to banks, etc.) Interest - other Legal and professional fees Office expense	other than pension and profit-sh	aring plans)		
Repairs and maintenance Supplies (not included in Cost of Goods Sold) Taxes and licenses Travel Meals Entertainment (deductible only on some state return Utilities Wages	ns)			
Descrip	ption		2020 Amount	2019 Amount
		4	1	
operty and Equipment: Include a list	t if more space is neede	u		
Vif	t if more space is neede	u	Date Acquired (Mo/Da/Yr)	Cost





Business Expenses - Vehicle and Other Listed Property

Name of Business:					
Principal Business or Profession:					
Listed Property Questions for 2020:				Yes	No
Do you have evidence to support your deduc	tion?				
If Yes, is the evidence written?					
Do you have evidence to support the busines					
If Yes, is the evidence written?				. L	
If you are an employer who provides vehic	les for use by employee	s:		Vaa	Na
Do you maintain a written policy statemer	nt that prohibits all persor	nal use of vehicles, inclu	ding commuting, by your employees?	Yes	No
Do you maintain a written policy statemer	nt that prohibits personal	use of vehicles, except	commuting, by your employees?		
Do you treat all use of vehicles by employ	ees as personal use?				
Do you provide more than five vehicles to	your employees, obtain i	nformation from your en	nployees about the use of the		
vehicles and retain the information rec	eived?				
Vehicle:	Vehi	cle 1	Vehicle 2		
vernole.					
Description of vehicle			_		
Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another					
vehicle available for your personal use?	Yes No		Yes No		
Was your vehicle available for use during					
off-duty hours?	Yes No		Yes No		
Mileage:	2020 Miles	2019 Miles	2020 Miles 20)19 Miles	
Total miles					
Total business miles					
Total commuting miles for the year					
Actual Expenses:	2020 Amount	2019 Amount	2020 Amount 20°	I9 Amount	
Gasoline, oil, repairs, insurance, etc					
Interest					
Taxes					
Fair market value of leased vehicle Vehicle rentals/leases					
		l	· 		





lame of Business: rincipal Business o	or Profession:		
usiness Expenses			
If not 100%, please en	ter the percentage to apply to this business		
		2020 Amount	2019 Amount
Meals	ible only on some state returns)		
Other Business Expens	ses:		
	Description	2020 Amount	2019 Amount
eimbursements:	List only reimbursements NOT reported in	2020 Amount	2019 Amount
Amount received for et	Box 1 of your Form W-2		2010 Amount
	ther expenseseals		
	ntertainment		
	mployee, does your employer's reimbursement plan for meals		
	allow for offset of other reimbursements?		No
ehicle:			
If not 100%, please en	ter the percentage to apply to this business	· · · · · · · · · · · · <u> </u>	
Description of vehicle			
Date vehicle was place	ed in service	(Mo/Da/Yr)	
D	A) have a small associated associated form and a small associated		I-
		· · · · · · · · · 	No
was your verticle availa	able for personal use during off-duty hours?	Yes I	No .
		2020	2019
Total miles			
Total business miles			
	ing miles		
Total commuting miles	for the year		
Repairs			
Insurance			
Interest			
Value of employer prov			
Temporary vehicle rent			
Fair market value of lea	ased vehicle		
Fair market value of lea	ased vehicle		
Fair market value of lea	ased vehicle	2020 Amount	2019 Amount

Business Use of Home

6D

ame of Business:				
rincipal Business or Profession:				
artial Use of Your Home for Business:			2020	2019
Square footage of home used exclusively for busin	ess			
Total hours home was used for day care during the	e year			
				Yes
Was your home used for day care purposes for the				
Were improvements made to the home and/or hon	ne office since the time y	ou began using the home	e for business?	
xpenses: Enter all expenses at 100 pe	ercent			
	-			
Direct expenses benefit the business part of your he Example: Cost of painting or repairs made to the		used for business		
Indirect expenses are required for keeping up and	•			
Example: Real estate taxes.	running your entire nome			
			T	
	Direct I	Expenses	Indirect	Expenses
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities		_		
Rent				
ther Expenses:				
	Direct I	Expenses	Indirect	Expenses
Description	2020 Amount	2019 Amount	2020 Amount	2019 Amount
		_		
		_		-
		-		+
eller-Financed Mortgage Interest Inform	ation:			
Name of Individual to Whom	Identification	Addrose of Individu	ial to Whom Marters	Interest Was Daid
Mortgage Interest Was Paid	Number of Individual	Address of Individu	al to Whom Mortgage	mieresi was Pala



Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

	Include a	all Forms 1099-A, 1099-B, 1099-S and copies	s of mutual	fund	statements	for the yea	ır		
Did y	ou have any o	f the following during the year?						Yes	No
S S C R S D	ales of inherite ales of any sto before or 30 commodity sale einvestment of ale of any investebts that beca ecurities that b	y securities or investments for something other than cash ad property ock or stock options at a loss and purchases of the same odays after the sale es, short sales or straddles	or substantially	similar	stock or option	s 30 days			
TS	SJ	Kind of Property and Description			Quantity	Date Acquir (Mo/Da	ed	Date So (Mo/Da/	
А В									
С									
D									
F G									
н									
			Gross Sale Price (Les Commission	s .	Cost or Other Basis	Federal Ta Withheld		State Ta Withhel	
		A B							
		С							
		D E							
		F G							
		н							
Inst	allment Sal	les: Do not include interest received in pri	ncipal amo	ount					
TS	ı	Property Description		Date So Mo/Da/		2020 al Received	Princip	2019 pal Recei	ived



Sale or	Exchange	of Y	our l	Home:
---------	----------	------	-------	-------

Former Home Information:	
TSJ (Mo/Da/Yr) Date acquired (Mo/Da/Yr) Date sold (Mo/Da/Yr)	
Selling price	
Original Cost and Cost of Improvements:	
Description	Amount
Sale Expenses: Commissions, legal fees, advertising and other expenses.	
Description	Amount
old you personally own and occupy the home for at least 2 of the 5 years preceding the sale? If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the was acquired or the date the mortgage was most recently renegotiated If you had a foreign mortgage was most recently renegotiated If you had a foreign mortgage retired on the sale and the was acquired or the date the mortgage was most recently renegotiated If you had a foreign mortgage retired on the sale and the was acquired or the date the mortgage was most recently renegotiated	
Were the moving expenses reimbursed by your employer? Enter reimbursements not included in wages on your Form W-2	Yes 1
Was the move due to a permanent change of station pursuant to a military order?	Yes 1
Mileage:	Miles
Number of miles from old home to new workplace (applicable only on some state returns) Number of miles from old home to old workplace (applicable only on some state returns) Number of automobile miles in move	
Transportation Expenses:	Amount
Costs of transportation of household goods and personal effects Costs of travel and lodging (do not include meals or automobile expenses) Automobile expenses (gasoline, oil, etc.) Meals (Pennsylvania only)	



Individual Retirement Account (IRA):	Include all copies of	of Forms 10	99-R and 549	8.			
тв							
IRA Questions for 2020:						Yes	No
Are you covered by an employer's retirement If no, is your spouse covered by an emp	oloyer's retirement plan?						
Do you want to limit your IRA contribution t If no, do you want to contribute the max for an IRA deduction?		your IRA even	though you may i				
Did you use any IRA as security for a loan to Did you have any transactions with any IRA If Yes, explain.	,						
IRA Values, Rollovers, and Distributions:							
Total value of all traditional IRAs on Decemi Note: This information or Form 5498 is r Outstanding rollovers on December 31, 202 Total distributions converted to Roth IRAs Total retirement plans converted to Roth IR	required if you received a dia	stribution durin					
Contributions:							
IRA: Contributions in 2020 for the 2020 tax re Contributions in 2021 for the 2020 tax re Amount for 2020 you choose to be treat Roth IRA: Contributions made for the 2020 tax year	eturnted as nondeductible						
Distributions: Include all	Forms 1099-R and a	ny nontaxa	ble distributi	on details			
Name of Payer	2020 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a	2019 G Distribu	





Pensi	ons and Annuities:	include all Forms 1099-R and any nontaxable distribution details					
						•	
							T

TSJ	Name of Payer	2020 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2019 Gross Distributions
				-	-		

Self-Employed Retirement Plan: Include copies of all Forms 1099-R		
	Taxpayer	Spouse
Have you established a self-employed retirement or SIMPLE plan with deductible contributions? Do you want to contribute the maximum amount allowed?	Yes No	Yes No
Contributions to:	2020 Amount	2020 Amount
Simplified employee pension plan		
Defined benefit plan		
Defined contribution plan		
SIMPLE plan		



Rental and Royalty Income

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9
nount
nount
nount
nount





Location of Property:

penses:	2020 Amount	2019 Amoun
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Dependent care benefits		
Employee benefits		
Other Expenses:		
Description	2020 Amount	2019 Amoun
		_
		-
		_
		_





Rental and Royalty Property and Equipment & Depletion

		if more space is needed	<u>, </u>		
cquisiti	ons:				
X if not new	D	escription		Date Acquired (Mo/Da/Yr)	Cost
Dispositi	ons:				
	Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Draduation Tune	noyalty income		
Production Type	2020 Amount	2019 Amount	





Rental and Royalty Vehicle and Other Listed Property

Location of Property:					
Listed Property Questions for 2020:				Yes	Ne
Do you have evidence to support the busines	ss use percentage claimed	d on listed property?			
If you are an employer who provides vehic	les for use by employees	s:		Yes	Ne
Do you maintain a written policy statemer	nt that prohibits all person	al use of vehicles, includ	ling commuting, by your employees		
Do you maintain a written policy statemer	nt that prohibits personal u	use of vehicles, except o	commuting, by your employees?	🔲	
Do you treat all use of vehicles by employ	rees as personal use? .				
Do you provide more than five vehicles to vehicles and retain the information rec			poloyees about the use of the		
Do you meet the requirements for qualifie use by individuals other than full-time possessions in the vehicle and limits the	vehicle salespersons, use	for personal vacation tri	ps, storage of personal		
Vehicle:	Vehic	cle 1	Vehicle 2		
Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? Was your vehicle available for use during off-duty hours?	Yes No		Yes No		
Mileage:	2020 Miles	2019 Miles	2020 Miles 2	019 Miles	
Total miles Total business miles Total commuting miles for the year					
Actual Expenses:	2020 Amount	2019 Amount	2020 Amount 20	19 Amount	
Gasoline, oil, repairs, insurance, etc Interest Taxes Fair market value of leased vehicle Vehicle rentals/leases					





Rental and Royalty Business Expenses

siness Expenses:	Enter all expenses at 100 percent			
f not 100%, enter the p	ercentage to apply to this business			
			2020 Amount	2019 Amount
Parking fees and tolls				
Travel expenses				
Entertainment (deductik Other Business Expens	ole only on some state returns)es:	L		
	Description		2020 Amount	2019 Amount
imbursements:	List only reimbursements NOT reported in Box 1 of your Form W-2		2020 Amount	2019 Amount
Amount received for oth	ner expenses			
	eals			
Amount received for en	tertainment			
hicle:				
	ercentage to apply to this business		%	
Description of vehicle		<u> </u>	<u>%</u>	
Description of vehicle		<u> </u>	<u>%</u>	
Description of vehicle Date vehicle was placed	d in service	(Mo/Da/Yr)		
Description of vehicle Date vehicle was placed Do you (or your spouse)	d in service have another vehicle available for personal purposes?	(Mo/Da/Yr)	Yes No	
Description of vehicle Date vehicle was placed Do you (or your spouse)	d in service	(Mo/Da/Yr)		
Description of vehicle Date vehicle was placed Do you (or your spouse)	d in service have another vehicle available for personal purposes?	(Mo/Da/Yr)	Yes No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa	d in service have another vehicle available for personal purposes?	(Mo/Da/Yr)	Yes No No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa	d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours?	(Mo/Da/Yr)	Yes No No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa Total miles	d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours?	(Mo/Da/Yr)	Yes No No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa Total miles Total business miles Average daily commutir	d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours?	(Mo/Da/Yr)	Yes No No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa Total miles Total business miles Average daily commuting Total commuting miles	d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours?	(Mo/Da/Yr)	Yes No No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa Total miles Total business miles Average daily commutin Total commuting miles	d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours? ng miles for the year	(Mo/Da/Yr)	Yes No No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa Total miles Total business miles Average daily commuting Total commuting miles Gasoline and oil	d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours? ng miles for the year	(Mo/Da/Yr)	Yes No No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa Total miles Total business miles Average daily commutin Total commuting miles Gasoline and oil Repairs	d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours? ng miles for the year	(Mo/Da/Yr)	Yes No No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa Total miles Total business miles Average daily commutin Total commuting miles Gasoline and oil Repairs Insurance	d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours? ng miles for the year	(Mo/Da/Yr)	Yes No No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa Total miles Total business miles Average daily commutin Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes	d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours? ng miles for the year	(Mo/Da/Yr)	Yes No No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa Total miles Total business miles Average daily commutin Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer provi	d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours? ng miles for the year	(Mo/Da/Yr)	Yes No No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa Total miles Total business miles Average daily commutin Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer provit	d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours? ng miles for the year ided vehicle als	(Mo/Da/Yr)	Yes No No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa Total miles Total business miles Average daily commutin Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer provit Temporary vehicle rental Fair market value of lea	d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours? ng miles for the year ided vehicle als sed vehicle	(Mo/Da/Yr)	Yes No No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa Total miles Total business miles Average daily commutin Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer provit Femporary vehicle renta Fair market value of lear	d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours? ng miles for the year ided vehicle als sed vehicle	(Mo/Da/Yr)	Yes No No	2019
Description of vehicle Date vehicle was placed Do you (or your spouse) Was your vehicle availa Total miles Total business miles Average daily commutin Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer provit Temporary vehicle rental Fair market value of lea	d in service have another vehicle available for personal purposes? ble for personal use during off-duty hours? ng miles for the year ided vehicle als sed vehicle	(Mo/Da/Yr)	Yes No No	2019 2019 Amount



Location of I	Property:				
Partial Use o	of Your Home for Business:				2020
Square foota	ge of home used exclusively for busine	ss			
Total square	footage of home				
Were improve	ements made to the home and/or home	e office since the time yo	u began using the home	e for business?	Yes No
Expenses:	Enter all expenses at 100 pe				
Direct expens	ses benefit the business part of your ho	ome.			
Example:	Cost of painting or repairs made to the	specific area or room us	ed for business.		
	nses are required for keeping up and ru Real estate taxes.	unning your entire home.			
		Direct E	xpenses	Indirect I	Expenses
		2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty loss	ses				
	ortgage interest paid to:				
	institutions		_		
Individual	s		-		
Real estate ta	axes		-		
Insurance			-		
	rtgage insurance premiums		-		
	maintenance		_		
			_		_
Rent					
Other Expen	ses:				
	Description	Direct E	xpenses	Indirect I	Expenses
	Description	2020 Amount	2019 Amount	2020 Amount	2019 Amount
			_		
			_		
			-		
			_		
			-		
			-		
			-		
Sallar Einan	and Markers Interest Inform	ation.			
Na	ced Mortgage Interest Information ame of Individual to Whom lortnage Interest Was Paid	Identification	Address of Individu	ıal to Whom Mortgage	Interest Was Paid



Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Incom	ne: Include all Schedules K-1		
TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity
Corporation Inc	ome: Include all Schedules K-1		
TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity
state and Trust I	ncome: Include all Schedules K-1		
TSJ	Entity Name		Employer ID Number
leal Estate Mortg	age Investment Conduit (REMIC) Income: Include all	Schedules Q	
TSJ	Entity Name		Employer ID Number



11A



siness Expenses	Enter all expenses at 100 percent		
	· · · · · · · · · · · · · · · · · · ·		
if not 100%, enter the	e percentage to apply to this business		
		2020 Amount	2019 Amount
Parking fees and tolls	·		
Local transportation			
Travel expenses			
			-
	tible only on some state returns)		
Other Business Exper	nses:		
	Description	2020 Amount	2019 Amount
imbursements:	List only reimbursements NOT reported in Box 1 of your Form W-2	2020 Amount	2019 Amount
	other expenses		
	meals		_
Amount received for e	entertainment		
hicle:			
If not 100%, enter the	percentage to apply to this business	%	
If not 100%, enter the Description of vehicle	percentage to apply to this business		
Description of vehicle	percentage to apply to this business ed in service (Mo/Da/\)		
Description of vehicle Date vehicle was place	ed in service (Mo/Da/\)	Yr)	
Description of vehicle Date vehicle was place Do you (or your spous	ed in service (Mo/Da/\frac{1}{2}) (mo/Da/\frac{1}{2}) (mo/Da/\frac{1}{2}) (mo/Da/\frac{1}{2})	Yr) Yes No	
Description of vehicle Date vehicle was place Do you (or your spous	ed in service (Mo/Da/\)	Yr) Yes No No No	Ι
Description of vehicle Date vehicle was place Do you (or your spous	ed in service (Mo/Da/\frac{1}{2}) (mo/Da/\frac{1}{2}) (mo/Da/\frac{1}{2}) (mo/Da/\frac{1}{2})	Yr) Yes No	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail	ed in service (Mo/Da/\frac{1}{2}) (mo/Da/\frac{1}{2}) (mo/Da/\frac{1}{2}) (mo/Da/\frac{1}{2})	Yr) Yes No No Yes No No 2020	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail Total miles Total business miles	ed in service (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2})	Yr) Yes No No No No No	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail Total miles Total business miles Average daily commut	ed in service (Mo/Da/\frac{1}{1}) have another vehicle available for personal purposes? able for personal use during off-duty hours?	Yr) Yes No No No	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail Total miles Total business miles Average daily commut Total commuting miles	ed in service (Mo/Da/\frac{1}{1}) have another vehicle available for personal purposes? able for personal use during off-duty hours?	Yr) Yes No No	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail Total miles Total business miles Average daily commut Total commuting miles Gasoline and oil	ed in service (Mo/Da/\text{No/Da/\text{Payer}}) have another vehicle available for personal purposes? able for personal use during off-duty hours?	Yr) Yes No	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail Total miles Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs	ed in service (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{	Yr) Yes No	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail Total miles Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance	ed in service (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{	Yr) Yes No	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail Total miles Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest	ed in service (Mo/Da/\frac{1}{2}) have another vehicle available for personal purposes? able for personal use during off-duty hours?	Yr) Yes No	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail Total miles Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes	ed in service (Mo/Da/\frac{1}{2}) have another vehicle available for personal purposes? able for personal use during off-duty hours? ting miles s for the year	Yr)	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail Total miles Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer prov	ed in service (Mo/Da/\text{No/Da/\text{Payer}}) have another vehicle available for personal purposes? able for personal use during off-duty hours? ting miles s for the year vided vehicle	Yr) Yes No No No	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail Total miles Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer prov	ed in service (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (A) (B) (Mo/Da/\frac{1}{2}) (B) (B) (B) (B) (B) (C) (B) (C) (C	Yr) Yes No No No	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail Total miles Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer prov	ed in service (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (Mo/Da/\frac{1}{2}) (A) (Mo/Da/\frac{1}{2}) (A) (B) (Mo/Da/\frac{1}{2}) (B) (B) (B) (Mo/Da/\frac{1}{2}) (B) (B) (B) (B) (C) (B) (C) (C	Yr) Yes No No No	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail Total miles Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer prov Temporary vehicle ren Fair market value of le	ed in service (Mo/Da/\frac{1}{2}) have another vehicle available for personal purposes? lable for personal use during off-duty hours? ting miles s for the year vided vehicle tals ased vehicle	Yr) Yes No No No	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail Total miles Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer prov Temporary vehicle ren Fair market value of le	ed in service (Mo/Da/\frac{1}{2}) have another vehicle available for personal purposes? lable for personal use during off-duty hours? ting miles s for the year vided vehicle tals ased vehicle	Yr) Yes No No No	2019
Description of vehicle Date vehicle was place Do you (or your spous Was your vehicle avail Total miles Total business miles Average daily commut Total commuting miles Gasoline and oil Repairs Insurance Interest Taxes Value of employer prov Temporary vehicle ren Fair market value of le	ed in service (Mo/Da/\frac{1}{2}) have another vehicle available for personal purposes? Itable for personal use during off-duty hours? Italis Itali	Yr)	



11B



Activity Name:				
Partial Use of Your Home for Business:				2020
Square footage of home used exclusively for busine Total square footage of home				
Were improvements made to the home and/or home		ou began using the home	e for business?	Yes N
Expenses: Enter all expenses at 100 pe				
Direct expenses benefit the business part of your hor Example: Cost of painting or repairs made to the		sed for business.		
Indirect expenses are required for keeping up and re Example: Real estate taxes.	unning your entire home			
	Direct I	Expenses	Indirect I	Expenses
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals		_		
Real estate taxes Insurance				
Qualified mortgage insurance premiums Repairs and maintenance				
Utilities				
Other Expenses:				
	Direct	Expenses	Indirect I	Expenses
Description	2020 Amount	2019 Amount	2020 Amount	2019 Amount
		_		
		_		
Seller-Financed Mortgage Interest Inform	ation:			
Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individu	al to Whom Mortgage	Interest Was Paid



Farm Income (Page 1 of 2)

Proprietor's Name:				
Principal Crop or Activity:				
TSJ				
Employer identification number				
Farm Questions for 2020:				
i ai iii Questions foi 2020.				Yes No
Did you dispose of this farm? If Yes, what was the disposition date? Have you prepared or will you prepare all required.		(Mo/Da/	Yr)	
)				
			2020 Amount	2019 Amount
Health insurance premiums paid for yourself and	vour dependents			
Sales of Livestock and Other Items Bou	ight for Resale (Cash	Method Only):		
	20	020	20)19
Description	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis
T. Control of the con				
			-	
Income (Accrual Method):			-	
Income (Accrual Method): Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory
. ,	Beginning Inventory		Sales	Ending Inventory
. ,	Beginning Inventory		Sales	Ending Inventory
. ,	Beginning Inventory		Sales	Ending Inventory
. ,	Beginning Inventory		Sales	Ending Inventory
Description	Beginning Inventory		Sales	Ending Inventory
. ,	Beginning Inventory		Sales 2020 Amount	Ending Inventory 2019 Amount
Description		Purchased		
Description Income:	ed	Purchased		
Description Income: Sales of livestock, produce, grains, etc. you raiser Total cooperative distributions (Forms 1099-PATF	od	Purchased		
Description Income: Sales of livestock, produce, grains, etc. you raised Total cooperative distributions (Forms 1099-PATF Taxable cooperative distributions	ed	Purchased		
Income: Sales of livestock, produce, grains, etc. you raised Total cooperative distributions (Forms 1099-PATE Taxable cooperative distributions Total agricultural program payments	ed	Purchased		
Description Income: Sales of livestock, produce, grains, etc. you raised total cooperative distributions (Forms 1099-PATE Taxable cooperative distributions Total agricultural program payments Taxable agriculture program payments	ed	Purchased		
Description Income: Sales of livestock, produce, grains, etc. you raised Total cooperative distributions (Forms 1099-PATE Taxable cooperative distributions Total agricultural program payments Taxable agriculture program payments Total Commodity Credit Corporation (CCC) loans	ed	Purchased		
Description Income: Sales of livestock, produce, grains, etc. you raised Total cooperative distributions (Forms 1099-PATF Taxable cooperative distributions Total agricultural program payments Taxable agriculture program payments Total Commodity Credit Corporation (CCC) loans Total crop insurance proceeds and certain disaster	ed	Purchased		
Description Income: Sales of livestock, produce, grains, etc. you raised Total cooperative distributions (Forms 1099-PATF Taxable cooperative distributions Total agricultural program payments Taxable agriculture program payments Total Commodity Credit Corporation (CCC) loans Total crop insurance proceeds and certain disasted Taxable crop insurance proceeds received	ed	Purchased		
Description Income: Sales of livestock, produce, grains, etc. you raised Total cooperative distributions (Forms 1099-PATE Taxable cooperative distributions Total agricultural program payments Taxable agriculture program payments Total Commodity Credit Corporation (CCC) loans Total crop insurance proceeds and certain disasted Taxable crop insurance proceeds received Crop insurance proceeds deferred from prior year	ed R) ser payments received in 20;	Purchased		
Description Income: Sales of livestock, produce, grains, etc. you raised Total cooperative distributions (Forms 1099-PATE Taxable cooperative distributions Total agricultural program payments Taxable agriculture program payments Total Commodity Credit Corporation (CCC) loans Total crop insurance proceeds and certain disasted Taxable crop insurance proceeds received Crop insurance proceeds deferred from prior year	ed	Purchased		





Farm Income (Page 2 of 2)

roprietor's Name:			
rincipal Crop or Activity:			
ncome:			
Payment card and third party transactions:	Include all Forms 1099-K		
С	Description	2020 Amount	2019 Amount
Government payments: Include all Form	ns 1099-G		
	Description	2020 Amount	2019 Amount
Miscellaneous income: Include all Forms	3 1099-MISC and 1099-NEC		
С	Description	2020 Amount	2019 Amount
			_
Other income:			
С	Description	2020 Amount	2019 Amount
			-
I .			1



Farm Expenses and Property & Equipment

penses:					
				2020 Amount	2019 Amoun
usiness m	neals				
	ent (deductible only on some state returns) .				
ar and tru	ick expenses				
nemicals					
onservati	on expenses				
ustom hir	re (machine work)				
mployee l	penefit programs and health insurance (other t	han pension and profit s	haring plans)		
eed purch	nased				
ertilizers a	and lime				
	I trucking				
asoline, f	uel and oil				
surance (other than health)				
nterest - m	ortgage (paid to banks, etc.)				
	ther				
abor hirec					
Pension an	d profit-sharing plans				
	se - vehicles, machinery and equipment				
	se - other (land, animals, etc.)				
	d maintenance				
Seeds and	plants purchased				
	d warehousing				
	urchased				
Гaxes					
14:1:4:					
Jtilities .					
Jtilities . /eterinary,	breeding and medicine				
Jtilities /eterinary, Capitalized	breeding and medicine preproductive period expenses				
Jtilities 'eterinary, Capitalized Dependent	breeding and medicine preproductive period expenses care benefits				
Jtilities /eterinary, Capitalized Dependent	breeding and medicine preproductive period expenses care benefits			2020 Amount	2019 Amoun
Itilities eterinary, apitalized ependent	breeding and medicine preproductive period expenses care benefits enses:			2020 Amount	2019 Amoun
Jtilities /eterinary, Capitalized Dependent	breeding and medicine preproductive period expenses care benefits enses:			2020 Amount	2019 Amoun
Jtilities /eterinary, Capitalized Dependent	breeding and medicine preproductive period expenses care benefits enses:			2020 Amount	2019 Amoun
Jtilities /eterinary, Capitalized Dependent	breeding and medicine preproductive period expenses care benefits enses:			2020 Amount	2019 Amoun
Jtilities /eterinary, Capitalized Dependent ner Expe	breeding and medicine preproductive period expenses care benefits enses: Description			2020 Amount	2019 Amoun
tilities eterinary, eapitalized ependent er Expe	breeding and medicine preproductive period expenses care benefits enses: Description nd Equipment: Include a list if n	nore space is need		Date Acquired	2019 Amour
tilities eterinary, apitalized ependent er Expe	breeding and medicine preproductive period expenses care benefits enses: Description nd Equipment: Include a list if n				
tilities eterinary, apitalized ependent er Expe	breeding and medicine preproductive period expenses care benefits enses: Description nd Equipment: Include a list if n	nore space is need		Date Acquired	
Itilities Zeterinary, Capitalized Dependent Her Expe	breeding and medicine preproductive period expenses care benefits enses: Description nd Equipment: Include a list if n	nore space is need		Date Acquired	





Farm Vehicle and Other Listed Property

Proprietor's Name:					
Principal Crop or Activity:					
Listed Property Questions for 2020:				Yes	No
Do you have evidence to support the busines		d on listed property?			
If you are an employer who provides vehic	les for use by employees	S :		Yes	No
Do you maintain a written policy statemen	nt that prohibits all person	al use of vehicles, inclu	ıding commuting, by your employ		110
Do you maintain a written policy statemer	nt that prohibits personal ι	use of vehicles, except	commuting, by your employees?		
Do you treat all use of vehicles by employ	/ees as personal use?				
Do you provide more than five vehicles to vehicles and retain the information rec	: 10	-	mployees about the use of the		
Do you meet the requirements for qualifie use by individuals other than full-time in the vehicle and limits the total milea	vehicle salespersons, use	for personal vacation to	rips, storage of personal possess		
Vehicle:	Vehic	cle 1	Vehicle	2	
Description of vehicle Date placed in service (Mo/Da/Yr) Do you (or your spouse) have another vehicle available for your personal use? Was your vehicle available for use during off-duty hours?	Yes No		Yes No		
Mileage:	2020 Miles	2019 Miles	2020 Miles	2019 Miles	
Total miles Total business miles Total commuting miles for the year					
Actual Expenses:	2020 Amount	2019 Amount	2020 Amount	2019 Amount	
Gasoline, oil, repairs, insurance, etc Interest Taxes Fair market value of leased vehicle Vehicle rentals/leases					

Farm Business Expenses



Proprietor's Name:			
Principal Crop or Act	ivity:		
Business Expenses:	Enter all expenses at 100 percent		
If not 100%, enter the pe	ercentage to apply to this business		
		2020 Amount	2019 Amount
Parking fees and tolls .			
Local transportation .			
	le only on some state returns)		
Other Business Expense	S: Description	2020 Amount	2019 Amount
	Description	2020 Amount	2019 Amount
Reimbursements:			
	List only reimbursements NOT reported in Box 1 of your Form W-2	2020 Amount	2019 Amount
Amount received for oth	er expenses		
	als		
	ertainment		
/ehicle:			
	ercentage to apply to this business		
Description of vehicle	(May/D		
Date venicie was piaced	in service (Mo/Da	<u> </u>	
Do vou (or vour spouse)	have another vehicle available for personal purposes?	Yes No	
	ole for personal use during off-duty hours?	· · · 	
•		2020	2019
Total miles			
T 1 11 1 2			
Total business miles Average daily commuting	a milas	• •	
	or the year	• •	
Б .			
la a			
T			
Value of employer provide	ded vehicle		
Temporary vehicle rental	ls		
Fair market value of leas	ed vehicle		
Vehicle leases			
Other Vehicle Expenses:	Description	2020 Amount	2019 Amount



Farm Business Use of Home

Proprietor's Name:				
Principal Crop or Activity:				
Partial Use of Your Home for Business:				2020
Square footage of home used exclusively for business Total square footage of home				
Were improvements made to the home and/or home of	office since the time you	u began using the home	e for business?	Yes
expenses: Enter all expenses at 100 perce	ent			
Direct expenses benefit the business part of your hom Example: Cost of painting or repairs made to the sp		ed for business.		
Indirect expenses are required for keeping up and runi Example: Real estate taxes.	ning your entire home.			
	Direct E	xpenses	Indirect	Expenses
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals				-
Real estate taxes Insurance				
Qualified mortgage insurance premiums				-
Repairs and maintenance				-
Utilities				_
Rent			1	
Other Expenses:			T	
Description	Direct E	xpenses	Indirect	Expenses

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid

2020 Amount

2019 Amount

2020 Amount

2019 Amount



Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, and 1099-G

) Amount	2019 Amount	2020 Amount	2019 Amount

State and Local Income Tax Refunds:

TC I	State	City	Tax	Income Ta	ax Refund
133	State	City	Year	State	Local

Other Income:

TSJ	Nature and Source	2020 Amount	2019 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security Number	Date of Original Divorce or Separation (Mo/Da/Yr)	Date Divorce or Separation Agreement Modified (Mo/Da/Yr)	2020 Amount	2019 Amount



Educato	or Expenses: De	duction for amou	nts paid by educators of kindergarten	through Grade 12	
TS	2020 Amount	2019 Amount			
Health S	Savings Accounts	s (HSAs)			
TS		De	scription	2020 Amount	2019 Amount
	Contributions made fo	r 2020			
	Distributions received	from all HSAs in 2020			
Were any I	HSA contributions liste	o your high deductible led above also shown o HSA for unreimbursed i	n your Form W-2?		
If Yes,	your spouse enroll in what month did you en nonth did your spouse	nroll?			
Other A	djustments to Inc	come: Include al	I Forms 1098-E for Student Loan Inter	est Paid	
TSJ		Nature	and Source	2020 Amount	2019 Amount
					_
					_
					-
					1



Ministerial Income

Do you have any expenses associated with a business as a minister? If Yes, enter the name of the business: Do you have any expenses associated with your wages received as a minister? If Yes, enter the occupation: Parsonage: Parsonage: 2020 Amount 2019 Amount Utility allowance of parsonage Actual expenses for utilities of parsonage Rental or Parsonage Allowance: 2020 Amount 2019 Amount	TS		Yes No
Do you have any expenses associated with your wages received as a minister? If Yes, enter the occupation: Parsonage: Parsonage 2020 Amount 2019 Amount Utility allowance of parsonage Actual expenses for utilities of parsonage Rental or Parsonage Allowance: 2020 Amount 2019 Amount	Do you have any expenses associated with a business as a minister?		
If Yes, enter the occupation: Parsonage: Fair rental value of parsonage provided by church Utility allowance of parsonage Actual expenses for utilities of parsonage Rental or Parsonage Allowance: 2020 Amount 2019 Amount 2019 Amount	If Yes, enter the name of the business:		
Parsonage: Fair rental value of parsonage provided by church Utility allowance of parsonage Actual expenses for utilities of parsonage Rental or Parsonage Allowance: 2020 Amount 2019 Amount 2019 Amount 2019 Amount	Do you have any expenses associated with your wages received as a minister?		
Fair rental value of parsonage provided by church Utility allowance of parsonage Actual expenses for utilities of parsonage Rental or Parsonage Allowance: 2020 Amount 2019 Amount	If Yes, enter the occupation:		
Utility allowance of parsonage Actual expenses for utilities of parsonage Rental or Parsonage Allowance: 2020 Amount 2019 Amount	Parsonage:	2020 Amount	2019 Amount
Actual expenses for utilities of parsonage Rental or Parsonage Allowance: 2020 Amount 2019 Amount	Fair rental value of parsonage provided by church		
Rental or Parsonage Allowance: 2020 Amount 2019 Amount			
2020 / 111104111	Actual expenses for utilities of parsonage		
	Rental or Parsonage Allowance:	2020 Amount	2019 Amount
Parsonage or rental allowance	Parsonage or rental allowance		
Utility allowance			
Actual expenses for parsonage			
Actual expenses for utilities Fair rental value of home, plus the cost of utilities			



dical a	and Dental Expenses:	TSJ	2020 Amount	2019 Amount
Prescrip	tion medicines and drugs			
Total me	edical insurance premiums paid *			
_ong-ter	m care expenses			
Fotal ins	surance reimbursement			
Number	of miles traveled for medical care			
odging				
Doctors,	, dentists, etc.			
Hospitals	s			
_ab fees	s			
≣yeglass	ses and contacts			
			2020 Amount	2019 Amount
		_	2020 / 111104111	2010711104111
	er long-term care insurance premiums paid	_		_
Spouse I	long-term care insurance premiums paid	L		
	edical Expenses:			
SJ	Description		2020 Amount	2019 Amount
rsJ	Description		2020 Amount	2019 Amount
ГSJ	Description		2020 Amount	2019 Amount
rsJ	Description		2020 Amount	2019 Amount
rsJ	Description		2020 Amount	2019 Amount
rsJ xes Pa		TSJ	2020 Amount 2020 Amount	2019 Amount
xes Pa	aid: Include copies of your tax bills	TSJ		
xes Pa	aid: Include copies of your tax bills Il property taxes paid (include vehicle taxes)	TSJ		
«es Pa	aid: Include copies of your tax bills	TSJ		
es Pa	aid: Include copies of your tax bills Il property taxes paid (include vehicle taxes)	TSJ		
ves Pa	aid: Include copies of your tax bills Il property taxes paid (include vehicle taxes) sales taxes paid on specified items	TSJ		
Personal General	Aid: Include copies of your tax bills Il property taxes paid (include vehicle taxes) sales taxes paid on specified items real estate taxes by state.	TSJ	2020 Amount	2019 Amount
Personal General	Aid: Include copies of your tax bills Il property taxes paid (include vehicle taxes) sales taxes paid on specified items real estate taxes by state.	TSJ	2020 Amount	2019 Amount
Personal General stemize n	Aid: Include copies of your tax bills Il property taxes paid (include vehicle taxes) sales taxes paid on specified items real estate taxes by state. Real Estate Taxes	TSJ	2020 Amount	2019 Amount
Personal General stemize n	Aid: Include copies of your tax bills Il property taxes paid (include vehicle taxes) sales taxes paid on specified items real estate taxes by state.	TSJ	2020 Amount	2019 Amount
Personal Seneral Sener	Aid: Include copies of your tax bills Il property taxes paid (include vehicle taxes) sales taxes paid on specified items real estate taxes by state. Real Estate Taxes	TSJ	2020 Amount	2019 Amount
Personal General stemize n	aid: Include copies of your tax bills Il property taxes paid (include vehicle taxes) sales taxes paid on specified items real estate taxes by state. Real Estate Taxes xes Paid:	TSJ	2020 Amount 2020 Amount	2019 Amount
Personal General Stemize r	aid: Include copies of your tax bills Il property taxes paid (include vehicle taxes) sales taxes paid on specified items real estate taxes by state. Real Estate Taxes xes Paid:	TSJ	2020 Amount 2020 Amount	2019 Amount 2019 Amount



	ge Questions for 2020:					Yes
Did you If Ye Did you If Ye If Ye du If Yee	u refinance your home? (If Ye es, how many years is your nu purchase a new home or sees, enclose the closing stateres, also, did you (or your spoluring the 3 year period priores, did you (and your spouse	did you include any mortgage interest from s, enclose the closing statement.) wew mortgage loan? Ill your former home during the year? ments from the purchase and sale of your rouse, if married) have an ownership interest to the purchase of this home? if married at the time of purchase) own an ive year period during the 8 year period ences.	new and former in a principal re	homes. sidence in	the US	
		To Financial Institutions:				
TO I		Daid To		Receive 1098?	0000 A	0040 Amazumt
TSJ		Paid To	Yes	No	2020 Amount	2019 Amount
TSJ	Name	Paid To Address	ID Nu	mber	2020 Amount	2019 Amount
eductik	ble Points:			Receive		
eductik	ble Points:	Paid To		Receive 1098? No	2020 Amount	2019 Amount
	ble Points:	Paid To	Form	1098?	2020 Amount	2019 Amount
TSJ			Form	1098?	2020 Amount	2019 Amount
TSJ	ge Insurance Premium	ns:	Form	1098?	2020 Amount	2019 Amount
TSJ ortgag		ns:	Form	1098?	2020 Amount 2020 Amount	2019 Amount
TSJ ortgag	ge Insurance Premium	ns:	Form	1098? No		_
ortgag Premiur	ge Insurance Premium ms paid or accrued for qualif	ns:	Form	1098? No		-
TSJ ortgag Premiur	ge Insurance Premium ms paid or accrued for qualif ent Interest Expense:	ns:	Yes	1098? No		-
TSJ ortgag Premiur	ge Insurance Premium ms paid or accrued for qualif ent Interest Expense:	IS: ied mortgage insurance.	Yes	1098? No		-
ortgag Premiur vestme	ge Insurance Premium ms paid or accrued for qualif ent Interest Expense:	IS: ied mortgage insurance. ed that is allocable to property held for inve	Yes	1098? No	2020 Amount	2019 Amount



ancelo ommu ontrib	ed check, a ba unication from oution. Clothes	nk copy of a cancele the charity. The writt and household item	ed check, or a bank st ten communication m s donated must be in	unt, unless you keep as a record atement containing the name of ust include the name of the char good, used condition or better it. Attach a copy of the appraisal.	the charity, the rity, date of the n order to be de	date, and the a contribution, ar eductible unless	amount) or a writter nd amount of the s the item donated
TSJ		Organizatio	on or Description of	Contribution	2020	Amount	2019 Amount
TSJ		Со	nservation Real Prop	perty	2020	Amount	2019 Amount
	100% limit						
	50% limit						
TSJ			Description		202	0 Miles	2019 Miles
		es traveled performin	_	qualified charitable organizations	S		
		tions Totaling \$	_	nclude all documentation.		Amount	2019 Amount
TSJ	h Contribut	tions Totaling \$	500 or Less: In	nclude all documentation.	2020		2019 Amount
TSJ	h Contribut	tions Totaling \$	500 or Less: In	roperty	2020		2019 Amount Cost or Basis
TSJ	h Contribut	tions Totaling \$	500 or Less: In ription of Donated Professional Profession of Inc.	roperty	2020 ther documenta	tion.	
TSJ	h Contribut	tions Totaling \$	500 or Less: In ription of Donated Professional Profession of Inc.	roperty	2020 ther documenta	tion.	
ncas TSJ ncas	h Contribut	tions Totaling \$	500 or Less: In ription of Donated Professional Profession of Inc.	roperty	2020 ther documental Date Acquired	tion.	
ncas TSJ ncas	h Contribut	tions Totaling \$3 Descriptions Totaling M Pr	500 or Less: In ription of Donated Professional Profession of Inc.	roperty Include all Forms 1098-C or of	2020 ther documental Date Acquired	tion.	Cost or Basis
ncas TSJ ncas	h Contribut	Descriptions Totaling \$4 tions Totaling M Pr Method Used to Determine FMV	500 or Less: In ription of Donated Professional Profession of Inc.	Include all documentation. Include all Forms 1098-C or of the Method Description of the Sale 5 - Thrift Shop Value	2020 ther documentat Date Acquired ription	Date of Donation	Cost or Basis Method Acquisiti
ncas TSJ ncas	h Contribut h Contribut fair Market (alue (FMV)	Descriptions Totaling \$4 tions Totaling M Pr Method Used to Determine FMV	ription of Donated Property Description ppraisal 3 - Comparabatalog 4 - Other (Des	Include all documentation. Include all Forms 1098-C or of the Method Describe) Other Method Describe)	2020 ther documentat Date Acquired ription	Date of Donation - Gift 3 - Inheritance 4	Cost or Basis Method Acquisit



Itemized Deductions - Miscellaneous

* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscell	aneous Itemized Deductions:			TSJ	2020 Amount	2019 Amount
Union	and professional dues *					
Tax pr	reparation fee *					
Profes	ssional subscriptions *					
	y expense (To extent of income) *					-
Unifor	deposit box *					
	tools *					
	ling losses					
Estate	etaxes					
Other I	temized Deductions:					
Exam	ples:					
ZX	Certain legal and accounting fees *	Employment	agency fees *	Impairme	nt-related work expen	se of a disabled person
	• Investment expenses *				nt of amounts under a	
	Custodial fees *	 Amortizable l 	bond premium			
TSJ	De	escription			2020 Amount	2019 Amount
Casual	ty or Theft Loss:					
TSJ						
Prope	rty description		· · · · · · · · · · · · · · · · · · ·			
Which	of the following describes the type of prop	erty that sustaine	ed the casualty or theft lo	oss?		
	Personal use Business us	e Inco	ome producing	Employe		al use attributable to
L	1 ersonal use Dusiness us		orne producing	Litiploye	IIISOIVE	nt or bankrupt financial ion losses on deposits
Was tl	he loss due to a federally declared disaster?		Yes No			ion iococo on dopocito
		(2. (5. 2.)				
	acquired	(1.4 (10 0.4)				
Date	damaged or lost	(IVIO/Da/11)				
Origin	al cost or other basis					
				\neg		
Fair m	narket value before casualty					
Fair m	narket value after casualty					
	,			→		
Cost	of replacement					
lnoure	unco roimburcoment			\neg		
ınsura	nce reimbursement					



Itemized Deductions - Business Use of Home

These expenses are not deductible on the Federal return but may be deductible on some state returns.

artial Use of Your Home for Busin				
aa. 000 o. Toal Hollio for Dusili	ess:		2020	2019
Square footage of home used exclusively for Total square footage of home Total hours home was used for day care du				
Was your home used for day care purposes. Were improvements made to the home and				
penses: Enter all expenses at	100 percent			
Direct expenses benefit the business part of Example: Cost of painting or repairs ma	•	ed for husiness		
Indirect expenses are required for keeping Example: Real estate taxes.				
	Direct E	xpenses	Indirect E	xpenses
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty losses Deductible mortgage interest paid to: Financial institutions Individuals Real estate taxes Insurance Qualified mortgage insurance premiums Repairs and maintenance Utilities Rent				
ther Expenses:				
ther Expenses: Description	Direct E	xpenses	Indirect E	xpenses

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





Employee Business Expenses (Page 1 of 2)

usiness Expens	es: Enter all expen	ises at 100 percent	Include all docu	ımentation	
Occupation code .					
					7
	1 - Performing artist		ocal government official	•	
	2 - Handicapped employee	e 4 - National Guard or F	Reserve	(Big Rapids, MI only)	
If not 100%, enter the	ne percentage to apply to S	Schedule A			
				2020 Amount	2019 Amoun
Parking fees and to	ls				
Local transportation					
Travel expenses .					
Travel expenses . Meals					
Travel expenses . Meals					
Travel expenses . Meals Entertainment (dedi	ictible only on some state enses:			2020 Amount	2019 Amoun
Travel expenses . Meals Entertainment (dedi	ictible only on some state enses:	returns)		2020 Amount	2019 Amoun
Travel expenses . Meals Entertainment (dedi	ictible only on some state enses:	returns)		2020 Amount	2019 Amoun
Travel expenses . Meals Entertainment (dedi	List only reimbur	returns) escription sements NOT report			
Travel expenses . Meals Entertainment (dedi	ictible only on some state enses:	returns) escription sements NOT report		2020 Amount 2020 Amount	2019 Amoun 2019 Amoun
Travel expenses Meals	List only reimbur in Box 1 of your F	returns) escription sements NOT report	ted		
Travel expenses Meals Entertainment (deduction of the Business Expenses	List only reimbur in Box 1 of your F	returns) escription sements NOT report Form W-2	ted	2020 Amount	





Employee Business Expenses (Page 2 of 2)

ehicle: Include all documentation		
If not 100%, please enter the percentage to apply to Schedule A Description of vehicle		
Date vehicle was placed in service (Mo/I	Da/Yr)	
Do you (or your spouse) have another vehicle available for personal purposes? Was your vehicle available for personal use during off-duty hours?	· · · · · 	
	2020	2019
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		
Description	2020 Amount	2019 Amount





Employee Business Expenses- Business Use of Home

tial Use o	of Your Home for Business:			2020	2019
quare foota	ge of home used exclusively for bus	siness			
	factoria of bosses				
otal hours h	ome was used for day care during t				
					Yes
las your hor	me used for day care purposes for the	he entire year?			
lere improve	ements made to the home and/or ho	ome office since the time you	u began using the home	for business?	
enses:	Enter all expenses at 100	percent			
)irect expens	ses benefit the business part of you	r home			
-	Cost of painting or repairs made to		ed for business.		
	nses are required for keeping up an	d running your entire home.			
Example:	Real estate taxes.				
		Direct E	xpenses	Indirect	Expenses
		2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty loss					
-	es	•			
	institutions				
	S				_
Real estate ta	axes				
	tgage insurance premiums				
	maintenance				
Jtilities					
Rent					
er Expen	ses:				
	Description	Direct E	xpenses	Indirect	Expenses
	•	2020 Amount	2019 Amount	2020 Amount	2019 Amount
			1		7

Identification

Number of Individual

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom

Mortgage Interest Was Paid

Address of Individual to Whom Mortgage Interest Was Paid



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

TSJ							
Mara you ar your apound a full time at ident or a	diaablad0				□ Va	•	Ī
Were you or your spouse a full time student or or Did you pay an individual for services performed					Ye Ye		1
Did you pay an individual for services performed	in your nome?				16	s	1
Employer-provided dependent care benefits that 2019 carryover used in grace period	t were forfeited in	2020					_
hild/Dependent Care Providers: Provider 1:							
Name							
Oharakaalaharaa							_
City, state, ZIP or postal code, and countr	_						_
0							_
, , , , , , , , , , , , , , , , , , , ,							
. ,							
Telephone number (California only)							
		2020 Amount	201	9 Amount			
Expenses incurred and paid in 2020							
Expenses incurred and not paid in 2020							
Provider 2: Name Street address							
City, state, ZIP or postal code, and country	/ <u> </u>						
Social security number OR							
Employer identification number							
Telephone number (California only)				_			
		2020 Amount	201	9 Amount			
Expenses incurred and paid in 2020							
Expenses incurred and not paid in 2020 Expenses incurred and not paid in 2020			1				
			1				
ualifying Persons for Child/Depender		Social Sec	ourity.	2020		2019	
First Name and Initial	Last Name	Numb		Expenses Incurre	d Expen	ses Incu	rr
ner Education Expenses for Education ualified expenses are for post-secondary education e expenses.					elude a detai	led listin	g
Include copies of all Forms 1098-T]						
First Name and Initial		Last Name		Social Security Number	0	2020 ed Expe	



General Information:						
TSJ						
Employer identification nu	mber					
						Yes No
Did you pay any one house	ehold employee cash wages of \$2,2	00 or more in 2020?				
Did you withhold any feder	ral income tax from wages paid to a	ny household employee?				
Did you pay total cash wag	ges of \$1,000 or more in any calenda	ar quarter of 2019 or 2020?				
Social Security, Medic	are and Income Taxes:			2020 Amount	t	2019 Amount
Cash wages subject to so	cial security taxes					
Cash wages subject to Me	edicare taxes (if different than cash v	vages subject to social secu	rity)			
Cash wages subject to add	ditional Medicare tax withholding					
Federal income tax withhe	ld					
State disability plan payme	ents subject to social security taxes					
State disability plan payme payments subject to so	ents subject to Medicare taxes (if dif	ferent than plan				
Federal Unemploymen	t (FUTA) Tax:					Yes No
Did you pay unemploymer	at contributions to more than one sta	ate?				
Were all of the wages subj	ect to FUTA tax subject to the state	's unemployment tax?				
			State	Total Cash Wag Subject to FUT		2019 Amount
Complete the following for	all state unemployment contribution	ns made: X if payment to be m	nade after	April 15, 2021 —		
	Name of State	Total Taxable Wage		ntribution Paid to	V	2010 Amount
	Name of State	Total Taxable Wage		employment Fund	X	2019 Amount



Federal Tax Payments

If you have an overpayment of 2020 taxes, do you want the excess:				
Refunded Yes No				
Applied to your 2021 estimated tax liability Yes No				
Federal Estimated Tax Payments:	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount P	aid
2020 1st Quarter Estimate (Due 07-15-202	0)			
2020 2nd Quarter Estimate (Due 07-15-202	0)			
2020 3rd Quarter Estimate (Due 09-15-202	0)			
2020 4th Quarter Estimate (Due 01-15-202	1)			
2019 overpayment applied to 2020 estimate	-			
Tax Planning Information for Tax Year 2021:				
Tax Planning Information for Tax Year 2021: Do you expect any of the following to occur in 2021?			Yes	No
			Yes	No
Do you expect any of the following to occur in 2021?				No
Do you expect any of the following to occur in 2021? A change in your marital status				No
Do you expect any of the following to occur in 2021? A change in your marital status A change in the number of your dependents				No
Do you expect any of the following to occur in 2021? A change in your marital status A change in the number of your dependents A substantial change in your income				No.
Do you expect any of the following to occur in 2021? A change in your marital status A change in the number of your dependents A substantial change in your income A substantial change in your withholding				No.
Do you expect any of the following to occur in 2021? A change in your marital status A change in the number of your dependents A substantial change in your income A substantial change in your withholding A substantial change in deductions				No



State and City Tax Payments

State and City Estimated Tax Payments:	TSJ State/City		
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2020 1st Quarter Estimate 2020 2nd Quarter Estimate 2020 3rd Quarter Estimate 2020 4th Quarter Estimate If you have an overpayment of 2020 taxes, do you			
			Yes No
2019 overpayment applied to 2020 estimate Balance of prior year(s)' tax paid in 2020 plus amount paid with 2019 extensions Estimated tax payments for 2019 paid in 2020			
State and City Estimated Tax Payments:	TSJ State/City		
	Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2020 1st Quarter Estimate 2020 2nd Quarter Estimate 2020 3rd Quarter Estimate 2020 4th Quarter Estimate			
If you have an overpayment of 2020 taxes, do you			Yes No
2019 overpayment applied to 2020 estimate Balance of prior year(s)' tax paid in 2020 plus amount paid with 2019 extensions Estimated tax payments for 2019 paid in 2020		· · · · · · ·	
State and City Estimated Tax Payments:	TSJ	L	
	State/City	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid
2020 1st Quarter Estimate 2020 2nd Quarter Estimate 2020 3rd Quarter Estimate 2020 4th Quarter Estimate If you have an overpayment of 2020 taxes, do you			
want the excess applied to your 2021 estimated tax liability? 2019 overpayment applied to 2020 estimate Balance of prior year(s)' tax paid in 2020 plus amount paid with 2019 extensions Estimated tax payments for 2019 paid in 2020		[Yes No



Include all of your current year Forms W-2G

те	Name of Payer	Gross Winnings	Tax W	ithheld
TS	Name of Payer		Federal	State



Foreign Employment Information (Page 1 of 3)

Name of employer Employer's U.S. address Employer's U.S. address Employer's foreign address Employer type: Foreign entity, U.S. company, Foreign affiliate of a U.S. company, Self Enter the last year that Form 2556 was filed to claim either of the exclusions Type of exclusions revoked in prior years Year exclusions revoked If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained List tax home(s) during tax year and dates established Country of citizenry or nationality Qualified housing expenses for the tax year Adjustment to employer provided amounts for qualified housing expense Principal City and Country of Employment Start Date (Mo/Da/Yr) First previous tax home Second Previous tax home	General Information:				
Employer's U.S. address Employer's foreign address Employer type: Foreign entity, U.S. company, Foreign affiliate of a U.S. company, Self Enter the last year that Form 2555 was filed to claim either of the exclusions Type of exclusions revoked in prior years Year exclusion revoked If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained List tax home(s) during tax year and dates established Country of citizenry or nationality Qualified housing expenses for the tax year Adjustment to employer provided amounts for qualified housing expense Tax Home History: Principal City and Country of Employment Most recent tax home First previous tax home Second previous tax home Second previous tax home This development Start Date (Mo/Da/Yr) (Mo/Da/Yr) Start Date (Mo/Da/Yr) Fincipal City and Country of Employment Start Date (Mo/Da/Yr)					
Employer's U.S. address Employer's foreign address Employer type: Foreign entity, U.S. company, Foreign affiliate of a U.S. company, Self Enter the last year that Form 2555 was filed to claim either of the exclusions Type of exclusions revoked in prior years Year exclusion revoked If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained List tax home(s) during tax year and dates established Country of citizenry or nationality Qualified housing expenses for the tax year Adjustment to employer provided amounts for qualified housing expense Tax Home History: Principal City and Country of Employment Most recent tax home First previous tax home Second previous tax home Second previous tax home This development Start Date (Mo/Da/Yr) (Mo/Da/Yr) Start Date (Mo/Da/Yr) Fincipal City and Country of Employment Start Date (Mo/Da/Yr)					
Employer's U.S. address Employer's foreign address Employer type: Foreign entity, U.S. company, Foreign affiliate of a U.S. company, Self Enter the last year that Form 2555 was filed to claim either of the exclusions Type of exclusions revoked in prior years Year exclusion revoked If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained List tax home(s) during tax year and dates established Country of citizenry or nationality Qualified housing expenses for the tax year Adjustment to employer provided amounts for qualified housing expense Tax Home History: Principal City and Country of Employment Most recent tax home First previous tax home Second previous tax home Second previous tax home This development Start Date (Mo/Da/Yr) (Mo/Da/Yr) Start Date (Mo/Da/Yr) Fincipal City and Country of Employment Start Date (Mo/Da/Yr)					
Employer's U.S. address Employer's foreign address Employer type: Foreign entity, U.S. company, Foreign affiliate of a U.S. company, Self Enter the last year that Form 2555 was filed to claim either of the exclusions Type of exclusions revoked in prior years Year exclusion revoked If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained List tax home(s) during tax year and dates established Country of citizenry or nationality Qualified housing expenses for the tax year Adjustment to employer provided amounts for qualified housing expense Tax Home History: Principal City and Country of Employment Most recent tax home First previous tax home Second previous tax home Second previous tax home This development Start Date (Mo/Da/Yr) (Mo/Da/Yr) Start Date (Mo/Da/Yr) Fincipal City and Country of Employment Start Date (Mo/Da/Yr)	Name of employer				
Employer type: Foreign entity, U.S. company, Foreign affiliate of a U.S. company, Foreign affiliate of a U.S. company, Self Enter the last year that Form 2555 was filed to claim either of the exclusions Type of exclusions revoked in prior years Year exclusion revoked If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained List tax home(s) during tax year and dates established Country of citizenry or nationality Qualified housing expenses for the tax year Adjustment to employer provided amounts for qualified housing expense Principal City and Country of Employment Most recent tax home First previous tax home Second previous tax home Second previous tax home This description and the company, Self End Date (Mo/Da/Yr) Most recent tax home Second previous tax home Second previous tax home	<u> </u>				
Employer type: Foreign entity, U.S. company, Foreign affiliate of a U.S. company, Self Enter the last year that Form 2555 was filed to claim either of the exclusions Type of exclusions revoked in prior years Year exclusion revoked If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained List tax home(s) during tax year and dates established Country of citizenry or nationality Qualified housing expenses for the tax year Adjustment to employer provided amounts for qualified housing expense Principal City and Country of Employment Start Date (Mo/Da/Yr) Most recent tax home First previous tax home Second previous tax home Second previous tax home Thisterestive Afree Most Principal City and Country of Employment Thisterestive Afree Most Principal City and Country of Employment Thisterestive Afree Most Principal City and Country of Employment This previous tax home Second previous tax home This previous tax home					
Employer type: Foreign entity, U.S. company, Foreign affiliate of a U.S. company, Self Enter the last year that Form 2555 was filed to claim either of the exclusions Type of exclusions revoked in prior years Year exclusion revoked If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained List tax home(s) during tax year and dates established Country of citizenry or nationality Qualified housing expenses for the tax year Adjustment to employer provided amounts for qualified housing expense Principal City and Country of Employment Start Date (Mo/Da/Yr) Most recent tax home First previous tax home Second previous tax home Second previous tax home Thisterestive Afree Most Principal City and Country of Employment Thisterestive Afree Most Principal City and Country of Employment Thisterestive Afree Most Principal City and Country of Employment This previous tax home Second previous tax home This previous tax home					
Employer type: Foreign entity, U.S. company, Foreign affiliate of a U.S. company, Self Enter the last year that Form 2555 was filed to claim either of the exclusions Type of exclusions revoked in prior years Year exclusion revoked If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained List tax home(s) during tax year and dates established Country of citizenry or nationality Qualified housing expenses for the tax year Adjustment to employer provided amounts for qualified housing expense Principal City and Country of Employment Most recent tax home First previous tax home Second previous tax home Second previous tax home Tirid review to the tax	Employer's foreign address				
Foreign affiliate of a U.S. company, Self Enter the last year that Form 2555 was filed to claim either of the exclusions Type of exclusions revoked in prior years Year exclusion revoked If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained List tax home(s) during tax year and dates established Country of citizenry or nationality Qualified housing expenses for the tax year Adjustment to employer provided amounts for qualified housing expense Tax Home History: Principal City and Country of Employment Start Date (Mo/Da/Yr) Most recent tax home First previous tax home Second previous tax home Second previous tax home Time the principal City and Country of Employment Start Date (Mo/Da/Yr) Tax Home History:					
Foreign affiliate of a U.S. company, Self Enter the last year that Form 2555 was filed to claim either of the exclusions Type of exclusions revoked in prior years Year exclusion revoked If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained List tax home(s) during tax year and dates established Country of citizenry or nationality Qualified housing expenses for the tax year Adjustment to employer provided amounts for qualified housing expense Tax Home History: Principal City and Country of Employment Start Date (Mo/Da/Yr) Most recent tax home First previous tax home Second previous tax home Second previous tax home Time the principal City and Country of Employment Start Date (Mo/Da/Yr) Tax Home History:					
Enter the last year that Form 2555 was filed to claim either of the exclusions Type of exclusions revoked in prior years Year exclusion revoked If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained List tax home(s) during tax year and dates established Country of citizenry or nationality Qualified housing expenses for the tax year Adjustment to employer provided amounts for qualified housing expense Tax Home History: Principal City and Country of Employment Most recent tax home First previous tax home Second previous tax home Second previous tax home Titel description of the exclusions with a second previous tax home Third parameters the exclusions with a second previous tax home The principal City and Country of Employment Tax Home History:		y,			
Claim either of the exclusions Type of exclusions revoked in prior years Year exclusion revoked If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained List tax home(s) during tax year and dates established Country of citizenry or nationality Qualified housing expenses for the tax year Adjustment to employer provided amounts for qualified housing expense Tax Home History: Principal City and Country of Employment Most recent tax home First previous tax home Second previous tax home Second previous tax home Third paraginar tax home Second previous tax home Third paraginar tax home Second previous tax home Third paraginar tax home	Foreign affiliate of a U.S. company, Self				
Type of exclusions revoked in prior years Year exclusion revoked If a separate foreign residence was maintained for your family due to adverse living conditions, please provide the city, country, and number of days maintained List tax home(s) during tax year and dates established Country of citizenry or nationality Qualified housing expenses for the tax year Adjustment to employer provided amounts for qualified housing expense Tax Home History: Principal City and Country of Employment Most recent tax home First previous tax home Second previous tax home Second previous tax home Tried pravious tax home Tried pravious tax home Second previous tax home Tried pravious tax home Second previous tax home		to			
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Second previous tax home					
Third proving toy home					
Third provided tax fields	Third previous tax home				_





Foreign Employment Information (Page 2 of 3)

ona Fide Residenc	e Test Information:					
Ending date for foreign Kind of foreign living que Purchased house, F Quarters furnished If any family members	Rented house or apartment, F by employerived abroad with you during a er their names. Include the da	(Mo/E Rented room, 	Da/Yr) Da/Yr)			
Relationship	First Name	МІ	Last Name	Date Arrived	Date Left	X if Entir Perio
						+
length of employme What type of visa was e Explain any limitations employment in a for If a home was maintain	used to enter the foreign cour of the visa as to length of star	ntry? y or oad, show				
	ss					
State			· · · · · <u> </u>			
X if rented			· · · · _			
			Occupants			
	First Name	MI	Last Name	Relation	ship	





Foreign Employment Information (Page 3 of 3)

Travel Abroad for 12 Month Period:

Name of Country (Including U.S.)	Date Arrived (Mo/Da/Yr)	Date Left (Mo/Da/Yr)	Full Days in Country	Number of Days Present in U.S. on Business





Indicate below (for yourself, spouse and dependents living with you) the amount of housing expenses incurred (whether paid by you or your employer) in the foreign country. If expenses are listed in foreign currency, indicate dates of payment to the left of the amount boxes and enter type of currency.

Type of currency	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Rent			
Fair market value of employer-owned housing furnished to you (Without reduction for U.S. equivalent housing charge)			
Foreign real estate, occupancy taxes or television taxes (not included on Medical Expenses and Taxes form, detail by country on continuation sheet)			
Utilities (but not telephone charges)			
Real and personal property insurance			
"Key money" or other similar nonrefundable deposits paid to secure a lease			
Repairs and maintenance			
Furniture rental			
Lodging portion of temporary living expenses (Do not include on Moving Expenses page)			
Other Expenses:			
Description	Amount Reimbursed to You or Paid on Your Behalf by Employer	Amount Paid by You Which is NOT Reimbursable by Your Employer	Total Expenses
Total expenses			
Indicate if meals and/or lodging were provided by or on behalf of your emp (If you resided in a camp, you are considered to be on the business pre		nises:	Yes No
To you			
To your family members			



Foreign Travel and Workdays Information Worksheet

Complete for every month even if this may have been your first or last year in the U.S.

Travel To/From the U.S.				Days Worked In and Outside U.S.					
Dates (M	lo/Da/Yr)	Dates (M	lo/Da/Yr)	Days in Days Not Worked*		Days Worked**			
Left Foreign Country	Arrived U.S.	Left U.S.	Arrived Foreign Country	Month		U.S.	Foreign	U.S.	Foreign
				January	31				
				February	29				
				March	31				
				April	30				
				May	31				
				June	30				
				July	31				
				August	31				
				September	30				
				October	31				
				November	30				
				December	31				
			·	Total	366				

^{*} Weekends, holidays, vacation, sick, etc.

During 2020, in which state(s)/city(ies) did you work?	List the dates

State/City	From (Mo/Da/Yr)	To (Mo/Da/Yr)	Days Worked		
Total (must agree with U.S. days worked shown above)					
Days in U.S. for any reason in		2019	2018		

^{**} Include weekends and holidays if you worked on these days.



Foreign Wages and Other Income (Page 1 of 2)

Foreign Q	uestions for 2020:					
. o. o.g Q				I	Yes	No
If you will	be outside the U.S., do you want an	automatic extension if you qualify?				
Will any ta	ax due be paid with the extension?					
•	•	erminate your foreign employment in 2020?				
•		rces within designated "Boycott Activities"?				
	, provide all information pertaining to					
Foreign S	ource Wages and Salaries:	Include all copies of your current year W-2 or other wage statements	Forms			
TS	Employer name					
	Employer address					
	Employer city					
	Employer state					
	Employer ZIP					
	Employer foreign country					
			2020 Amount	2019	Amoun	nt
_						
Base wag				-		
				+		
FICA with				+		
		nent				
		nt				
Allowance	es and Reimbursements:		2020 Amount	2019	Amoun	it
Cost of liv	ring and overseas differential					
				1		
	•			1		
Education						
Home lea	ve					
Quarters						
Bonus						
Stock opt	ion - current year					
Survivor's	s insurance					
Automobi	ile					
Hardship	premium					
Home gro	oss salary					
Tax adjus	tment - current year					
Gross up						
Mobility p	remium					
Relocation	n allocation					
Wire trans	sfer allowance					
Home hou	using allowance					
Home gro	ss entitlement					
Home net	entitlement					
Variable p	pay awards					
Miscellan	eous					
Imputed t						
Home cou						
401(k) red						





Foreign Wages and Other Income (Page 2 of 2)

Allowances and	Reimbursements	(Continued)	
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Other Allowances	and	Reimburse	ments:
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Description	2020 Amount	2019 Amount

State and Local Information:

State	Employer's State I.D. No.	State Wages, Tips	State Income Tax	Local Wages, Tips	Local Income Tax	City	Locality Name

Other Income and Noncash Income:

TSJ	Nature and Source	2020 Amount	2019 Amount

Other Adjustments:

TSJ	Nature and Source	2020 Amount	2019 Amount

Miscellaneous Income:	TSJ		TSJ	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Unemployment compensation received Unemployment compensation repaid in 2020 Social security benefits received Social security benefits repaid in 2020				

Enter Any Additional Information:



You may skip this page if company statements for this information are provided.

NOTE: If you received income in 2020 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, indicate dates of payment and type of currency to the left of the amount boxes.

Compensation: You must provide the originals of Form W-2

	Taxpayer	Spouse
Employer:		
Gross base salary		
Tax deferred savings (401K)		
Bonus - 2020		
Bonus - other years		
Indicate year(s) Cost of living allowance		
Education		
Dependent travel		
Housing		
Group life insurance		
Tax equalization		
Foreign taxes reimbursed - 2020		
- 2019 and prior years		
Moving		
Other Allowances - Description	Taxpayer	Spouse
Non-cash Remuneration:	Taxpayer	Spouse
Home (lodging)		
Meals		
Car		

For additional employers, provide details on a continuation sheet.



TS	Cor	untry Name	Income Type (Dividends, Rents, Etc.)	Is Tax	Date Paid or Accrued	Tax Amount (In Foreign	Tax Amou
			Řents, Etc.)	Accrued?	(Mo/Da/Yr)	(In Foreign Currency)	(In U.S. Doll
r Yea	r Foreign Taxo	es Paid in the Cւ	urrent Year:				
r Yea r	r Foreign Taxo Date Paid (Mo/Da/Yr)	es Paid in the Cu Amount	urrent Year:				
	Date Paid		urrent Year:				
	Date Paid		urrent Year:				
	Date Paid		urrent Year:				
	Date Paid		urrent Year:				
Year	Date Paid (Mo/Da/Yr)	Amount					
Year	Date Paid (Mo/Da/Yr)						
Year	Date Paid (Mo/Da/Yr)	Amount					
Year	Date Paid (Mo/Da/Yr)	Amount					
Year	Date Paid (Mo/Da/Yr)	Amount					
Year	Date Paid (Mo/Da/Yr)	Amount					





20																											
													20	19													
		J	ANUAR	Υ					FE	BRUA	RY						MARCI	+						APRIL			
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13	14	15	16	17	18	19	10	11	12	13	14	15	16	10	11	12	13	14	15	16	14	15	16	17	18	19	20
20	21	22	23	24	25	26	17	18	19	20	21	22	23	17	18	19	20	21	22	23	21	22	23	24	25	26	27
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12 19	20	14 21	22	23	24	18 25	16	17	18	19	20	14 21	15 22	21	22	23	24	25	26	20 27	18	12 19	13 20	14 21	22	23	24
26	27	28	29	30	31	23	23	24	25	26	27	28	29	28	29	30	31	25	20	21	25	26	27	28	29	30	31
	21	20	23	00	01		30	27	20	20	21	20	23	20	23	00	01				20	20	21	20	23	50	01
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15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21
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12	13	14	15	16	17	18	9	10	11	12	13	14	15	15	16	17	18	19	20	21	12	13	14	15	16	17	18
19	20	21	22	23	24	25	16	17	18	19	20	21	22	22	23	24	25	26	27	28	19	20	21	22	23	24	25

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3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
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6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26
27	28	29	30				25	26	27	28	29	30	31	29	30						27	28	29	30	31		

		JA	ANUAR	Υ					FE	BRUAF	RY						MARCI	+				APRIL					
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3	4	5	6	7	8	9	7	8	9	10	11	12	13	7	8	9	10	11	12	13	4	5	6	7	8	9	10
10	11	12	13	14	15	16	14	15	16	17	18	19	20	14	15	16	17	18	19	20	11	12	13	14	15	16	17
17	18	19	20	21	22	23	21	22	23	24	25	26	27	21	22	23	24	25	26	27	18	19	20	21	22	23	24
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9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
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12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	
:							31																				



Gifts Made Outright to an Individual

NOTE: Only complete Forms 34 and/or 35 if in 2020:

- You made gifts of cash or marketable securities to an individual that exceeded \$15,000; or
- You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or
- You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.

If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

Person giving the gift	Taxpayer	Spouse	Joint	
Name of person receiving the gift				
Address of person				
Your relationship to the person (e.g., son, granddaughter or friend)				
Age of the person				
Date(s) of gift(s)		_		
(e.g., \$15,000 in cash or 500 shares of ABC stock)				
Cost basis of assets gifted if other than cash Value of assets gifted if other than cash				
value of assets gifted if other trial cash	L			
Gift 2:				
Person giving the gift	Taxpayer	Spouse	Joint	
Name of person receiving the gift				
Address of person				
Your relationship to the person				
(e.g., son, granddaughter or friend)				
Age of the person				
Date(s) of gift(s) (Mo/Da/Yr)		_		
Description and amount of assets gifted (e.g., \$15,000 in cash or 500 shares of ABC stock)				
Cost basis of coasts gifted if other than each				
Cost basis of assets gifted if other than cash Value of assets gifted if other than cash				



Gifts Made in Trust

NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, provide the following information:

Name of trust receiving the gift
Name of the trustee
Address of the trustee
Trust identification number
Name of the horse Colonia of the horse
Name of the beneficiary of the trust
Your relationship to the beneficiary
(e.g., son, granddaughter or friend)
Age of the beneficiary
Date(s) of gift(s) (Mo/Da/Yr)
Description and amount of assets gifted
(e.g., \$15,000 in cash or 500 shares of ABC stock)
Cost basis of assets gifted if other than cash
Value of assets gifted if other than cash
For either they peek include a copy of any energical(s) of exects. If no energical is available, describe how the value was
For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.
ucterrimicu.

Include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.



Detail Depreciation

DP

Business or Activity:

Asset #	Description of Asset	Cost	Date Asset Was Placed in Service (Mo/Da/Yr)	If the A Sold, the F	Asset Was Indicate ollowing
#			(Mo/Da/Yr)	Date (Mo/Da/Yr)	Sales Price



Additional Information



2020 Tax Return Checklist

Client Name:		
Income:	Prior Year	Current Year
Wages (IRS W-2)		
Interest Income (IRS 1099-INT) Dividend Income (IRS 1099-DIV)		
, , , , , , , , , , , , , , , , , , , ,		
Brokerage Statements (Form 1099-A,B,S) IRA/Pension/Annuity Income (IRS 1099R)		
, , , , , , , , , , , , , , , , , , , ,		
Schedule K-1s (IRS K-1) Miscellaneous Income and Adjustments (IRS-1099-MISC, G)		
Rent and Royalty Income		
Itemized Deductions:		
Medical/Dental Expenses		
Real Estate Taxes		
Property Taxes		
Mortgage Interest (Form 1098)		
Charitable Contributions		
Other:		
Estimated Tax Payments		

^{*} Provide any tax related information not listed above, e.g. new brokerage statements, K-1 investments, etc.



Wages

TS	Employer Name	Prior Year Amount	Information Included (X or 🖊)



Interest Income

TSJ	Payer Name	Account No.	Prior Year Amount	Information Included (X or ✓)



Dividend Income

TSJ	Payer Name	Account No.	Prior Year Amount	Information Included (X or 🖊)



Brokerage Statements

TSJ	Payer Name	Account No.	Information Included (X or 🖊)



IRA/Pension/Annuity Income

TSJ	Payer Name	Account No.	Prior Year Amount	Information Included (X or 🖊)



Rent and Royalty Income

TSJ	Property	Prior Year Amount	Information Included (X or 🛩)
			_



Schedule K-1 Information

TSJ	Entity Name	Employer Identification No.	Information Included (X or 🖊)



Miscellaneous Income and Adjustments

TSJ	Payer Name	Account No.	Prior Year Amount	Information Included (X or 🖊)



Itemized Deductions

TS		Description	Prior Year Amount	Information
	J	Description	Prior real Amount	Included (X or ✓)
Medic	al/Dental Expenses:			
viculo.	an Bentar Expenses.			
Daal F	atata Tayaa			
Real E	state Taxes:			
Prope	rty Taxes:			
Morta	age Interest:			
.v.o. tg			I	
Charit	able Contributions:			
_				



Federal, State, and City Tax Payments

Refund Application:

If you have an overpayment	of taxes, do you want the exces	ss:			
Refunded	Yes timated tax liability				
Federal Estimated Tax	Payments:		Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid
2020 1st Quarter Estimate 2020 2nd Quarter Estimate 2020 3rd Quarter Estimate 2020 4th Quarter Estimate		(Due 07-15-2020) (Due 07-15-2020) (Due 09-15-2020) (Due 01-15-2021)			
State and City Estimated	d Tax Payments:		TSJ State/City Name		
			Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid
2020 1st Quarter Estimate 2020 2nd Quarter Estimate 2020 3rd Quarter Estimate 2020 4th Quarter Estimate					
			TSJ State/City Name		
			Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid
2020 1st Quarter Estimate 2020 2nd Quarter Estimate 2020 3rd Quarter Estimate 2020 4th Quarter Estimate					
			TSJ State/City Name		
2020 1st Quarter Estimate 2020 2nd Quarter Estimate 2020 3rd Quarter Estimate			Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid
2020 4th Quarter Estimate					
			TSJ State/City Name		
			Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid
2020 1st Quarter Estimate 2020 2nd Quarter Estimate 2020 3rd Quarter Estimate 2020 4th Quarter Estimate					



Alabama Information (Page 1 of 2)

General Information:

	Taxpayer:	1	Spouse:	
Nar	me	Name		
	dress			
City	У	City		
Sta	ate	State		
	Code			
	reign Province/State/County		vince/State/County	
	reign Country		untry	
For	reign Postal Code	Foreign Po	stal Code	
eside	ency Information:		Fro (Mo/D	
Enter	did not live in Alabama for all of 2020, enter the dates yo the state names other than Alabama for which you had i ion Savings:			
	ou or your spouse make any contributions to an Alabama	Dropoid Affordable College	Tuition	Yes No
,	, ,			
,	ogram or Alabama College Education Savings Program a			
Pro	, ,			2020 Amo Contribut
Pro	ogram or Alabama College Education Savings Program a	Social Security		
Pro	ogram or Alabama College Education Savings Program a	Social Security		
Pro	ogram or Alabama College Education Savings Program and Name of Designated Beneficiary	Social Security		
Pro TS Onsui Enter Ge AL	ogram or Alabama College Education Savings Program a	Social Security Number Ch you did not pay sales tax	Account Number	Contribut
Pro TS Onsul Enter Ge Au Fa	Name of Designated Beneficiary mer Use Tax: the amount of Internet or out of state purchases for whice eneral use utomotive vehicles	Social Security Number Ch you did not pay sales tax	Account Number	Contribut
Onsul Enter Ge Au Fa	Name of Designated Beneficiary Mer Use Tax: the amount of Internet or out of state purchases for whice eneral use utomotive vehicles arm machinery and equipment	Social Security Number ch you did not pay sales tax	Account Number	Contribut
Onsul Enter Ge Au Fa	Name of Designated Beneficiary mer Use Tax: the amount of Internet or out of state purchases for whice eneral use utomotive vehicles arm machinery and equipment ary Contributions:	Social Security Number Ch you did not pay sales tax	Account Number	Contribut
Onsul Enter Ge Au Fa Colunta	Name of Designated Beneficiary mer Use Tax: the amount of Internet or out of state purchases for whice eneral use utomotive vehicles arm machinery and equipment ary Contributions: the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount your your 2020 tax returns the amount you wish to contribute on your 2020 tax returns the amount your your your your your your your your	Social Security Number Ch you did not pay sales tax Irm to: Alabama S Spanish	Account Number	Contribut
Onsul Enter Ge Au Fa Colunta Enter Se Ala	Name of Designated Beneficiary Mer Use Tax: the amount of Internet or out of state purchases for whice eneral use utomotive vehicles arm machinery and equipment ary Contributions: the amount you wish to contribute on your 2020 tax retuenior Services Trust Fund	Social Security Number Ch you did not pay sales tax Irm to: Alabama S Spanish	Account Number ate Veterans Cemetery at Fort Foundation, Inc	Contribut
Onsul Enter Ge Au Fa Colunta Enter Se Ala Ala	Name of Designated Beneficiary Mame of Designated Beneficiary mer Use Tax: the amount of Internet or out of state purchases for whice eneral use utomotive vehicles arm machinery and equipment ary Contributions: the amount you wish to contribute on your 2020 tax retuenior Services Trust Fund abama Arts Development Fund	Social Security Number Ch you did not pay sales tax Irm to: Alabama S Spanish Foster Care Mental Hea	ate Veterans Cemetery at Fort Foundation, Inc	Contribut
Pro Pro TS Onsul Enter Ge Au Fa Cl Ala Cr	Name of Designated Beneficiary mer Use Tax: the amount of Internet or out of state purchases for whice eneral use utomotive vehicles arm machinery and equipment ary Contributions: the amount you wish to contribute on your 2020 tax retuenior Services Trust Fund abama Arts Development Fund abama Nongame Wildlife Fund	Social Security Number Ch you did not pay sales tax Irrn to: Alabama S Spanish Foster Care Mental Hea Alabama B	ate Veterans Cemetery at Fort Foundation, Inc	Contribut
Pro Pro TS Onsul Enter Ge Au Fa Clar Ala Clar Ala	Name of Designated Beneficiary Mame of Designated Beneficiary mer Use Tax: the amount of Internet or out of state purchases for whice eneral use utomotive vehicles arm machinery and equipment ary Contributions: the amount you wish to contribute on your 2020 tax retuenior Services Trust Fund abama Arts Development Fund abama Nongame Wildlife Fund hild Abuse Trust Fund	Social Security Number Ch you did not pay sales tax Im to: Alabama S Spanish Foster Care Mental Hea Alabama B Victims of V	ate Veterans Cemetery at Fort Foundation, Inc Trust Fund Ith east & Cervical Cancer Program	Contribut
Pro Pro TS Onsui Enter Ge Au Fa Olunta Enter Se Ala Ala Ala Ala Ala	Name of Designated Beneficiary mer Use Tax: the amount of Internet or out of state purchases for whice eneral use utomotive vehicles arm machinery and equipment ary Contributions: the amount you wish to contribute on your 2020 tax retuentor Services Trust Fund abama Arts Development Fund abama Nongame Wildlife Fund hild Abuse Trust Fund abama Veteran's Program	Social Security Number Ch you did not pay sales tax Im to: Alabama S Spanish Foster Care Mental Hea Alabama B Victims of Malabama M	ate Veterans Cemetery at Fort Foundation, Inc	Contribut
Pro TS Onsui Enter Ge Au Fa Olunta Enter Se Ala Ala Ala Ala	Name of Designated Beneficiary mer Use Tax: the amount of Internet or out of state purchases for whice eneral use utomotive vehicles arm machinery and equipment ary Contributions: the amount you wish to contribute on your 2020 tax retuentor Services Trust Fund abama Arts Development Fund abama Nongame Wildlife Fund hild Abuse Trust Fund abama Veteran's Program abama State Historic Preservation Fund	Social Security Number Sh you did not pay sales tax Alabama S Spanish Foster Care Mental Hea Alabama B Victims of M Alabama W Alabama W	ate Veterans Cemetery at Fort Foundation, Inc Trust Fund Ith Peast & Cervical Cancer Program Violence Assistance	Contribut
Prod TS Onsul Enter Ge Au Fa Olunta Enter Se Ala Ala Ala Ala Ala	Name of Designated Beneficiary mer Use Tax: the amount of Internet or out of state purchases for whice eneral use utomotive vehicles arm machinery and equipment ary Contributions: the amount you wish to contribute on your 2020 tax retuenior Services Trust Fund abama Arts Development Fund abama Nongame Wildlife Fund hild Abuse Trust Fund abama Veteran's Program abama State Historic Preservation Fund abama Firefighters Annuity and Benefit	Social Security Number Sh you did not pay sales tax Im to: Alabama S Spanish Foster Care Mental Hea Alabama B Victims of V Alabama V Alabama V Spay-Ne	ate Veterans Cemetery at Fort Foundation, Inc	Contribut





Enter Any A	nter Any Additional Alabama Information:				
	-				





Residenc	cy Information:			From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did	d not live in Arizona for all of 2020, enter the dates you	ou did live in Arizona			
Enter the	e state names other than Arizona where you had inco	ome			
ducation	n Savings:			Yes No	
	or your spouse make any contributions to a qualified s , enter the following:	state tuition (Section 529) plan	1?		
TS	Name of Designated Beneficiary	Social Security Number	Account Number		2020 Amount Contributed
Voluntary	y Contributions:				
Enter the	e amount you wish to contribute on your 2020 tax retu	:urn to:			
Wildli Child Dome	estic Violence Shelter Fund				
Spec Veter I Didr	rial Olympics Fund ran's Donation Fund n't Pay Enough Fund				
Spay					
	Libertarian Republican				
	Green				
Enter Any	y Additional Arizona Information:				





Gen	eral Information:				
Ni	umber of developmentally disabled individuals				
N	ames of developmentally disabled individuals	· · · · · · · · · · · · · · · · · · ·			
Ту	pe of disability				
		Та	axpayer	Spouse	
De	o you qualify as being deaf for personal credit purposes?	Yes	No	Yes No	
Ea	arly Childhood Program certification number	· · · · · · · · · · · · · · · · · · ·			
Res	idency Information:			From (Mo/Da/	
	you did not live in Arkansas for all of 2020, enter the dates you did l nter the state names other than Arkansas where you had income				
- al	eation Savings:				
	d you or your spouse make any contributions to an Arkansas Tax Deaccount?		•	"	lo
	If Yes, enter the following:	Social Security			2020 Amount
TS	Name of Designated Beneficiary	Number	Ac	count Number	Contributed
Che	ck-Off Contribution:		,		
Er	nter the amount you wish to contribute on your 2020 tax return to:				
	Arkansas Disaster Relief Fund Arkansas Game and Fish Foundation				
	Arkansas School for the Blind and Deaf				
	Baby Sharon's Children Catastrophic Illness Grant Program Trust				
	Organ Donor Awareness Education Program				
	Military Family Relief Program				
	Arkansas Area Agencies on Aging				
	Newborn Umbilical Cord Initiative				
	Arkansas Tax Deferred Tuition Savings Program				
Ente	er Any Additional Arkansas Information:				
	Any Additional Arkansas information.				
					-



California Information (Page 1 of 2)

General Information:				
Enter the amount of Internet or out of state purchases	for which you did not pay	sales tax		
Did you, your spouse, and all household members have Attach all Forms FTB 3895 and/or IRS 1095 received	•			Yes No
Physical/Principal Residence if Different fro	om Mailing Address:	California Residents Only		
Street address				
Apt No.				
City, State, ZIP				
,				
Residency Information:				
Complete this section only if you were a resident	of any other state during	any portion of the year	Taxpayer	Spouse
If you became a resident of California in 2020, enter -	State of prior residence ab	breviation		
-	Date of move	(Mo/Da/Yr)		
If you became a nonresident of California in 2020, ente	er - New state of residence	e abbreviation		
	- Date of move	(Mo/Da/Yr)		
If you were a military nonresident, enter state of resident of you were a military nonresident, enter state stationed	al dia calabana di Atana			
If you were a prior resident of California, enter the date of If you were a prior resident of California, enter the date	•	ornia (Mo/Da/Yr) (Mo/Da/Yr)		
Did you own homes and/or properties in California dur	ring 2020?		Yes No	Yes No
How many days during 2020 were spent in California?	,			
Johannan Contributionar				
/oluntary Contributions: Enter the amount you w	ish to contribute on your 2	2020 tax return to the following	tunas:	
California Seniors Special Fund	s	tate Parks Protection Fund/Parks Pass Pu	urchase	
Alzheimer's Disease and Related Dementia Voluntary Tax	P	rotect Our Coast and Oceans Voluntary T	ax Contribution	
Contribution Fund		Fund		
Rare and Endangered Species Preservation Voluntary Tax	K	eep Arts in School Voluntary Tax Contribu		
Contribution Program		revention of Animal Homelessness and C		
California Breast Cancer Research Voluntary Tax Contribution Fund		Tax Contribution Fund		
California Firefighters' Memorial Voluntary Tax Contribution Fund		California Senior Citizen Advocacy Volunta		
Emergency Food for Families Voluntary Tax Contribution Fund				
		Contribution Fund		
California Peace Officer Memorial Foundation Voluntary	N	lative California Wildlife Rehabilitation Vol	-	
Tax Contribution Fund		Contribution Fund		
California Sea Otter Voluntary Tax Contribution Fund	R	tape Kit Backlog Voluntary Tax Contribution	on Fund	
California Cancer Research Voluntary Tax Contribution Fund	s	chools Not Prisons Voluntary Tax Contrib	ution Fund	
School Supplies for Homeless Children Fund	s	uicide Prevention Voluntary Tax Contribut	ion Fund	



California Information (Page 2 of 2)

Renter's Credit:

iot the address/ac) of rooidonoo(o)	in California and tha	datas valv rantad during 2020.
List the addressies	or residenceis	i in Galilomia and the	dates you rented during 2020:

Street Address	s	City	City, State, and ZIP code		To (Mo/Da/Yr)
				(Mo/Da/Yı	, (IVIO/Da/11)
ist the name, address and telep	phone number of	the person(s) you paid r	rent to:		
Name		reet Address	City, State and ZIP Code	Tele	ephone Number
e you a dependent or minor liv	ving with or under	the care of another?			Yes
as the property you rented in 2					
d you claim the homeowner's					
I your spouse claim the home	owner's property	tax exemption anytime	during 2020?		
you and your spouse file separ	rate returns and li	ved in the same rental p	property, do you wish to claim 100% of	this credit?	
er Any Additional Califo	rnia Informat	ion:			



Colorado Information (Page 1 of 2)

	formation:				
Enter the	amount of Internet or out of state purchases for	which you did not pay state sales	or use tax		
If you live	in a special use tax district, enter the name of th	ne district			
Enter t	he amount of Internet or out of state purchases	for which you did not pay special	district sales or use	etax	
		Tavr	payer	Sne	ouse
Residency	Information:	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did	not live in Colorado for all of 2020, enter the dat	es you			
•	e in Colorado	•			
Enter the	state names other than Colorado where you had	lincome			
Education	Savings:			Voc No	
Dist.	0.1	anda 500 Onllana Onciana Plana	10	Yes No	
	r your spouse make any contributions to a Color enter the following:	ado 529 College Savings Plan aci	count?		
		Account Holder			2020 Amount
TS	Account Holder Name	Social Security Number	Account Nur		Contributed
		7.6			
First-Time	Home Buyer Savings Account Dedu	ction:			
	Home Buyer Savings Account Deduc				
Name of b	peneficiary				
Name of b	peneficiary eneficiary				
Name of b SSN of be Name of b	peneficiary eneficiary pank or institution				
Name of b SSN of be Name of b	peneficiary eneficiary				
Name of be SSN of be Name of be Account n	peneficiary eneficiary pank or institution				



Colorado Information (Page 2 of 2)

Voluntary Contributions:

Enter the amount	vou wish to	contribute on	vour 2020 tax	return to:

	Urban Peak Housing and Support Services
Restoration Cash Fund	for Youth Experiencing Homelessness Fund
Colorado Domestic Abuse Program Fund	Family Caregiver Support Fund
Homeless Prevention Activities Program Fund	Young Americans Center For Financial
American Red Cross Colorado Disaster Response,	Education Fund
Readiness, and Preparedness Fund	Colorado Healthy Rivers Fund
Western Slope Military Veterans'	Alzheimer's Association Fund
Cemetery Fund	Colorado Cancer Fund
Pet Overpopulation Fund	Make-A-Wish Foundation of Colorado
Habitat for Humanity of Colorado Fund	Fund
Military Family Relief Fund	Unwanted Horse Fund
Special Olympics of Colorado Fund	
Colorado Nonprofit Fund*	* Include name of organization and registration number



Connecticut Information (Page 1 of 2)

General Information:

Ente	r the amount of Internet or out of state purchases for which you	did not pay sales tax:			
C	combine individual purchases less than \$300 each per category	and enter the total pur	rchase amount.		
Luxu	ry items				
	puter and data processing services				
Vess	els, motors for vessels, or trailers to transport vessels				
Othe	r purchases			L	
F	or any amounts entered, include the date of purchase, description	on, purchase price, an	nd tax paid.		
Dooid	ency Information:	Ta	xpayer		Spouse
nesiu	ency information.	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr	To (Mo/Da/Yr)
If you	u did not live in Connecticut for all of 2020:				
E	nter the dates you did live in Connecticut				
L	ist the prior/new state of residence				
Ente	r the state names other than Connecticut where you had income	e			
Educat	ion Savings:			Ye	s No
•	ou or your spouse make any contributions to a Connecticut High Yes, enter the following:	ner Education Trust (C	HET) account?		
TS	Name of Designated Beneficiary	Social Security Number	CHET Account N	lumber	2020 Amount Contributed
If you co Basis		outside Connecticut who was compensate	and you do not know ed, complete the infor	mation below:	unt —
•	/sales/miles outside Connecticut				
•	/sales/miles inside Connecticut			• • • • • • • • • • • • • • • • • • • •	
NON	working days (only to be used with working days basis for appor	uonment)		· · · · · —	
Tota	income being apportioned				
Volunt	ary Contributions:				
Ente	r the amount you wish to contribute on your 2020 tax return to:			_	
А	IDS Research Education Fund				
C	rgan Transplant Fund				
E	ndangered Species/Wildlife Fund				
В	reast Cancer Research Fund				
S	afety Net Services Fund				
N	filitary Family Relief Fund				
С	onnecticut Higher Education Trust (CHET) Baby Scholar Fund				
N	Iental Health Community Investment Account				



Connecticut Information (Page 2 of 2)

Credit for Property Taxes Paid:

1 - Primary Residence 2 - Auto 1 3 - Auto 2 - Married Filing Jointly only

Select Property Code

If you are a Connecticut resident and have property taxes that first became due and were paid in 2020 on your primary residence and/or privately owned or leased motor vehicle, fill out the information below:

Name of Connecticut Tax Town or District	Description of Property If primary residence, enter street address If motor vehicle, enter year, make and model	Date Paid (Mo/Da/Yr)	Amount Paid	Prop. Code	

Enter Any Additional Connecticut Information:	





Business telephone number (including area code) Do you qualify as permanently disabled?	Taxpaye		Spouse	•
	Yes			
	Yes			
Do you qualify as permanently disabled?	Yes			
ſ		No	Yes	No
De side a su la ferma etie a s	Тахр	payer	Spo	use
Residency Information:	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/
If you did not live in Delaware for all of 2020, enter the dates you				•
did live in Delaware				
Enter the state names other than Delaware where you had income				
Voluntary Contributions:				
		Taxpayer		Spouse
Enter the amount you wish to contribute on your 2020 tax return to: Delaware's Nongame Wildlife, Endangered Species, and Natural Areas I	Preservation			
Fund Emergency Housing Assistance Fund				
Delaware Breast Cancer Coalition				
Organ Donation Awareness Trust Fund				
Diabetes Education Fund				
Delaware Veteran's Home Fund				
Delevery Netteral Overed and December Forest Assistance Found				
Juvenile Diabetes Research Foundation				
Multiple Sclerosis Society				
Ovarian Cancer Fund				
21st Fund for Children				
White Olay Oreal Wild and Coopie Diver Dress water Fred				
Home of the Brave Fund				
Senior Trust Fund				
Veteran's Trust Fund				
Protecting DE's Children Fund				
Food Bank of Delaware				
Delaware Habitat for Humanity B+ Childhood Cancer Foundation Beau Biden Fund				



District of Columbia Information (Page 1 of 5)

Residency Information:				om Da/Yr)	To (Mo/Da/Yr)
If you did not live in the District of Columbia for all of 2020, en in the District of Columbia	•				
Enter the state names other than the District of Columbia who	ere you had income				
Education Savings:			Yes	No	
Did you or your spouse make any contributions to a qualified E If Yes, enter the following:	OC "529" College Savings	Plan account?	 		
TS Name of Designated Beneficiary	Social Security Number	Acce	ount Number		020 Amount Contributed
Property Tax Credit Information:		•			
TS					
Enter the amount of rent paid					
What type of property is the property tax credit for?	House	Apartment	Rooming ho	use	Condominium
Landlord's information: Name Address Apartment number City, state and ZIP code Telephone number					
Business Credits					
Organ and Bone Marrow Donor Credit					
Job Growth Incentive Act Credit					
Amount of homeownership assistance provided to eligible em	ployees				
Number of eligible employees					
Voluntary Contributions:					
Enter the amount you wish to contribute on your 2020 tax ret	urn to:				
Tax-Payer Support for Afterschool Programs for At-Risk St	udents				
DC Statehood Delegation Fund					
Anacostia River Cleanup and Protection Fund					



District of Columbia Information (Page 2 of 5)

ally impaired on a last 12 months diffication in prior											-	/es	No
,													
	-	TS							TS				
er			_								-		
TC Claim Inf	ormation:												
t agency ents its (Mo/Da/Yr) ial mber Da/Year)	alth insurance cover	rage for	the ent	ire yea	- - -						-	(es_	No
ehold members of ble exemption.	qualify for an exemp	otion? .									. L		
			1			1	1			1	1		
Household	Member Names	Jan	Feb	Mar	Apr	May	Jun		Aug	Sep	Oct	Nov	
	t agency that is (Mo/Da/Yr) ial mber Da/Year) ation embers have head the lold members of ble exemption. hs you and/or you	er	er	er	P code P code Interpolation: Interpolation:	TC Claim Information: It agency In the series of the entire year? In the series of the entire year?	er	TC Claim Information: It agency Interpretation is agency Interpretatio	TC Claim Information: It agency Ints (Mo/Da/Yr) It agency It agency Ints (Mo/Da/Yr) It agency Ints (Mo/Da/Yr) It agency It agency Ints (Mo/Da/Yr) It agency Ints (Mo/Da/Yr) It agency It agency Ints (Mo/Da/Yr) It agency Ints (Mo/Da/Yr) It agency It age	ation embers have health insurance coverage for the entire year? shold members qualify for an exemption? bis you and/or your household members did not have health insurance coverage and did not hav	TC Claim Information: tt agency ents tts (Mo/Da/Yr) ial Da/Year) ation embers have health insurance coverage for the entire year? shold members qualify for an exemption? ble exemption. his you and/or your household members did not have health insurance coverage and did not have	TC Claim Information: It agency Interest agen	TC Claim Information: It agency In the second sec



District of Columbia Information (Page 3 of 5)

Foreign Filing Entity Information:	
File number Company name	
Registered agent	
Registered agent office address	
City, state and ZIP code	
Address of principal executive office	
City, state and ZIP code	
State or country of organization	
Company's Manager and Members:	
Name	Address
Is this corporation in good standing in state/country	y where it is organized? Yes No
Name of governor or authorized person	
Fator Amy Additional District of Columbia	Favoien Filing Fakibulafayyatian
Enter Any Additional District of Columbia	Foreign Filling Entity information.



District of Columbia Information (Page 4 of 5)

Unincorporated Business Franchise Tax Information:

General Information:		
TSJ		
Within DC		
Outside DC		
DC business tax number		
Sales and use tax account number		
Federal employer I.D. number		
Fiscal year begin date		
Fiscal year end date		
Business name		
Business street address		
Business city, state, and ZIP code		
Supplemental Information:		
Principal business activity		
Type of ownership		
Date business began (Mo/Da/Yr)		
Was the business terminated during 2020?	Y	es No
If Yes, enter the termination date and reason below.		
Termination date (Mo/Da/Yr)		
Termination reason		
IRS Service Center where the 2020 federal income tax return was filed		
Taxpayer name shown on the 2020 federal income tax return filed		
Have you filed annual Federal Information Return Forms 1096 and 1099? If No, enter the reason for not filing Forms 1096 and 1099	Y	es No
Which method is used on the federal income tax return? Accrual Cash	Other (specify)	
Did you withhold DC income tax from your employees' wages during 2020? If No, enter the reason for not withholding DC income tax		es No
Did you file a DC franchise tax return for the business for 2019? If No, enter the reason for not filing a DC franchise tax return	Y	es No
Did you file an annual ballpark fee return? Has the IRS made or proposed any adjustments to your 2020 income tax return		es No
amended federal income tax returns?		res No



District of Columbia Information (Page 5 of 5)

Small Retailer Property Tax Relief Credit:

Certificate of occupancy permit number	
Enter the amount of rent paid for qualified retail location	
Enter the total amount of Class 2 property taxes paid for qualified retail location	
District of Columbia Class 2 Property Information:	
Address	
Name	
Enter Any Additional District of Columbia UBT Information:	





General Information	:			
County				
Other Business Info	rmation:			
If business sold, enter o	date			
Trade Level (check a	all that apply):			
Retail	Wholesale	Manufacturing	Professional	
Service	Agriculture	Leasing/Rental	Other	
	I Florida Information:			





eneral Information:			
Taxpayer Disability Information:			
Type		_	
Spouse Disability Information:			
Type Date ((Mo/Da/Yr)	_	
esidency Information:		Frc (Mo/D	
If you did not live in Georgia for all of 2020, enter the dates yo Enter the state names other than Georgia where you had inco			
ucation Savings:	# 20 - # - 700 Plan - 200 - 100 Plan	Yes	No
Did you or your spouse make any contributions to a Georgia Palf Yes, enter the following:		t?	
S Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed
Fund for Children and Elderly Cancer Research Fund Land Conservation Program National Guard Foundation			
ter Any Additional Georgia Information:			





General Information:			
County of residence			
Jury duty pay returned to employer			
	Taypayor	Spouso	
	Taxpayer Yes No	Spouse Yes No	
Do you qualify as deaf or disabled?	Tes No	Tes No	
Residency Information:		From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Hawaii for all of 2020, enter the dates you did live in Hawaii			
Enter the state names other than Hawaii where you had income			
/oluntary Contributions:			
		Taxpayer	Spouse
Do you wish to contribute \$3 to the Hawaii Election Campaign Fund? This will not increase your balance due or decrease your refund		Yes No	Yes No
Do you wish to contribute \$2 to the Hawaii school-level minor repairs and maintenance special fund?			
Do you wish to contribute \$2 to the Hawaii Public Libraries Fund?			
Do you wish to contribute \$5 to the Hawaii Domestic Violence/Child Abuse and Neglect Funds	?		
Low-Income Household Renters:			
Address			
From To (Mo/Da/Yr) (Mo/Da/Yr)			
Dates occupied			
Owner's name			
Owner's address			
Owner's tax ID number			
Enter total rent paid			
Enter Any Additional Hawaii Information:			
Enter Any Additional Flawaii information.			





General Information:		Taxpayer	Spouse
Are you disabled and age 62, 63 or 64?		Yes No	Yes No
Are you the unremarried widow of a retired U.S. Civil Service employe U.S. Military Serviceman, Idaho fireman or Idaho policeman?	ee, 		
Enter the amount of Internet or out of state purchases for which you of	did not pay sales tax		
Residency Information:	Tax	payer	Spouse
	From (Mo/Da/Yr)	To (Mo/Da/Yr) (I	From To Mo/Da/Yr) (Mo/Da/Yr)
If you did not live in Idaho for all of 2020, enter the dates you	, .		
did live in Idaho	•		
Enter the state names other than Idaho where you had income			
	Taxpayer	S	Spouse
Are you a resident on active military duty? Are you a military nonresident?		Yes	No No
,, ,, ,, ,, ,,	. — —		<u> </u>
Education Savings: Did you or your spouse make any contributions to a Idaho College Sav	rings Program accour		lo
If Yes, enter the following:			
TO N (D : 1 ID (C :	Social Security		2020 Amount
TS Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed
TS Name of Designated Beneficiary		Account Number	
TS Name of Designated Beneficiary		Account Number	
		Account Number	
TS Name of Designated Beneficiary Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to:		Account Number	
Voluntary Contributions:	Number		
Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund	Number		Contributed
Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention	Number		Contributed
Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank	Number		Contributed
Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank Veterans Support Fund	Number		Contributed
Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank	Number		Contributed
Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank Veterans Support Fund Opportunity Scholarship Program American Red Cross of Idaho Fund	Number		Contributed
Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank Veterans Support Fund Opportunity Scholarship Program American Red Cross of Idaho Fund	Number		Contributed
Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank Veterans Support Fund Opportunity Scholarship Program American Red Cross of Idaho Fund	Number		Contributed
Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank Veterans Support Fund Opportunity Scholarship Program	Number		Contributed
Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Nongame Wildlife Conservation Fund Idaho Guard and Reserve Family Support Fund Children's Trust Fund/Child Abuse Prevention Special Olympics Idaho Idaho Food Bank Veterans Support Fund Opportunity Scholarship Program American Red Cross of Idaho Fund	Number		Contributed





ABLE Savings Account:

Hunger Relief Fund

Gen	eral Information:						
C	County of residence						
E	inter the total property tax paid applicable to the	personal residenc	e				
	Property index number						
	County name						
	enter the amount of general merchandise for whitenter the amount of qualifying food, non-prescrip which you did not pay any sales tax	tion drugs and me	dical appliances for				
	are you a member, shareholder, partner, benefici holds a medical cannabis cultivation center or Do you or your spouse have income from the sale	medical cannabis	dispensary registration	on?		 es I	No
E	inter the amount of Illinois income tax you withh	eld from a househo	old employee				
Res	idency Information:				From (Mo/Da/	To Mo/Da/	Yr)
	you did not live in Illinois for all of 2020, enter the state names other than Illinois where yo	•	e in Illinois				
Edu	cation Savings:						
Dio	d you or your spouse make any contributions to College Savings Program, or College Illinois Pre If Yes, enter the following:	•		. •		es I	No
TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	er	Amount ributed	
1		1					

,	your spouse make any contributions to a qualified I nter the following:	llinois ABLE savings account?	?	
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed

/olu	ntary Contributions:	·		
Er	ter the amount you wish to contribute on your 2020 tax return to	the following funds:		
	Wildlife Preservation Fund		 	
	Alzheimer's Disease Research, Care, and Support Fund		 	
	Assistance to the Homeless Fund		 	
	Diabetes Research Fund			

No



Illinois Information (Page 2 of 2)

	Dependent Name	Grade (K-12)	School Name	School City	School Type	Tuition, Book/Lab Fee
		(12)			Туре	
				٦		
e you in	cluding a receipt for qualified educ	cation expenses?	Yes	No		
r Anv	Additional Illinois Informa	tion:				
. ,,	Additional minoto miorina					



Indiana Information (Page 1 of 2)

	eral Informa	ation:	Тах	payer	Sį	oouse
C	ounty of residen	ice				
C	ounty of employ	ment				
Eı	nter the amount	of Internet or out of state purchases for which y	ou did not pay sales tax			
			Тах	payer	Sp	ouse
Res	idency Infor	mation:	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
	did live in India	in Indiana for all of 2020, enter the dates you ana				
		gs: ouse make any contributions to an Indiana Colle made contributions for the purpose of paying fo			e following:	Yes No
TS	Taxpayer or Spouse is not the Account Owner	Name of Designated Beneficiary	Social Security Number	Account Num		2020 Amount Contributed
TS	Taxpayer or Spouse	made contributions for the purpose of paying fo Name of Designated Beneficiary	Social Security Number	nter the following: Account Num		2020 Amount Contributed
Volu	Taxpayer or Spouse is not the Account Owner	Name of Designated Beneficiary ibutions: you wish to contribute on your 2020 tax return	Social Security Number	Account Num		
Volu Er	Taxpayer or Spouse is not the Account Owner Intary Contrater the amount Nongame Wild Public K-12 Ed Military Family	Name of Designated Beneficiary ibutions: you wish to contribute on your 2020 tax return ducation Fund Relief Fund Credits:	Social Security Number	Account Num	inder	
Volu Er Ded	Taxpayer or Spouse is not the Account Owner Intary Contrater the amount Nongame Wild Public K-12 Ed Military Family uctions and other the amount atter the amount the amount of the mount	Name of Designated Beneficiary ibutions: you wish to contribute on your 2020 tax return ducation Fund Relief Fund Credits:	Social Security Number	Account Num	inder	Contributed





Renter's Deduction:	
Landlord information:	
Name	
Address	
City, State, ZIP	
Rental property:	
Street address	
City, State, ZIP	
Number of months rented in 2020	
Rent paid	
Homeowner's Residential Property Tax Deduction:	
Number of months at this address during 2020	
Property tax paid	
Enter Any Additional Indiana Information:	
Enter Any Additional inidiana information.	
	_
	_
	_
	-
	-



Iowa Information (Page 1 of 2)

General Information:				
County of residence				
School district number				
Has your name or address changed since filing last year	ar's return?	. Yes	No	
		Тахра	yer	Spouse
Tuition and textbook expenses for Grades K-12				
	Тах	payer		Spouse
Residency Information:	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Y	To (Mo/Da/Yr)
If you did not live in Iowa for all of 2020, enter the date	s			
you did live in lowa Enter the state names other than lowa where you had				
	llege Savings Iowa or Iowa Advisor 5		Yes No	
account? If Yes, enter the following: Name of Designated Beneficiary	•			2020 Amount Contributed
account?	Social Security			2020 Amount
account?	Social Security			2020 Amount
account? If Yes, enter the following: TS Name of Designated Beneficiary	Social Security			2020 Amount
account? If Yes, enter the following: TS Name of Designated Beneficiary	Social Security Number			2020 Amount
account? If Yes, enter the following: TS Name of Designated Beneficiary Voluntary Contributions: Enter the amount you wish to contribute on your 2020 Fish and Game Protection Fund lowa State Fair Foundation	Social Security Number	Account Nur	nber	2020 Amount
account? If Yes, enter the following: Name of Designated Beneficiary Voluntary Contributions: Enter the amount you wish to contribute on your 2020 Fish and Game Protection Fund	Social Security Number tax return to:	Account Nur	nber	2020 Amount
account? If Yes, enter the following: TS Name of Designated Beneficiary Voluntary Contributions: Enter the amount you wish to contribute on your 2020 Fish and Game Protection Fund lowa State Fair Foundation Child Abuse Prevention Program Fund	Social Security Number tax return to:	Account Nur	nber	2020 Amount





Federal Tax Data:	Enter the amounts from your 2019 income tax returns		
lowa deduction for fed	deral taxes		
Federal tax liability			
Total federal other tax	res		
Federal estimated tax	paid in 2019		
Federal estimated tax	applied from 2018 overpayment		
Federal estimated tax	paid in 2020		
Amount paid with req	uest for federal extension		
Amount paid for feder	ral balance due (less interest and penalties)		
Federal earned incom	e credit		
Federal additional chil	ld tax credit		
Federal American opp	portunity credit		
Federal net premium t	tax credit		
Federal excess Social	Security tax withheld		
Credit for federal tax of			
Other refundable fede	eral tax credits		
		Taxpayer	Spouse
lowa net income			
	ubject to withholding		
Federal income tax wi	ithheld		
Fotos Ass. Addition			
Enter Any Additiona	al lowa Information:		



Kansas Information (Page 1 of 2)

Residency Information: If you did not live in Kansas for all of 2020, enter the dates you did live in Kansas Enter the state names other than Kansas where you had income Education Savings: Did you or your spouse make any contributions to a Learning Quest or other state's qualified tuition (Section 529) plan account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Account Number Contribute ABLE Savings Account: Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: Social Security Account Number 2020 Amou	Gondial	Information:			
Residency Information: From Mo/Da/Yr Mo/Da	County				
Residency Information: If you did not live in Kansas for all of 2020, enter the dates you did live in Kansas Enter the state names other than Kansas where you had income Education Savings: Did you or your spouse make any contributions to a Learning Quest or other state's qualified tution (Section 529) plan account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Contribute Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Contribute Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Contribute Contribute Contribute on your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Account Number Contribute on your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Account Number Contribute on your spouse make any contributions to an ABLE savings account? If Yes No No Number Num	School o	district number			· · ·
Residency Information: If you did not live in Kansas for all of 2020, enter the dates you did live in Kansas Enter the state names other than Kansas where you had income Education Savings: Did you or your spouse make any contributions to a Learning Quest or other state's qualified tution (Section 529) plan account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Contribute Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Contribute Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Contribute Contribute Contribute on your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Account Number Contribute on your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Account Number Contribute on your spouse make any contributions to an ABLE savings account? If Yes No No Number Num	Enter th	ne amount of Internet or out of state purchases for whi	ch vou did not pav sales tax		
Enter the state names other than Kansas where you had income Education Savings: Did you or your spouse make any contributions to a Learning Quest or other state's qualified tuition (Section 529) plan account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Account Number Contribute ABLE Savings Account: Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Account Number Contribute If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Account Number Contribute TS Name of Designated Beneficiary Social Security Number Contribute Woluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Kansas Nongarne Wildlife Improvement Fund (Chickadee Checkoff) Senior Citizens Meals on Wheels Contribution Program Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Hometown Heroes Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)					From To
Enter the state names other than Kansas where you had income Education Savings: Did you or your spouse make any contributions to a Learning Quest or other state's qualified valuation (Section 529) plan account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Contribute Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Account Number Contribute TS Name of Designated Beneficiary Social Security Number Account Number Contribute TS Name of Designated Beneficiary Social Security Number Account Number Contribute TS Name of Designated Beneficiary Social Security Number Account Number Contribute Woluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff) Senior Citizens Meals on Wheels Contribution Program Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Herces Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)					(Mo/Da/11)
Education Savings: Did you or your spouse make any contributions to a Learning Quest or other state's qualified tition (Section 529) plan account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Account Number Contribute Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Account Number Contribute Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Account Number Contribute Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff) Senior Citizens Meals on Wheels Contribution Program Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Hometown Heroes Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)	If you di	d not live in Kansas for all of 2020, enter the dates you	ı did live in Kansas	····· <u> </u>	
Did you or your spouse make any contributions to a Learning Quest or other state's qualified tuition (Section 529) plan account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Contribute Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Ryes No If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Account Number Contribute Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff) Senior Citizens Meals on Wheels Contribution Program Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Hometown Heroes Fund School District Contribution Fund School District Contribution Fund School District Contribution Fund School district number (if different from above)	Enter the	e state names other than Kansas where you had incon	ne		
Did you or your spouse make any contributions to a Learning Quest or other state's qualified tuition (Section 529) plan account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Contribute Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Ryes No If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Account Number Contribute Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff) Senior Citizens Meals on Wheels Contribution Program Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Hometown Heroes Fund School District Contribution Fund School District Contribution Fund School District Contribution Fund School district number (if different from above)	Education	n Savings:			
ABLE Savings Account: Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Account Number Contribute Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff) Senior Citizens Meals on Wheels Contribution Program Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)	Did you o	or your spouse make any contributions to a Learning Con (Section 529) plan account?	•	•	s No
Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Account Number Contribute Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff) Senior Citizens Meals on Wheels Contribution Program Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)	TS	Name of Designated Beneficiary		Account Number	2020 Amount Contributed
Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Account Number Contribute Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff) Senior Citizens Meals on Wheels Contribution Program Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)					
Did you or your spouse make any contributions to an ABLE savings account? If Yes, enter the following: TS Name of Designated Beneficiary Social Security Number Account Number Contribute Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff) Senior Citizens Meals on Wheels Contribution Program Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)					
Voluntary Contributions: Enter the amount you wish to contribute on your 2020 tax return to: Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff) Senior Citizens Meals on Wheels Contribution Program Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)	Distance	ADI E			S NO
Enter the amount you wish to contribute on your 2020 tax return to: Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff) Senior Citizens Meals on Wheels Contribution Program Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)	If Yes,	enter the following:	Social Security		2020 Amount
Enter the amount you wish to contribute on your 2020 tax return to: Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff) Senior Citizens Meals on Wheels Contribution Program Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)	If Yes,	enter the following:	Social Security		
Kansas Nongame Wildlife Improvement Fund (Chickadee Checkoff) Senior Citizens Meals on Wheels Contribution Program Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)	If Yes,	enter the following:	Social Security		2020 Amount
Senior Citizens Meals on Wheels Contribution Program Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)	If Yes,	enter the following: Name of Designated Beneficiary	Social Security		2020 Amount
Breast Cancer Research Fund Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)	TS Voluntary	enter the following: Name of Designated Beneficiary y Contributions:	Social Security Number		2020 Amount
Military Emergency Relief Fund Kansas Hometown Heroes Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)	If Yes, TS Voluntary Enter the	Name of Designated Beneficiary y Contributions: e amount you wish to contribute on your 2020 tax returns as Nongame Wildlife Improvement Fund (Chickadee Contribute On Your 2020)	Social Security Number	Account Number	2020 Amount Contributed
Kansas Hometown Heroes Fund Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)	TS Voluntary Enter the Kans Senio	Name of Designated Beneficiary Y Contributions: e amount you wish to contribute on your 2020 tax returns Nongame Wildlife Improvement Fund (Chickadee Cort Citizens Meals on Wheels Contribution Program	Social Security Number arn to: Checkoff)	Account Number	2020 Amount Contributed
Kansas Creative Arts Industry Fund Local School District Contribution Fund School district number (if different from above)	Voluntary Enter the Kans Senic	Name of Designated Beneficiary Y Contributions: e amount you wish to contribute on your 2020 tax returns Nongame Wildlife Improvement Fund (Chickadee Cor Citizens Meals on Wheels Contribution Program st Cancer Research Fund	Social Security Number arm to: Checkoff)	Account Number	2020 Amount Contributed
School district number (if different from above)	Voluntary Enter the Kans Senic	Name of Designated Beneficiary y Contributions: e amount you wish to contribute on your 2020 tax retuses Nongame Wildlife Improvement Fund (Chickadee Cor Citizens Meals on Wheels Contribution Program st Cancer Research Fund ary Emergency Relief Fund	Social Security Number arrn to: Checkoff)	Account Number	2020 Amount Contributed
	Voluntary Enter the Kans Senic Breac Milita Kans	Name of Designated Beneficiary y Contributions: e amount you wish to contribute on your 2020 tax returns as Nongame Wildlife Improvement Fund (Chickadee Cor Citizens Meals on Wheels Contribution Program st Cancer Research Fund ary Emergency Relief Fund cass Hometown Heroes Fund	Social Security Number arr to: Checkoff)	Account Number	2020 Amount Contributed
Intangibles Tax Information:	Voluntary Enter the Kans Senic Brea Milita Kans Kans	Name of Designated Beneficiary y Contributions: e amount you wish to contribute on your 2020 tax returns as Nongame Wildlife Improvement Fund (Chickadee Cor Citizens Meals on Wheels Contribution Program st Cancer Research Fund ary Emergency Relief Fund ary Emergency Relief Fund as Hometown Heroes Fund as Creative Arts Industry Fund	Social Security Number arn to: Checkoff)	Account Number	2020 Amount Contributed
	Voluntary Enter the Kans Senic Brea Milita Kans Kans Loca	Name of Designated Beneficiary y Contributions: e amount you wish to contribute on your 2020 tax returns as Nongame Wildlife Improvement Fund (Chickadee Cor Citizens Meals on Wheels Contribution Program ast Cancer Research Fund ary Emergency Relief Fund ass Hometown Heroes Fund ass Creative Arts Industry Fund all School District Contribution Fund	Social Security Number arn to: Checkoff)	Account Number	2020 Amount Contributed
City	Voluntary Enter the Kans Senic Bread Milita Kans Kans Loca	Name of Designated Beneficiary y Contributions: e amount you wish to contribute on your 2020 tax returns as Nongame Wildlife Improvement Fund (Chickadee Cor Citizens Meals on Wheels Contribution Program est Cancer Research Fund ary Emergency Relief Fund eas Hometown Heroes Fund eas Creative Arts Industry Fund est School District Contribution Fund chool district number (if different from above)	Social Security Number arn to: Checkoff)	Account Number	2020 Amount Contributed
Township	Voluntary Enter the Kans Senic Bread Militat Kans Loca Sco	Name of Designated Beneficiary y Contributions: e amount you wish to contribute on your 2020 tax returns as Nongame Wildlife Improvement Fund (Chickadee Cor Citizens Meals on Wheels Contribution Program est Cancer Research Fund eary Emergency Relief Fund ears Hometown Heroes Fund eas Creative Arts Industry Fund est School District Contribution Fund chool district number (if different from above) es Tax Information:	Social Security Number Irrn to: Checkoff)	Account Number	2020 Amount Contributed
Do you qualify as being disabled or blind?	Voluntary Enter the Kans Senic Bread Militat Kans Loca So	Name of Designated Beneficiary y Contributions: e amount you wish to contribute on your 2020 tax returns as Nongame Wildlife Improvement Fund (Chickadee Correctizens Meals on Wheels Contribution Program ast Cancer Research Fund ary Emergency Relief Fund ary Emergency Relief Fund ass Hometown Heroes Fund ass Creative Arts Industry Fund all School District Contribution Fund chool district number (if different from above) es Tax Information:	Social Security Number arn to: Checkoff)	Account Number	2020 Amount Contributed



Kansas Information (Page 2 of 2)

as any part of your homestead rented or u				Yes N
	sed for business?			
you want to send your 2021 homestead		unty treasurer?		
e you filing as surviving spouse of a disab				
ou qualify as disabled and are not over 5	5. enter the date of vour	disability (Mo/Da/Yr):		
Taxpayer	•	, ,		
Spouse				
ousehold Income:				2020 Amount
Social security death benefits				
011				
TAF payments, general assistance, work				
Other Household Income:				
Recipient		Source		2020 Amount
·				
ease list any other members of the house	nold that lived with you f	for an extended period during the tax y	ear. Do not include	e your dependents.
ease list any other members of the househ	nold that lived with you t	irth Polationship	ear. Do not include Number o Months in Househole	f Social Securi
	Date of B	irth Polationship	Number of Months in	f Social Securi
	Date of B	irth Polationship	Number of Months in	f Social Securi
	Date of B	irth Polationship	Number of Months in	f Social Securi
	Date of B	irth Polationship	Number of Months in	f Social Securi



Kentucky Information

General Information:		Taxpayer	Spouse
Are you a member of the National Guard?		Yes No	Yes No
Enter the amount of Internet or out of state purchases for which you did not pay sales tax			
		From	То
Residency Information:		(Mo/Da/Yr)	(Mo/Da/Yr)
If you did not live in Kentucky for all of 2020, enter the dates you did live in Kentucky			_
Enter the state names other than Kentucky where you had income			
Voluntary Contributions:			
De vers wich to contribute to the Delitical Destr. Fundo	Taxpayer	Spo	ouse
Do you wish to contribute to the Political Party Fund?	Yes No	Yes	No
Democratic			
Republican			
Enter the amount of your overpayment you wish to contribute on your 2020 tax return to:			
Nature and Wildlife Fund Child Victims' Trust Fund Veterans' Program Trust Fund Breast Cancer Research and Education Trust Fund Farm to Food Banks Trust Fund Local History Trust Fund Special Olympics Kentucky Pediatric Cancer Research Trust Fund Rape Crisis Center Trust Fund Court Appointed Social Advocate Trust Fund YMCA Youth Association Fund Enter Any Additional Kentucky Information:			



Louisiana Information (Page 1 of 2)

Gen	eral Information:			
Eı	nter the amount of Internet or out of state purchases for which	ch you did not pay sales tax		
Resi	dency Information:			From To (Mo/Da/Yr)
	rou did not live in Louisiana for all of 2020, enter the dates you ter the state names other than Louisiana where you had inco			
duc	ation Savings:			Yes No
	you or your spouse make any contributions to a START Sav If Yes, enter the following:	rings Program account? .		
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed
	ntary Contributions: ter the amount you wish to contribute on your 2020 tax retu	rn to:		
	Coastal Protection and Restoration Fund			
	Wildlife Habitat and Natural Heritage Trust Fund			
	Louisiana Cancer Trust Fund			
	Louisiana Pet Overpopulation Advisory Council Louisiana Food Bank Association			
	Make-A-Wish Foundation of the Texas Gulf Coast and Louis			
	Louisiana Association of United Ways / LA 2-1-1		• • • • • • • • • • • • • • • • • • • •	
	Associate Bad Onesa			
	Louisiana National Guard Honor Guard for Military Funerals			I
		·		
	Louisiana State Troopers Charities, Inc.			
	Friends of Palmeto State Park			
	The American Rose Society			
	The Extra Mile			
	Louisiana Naval War Memorial Commission; U.S.S. KIDD			
	Children's Therapeutic Services at the Emerge Center			
	Additional Donation to the Military Family Assistance Fund			
	Additional Donation to Coastal Protection and Restoration	FI		
	Additional Donation to Louisiana Food Bank Association			



Louisiana Information (Page 2 of 2)

ahility (Credits:							Ta	xpay	er er	S	pous
ability (oreurs.							Yes		No	Yes	3
	alify as deaf?								.			
	ve a loss of limb?								.			+ +
o you qu	alify as mentally incapacitated?								. L			J
							X ti	те Арр	olica	ble B	ox(es)	
	Dependent	Name				Deaf	Lo		1	Menta	lly	Blii
						Deal	of L	imb	Inc	apaci	tated	DIII
Hunting	g and Fishing Licenses Informati	on:										
TS	Dependent Name		State ID N	Number		's License umber	9 8	State of			Amoun	t
					IN	umber		ISSUE				
	Dependent Name				Nama	of School					*De	duc
	Dependent Name				Name	or School						'ade
	Dependent Nume				Name	or School					(ode
	Dependent Hume				Name	or School					(Code
	Dependent Hame				Name	or School						Code
	Dependent Hame				Name	or school						Code
nter qual	lified expenses for each dependent listed at	oove:			Name	oi School						Code
nter qual		Tuitio		Scho	ol	Text	book:	s or			Supplie	
nter qual				Scho Unifor	ol		book st. M	s or ateria				
nter qual		Tuitio			ol	Text	book ist. M	s or ateria	1	•		
nter qual		Tuitio			ol	Text	book ist. M	s or ateria	I	•		
nter qual		Tuitio			ol	Text	book: ist. M	s or ateria	I	(
	ified expenses for each dependent listed at	Tuitio and Fe			ol	Text	book st. M	s or ateria	I			
		Tuitio and Fe			ol	Text	book sst. M	s or ateria	ı	(
	ified expenses for each dependent listed at	Tuitio and Fe			ol	Text	book st. M	s or ateria	I	;		
	ified expenses for each dependent listed at	Tuitio and Fe			ol	Text	book sst. M	s or ateria	I	(
	ified expenses for each dependent listed at	Tuitio and Fe			ol	Text	bookk st. M	s or ateria	ı	;		s
	ified expenses for each dependent listed at	Tuitio and Fe			ol	Text	book st. M	s or ateria		,		
	ified expenses for each dependent listed at	Tuitio and Fe			ol	Text	book st. M	s or ateria		(
	ified expenses for each dependent listed at	Tuitio and Fe			ol	Text	book st. M	s or ateria		;		
	ified expenses for each dependent listed at	Tuitio and Fe			ol	Text	book st. M	s or ateria		(



Maine Information (Page 1 of 2)

General	Information:			
Are you	u engaged in commercial farming or fishing?			Yes No
Enter	the amount of Internet or out of state purchases for which	n you did not pay sales tax		
Resider	ncy Information:		Fron (Mo/Da	
If you o	did not live in Maine for all of 2020, enter the dates you di	d live in Maine		
Enter t	he state names other than Maine where you had income			
Did you	on Savings: or your spouse make any contributions to a qualified starter, enter the following:	te tuition (Section 529) plan	account?	Yes No
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed
Enter ti	ry Contributions: he amount you wish to contribute on your 2020 tax return dangered and Nongame Wildlife Fund ine Children's Trust			
Mai	ine Military Family Relief Fund			
Mai	ine Veterans' Memorial Cemetery Maintenance Fund			
Mai	ine Public Library Fund			
	want \$3.00 to go to the Maine Clean Election Fund? our spouse want \$3.00 to go to this fund?			Yes No
Park Pa	sses:			Number of
Numbe	er of park passes to be purchased:			Passes
Inc	dividual park pass?			
Ve	hicle park pass?			





Property Tax Fairness Credit

Rent	t paid on your home		
		Yes	No
Does	es rent paid include heat, utilities, furniture, snowplowing or similar items?		
		·	
Was	s your rent reduced or paid in part by the government?		
	, , , , , , , , , , , , , , , , , , ,	L	
Lanc	dlord's name and telephone number		
Lanc	and a fiame and telephone number		
5. .		.,	
	you or your spouse, if married, receive social security disability benefits or supplemental security income disability	Yes	No
be	enefits in 2020?		
Enter	Any Additional Maine Information:		
I			



Maryland Information (Page 1 of 2)

Gene	eral Information:				
Ро	litical subdivision				
	ne political subdivision is not known, enter the County of residence on December 31, 2020 Incorporated city, town or taxing area on Dec				
				Taxpayer Spouse]
Do	you qualify as totally disabled?			Yes No Yes No	
Are	you or your spouse a member of the military?			Yes No	
Resi	dency Information:			From To p/Da/Yr) (Mo/Da/Yr)	
If y	ou did not live in Maryland for all of 2020:		(IVI)	(MO/Da/11)	
	Enter the dates you did live in Maryland				
	Enter the other state of residence		· · · · · · · · · · · · · · · · · · ·		
En	ter the state names other than Maryland where	e you had income			
Pe	nnsylvania residents:				
	What is the name of your township?				
	What is the name of your county?				
If y	ou are a nonresident of Maryland, did you resi your state of legal residency?			Yes No	
Educ	ation Savings:				
-	I you or your spouse make any contributions to Frust or Maryland College Investment Plan Acc f Yes, enter the following:	•	-	Yes No	
TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2020 Amount Contributed
Volu	ntary Contributions:	ı	1		,
Ent	ter the amount you wish to contribute on your	2020 tax return to:			
	Chesapeake Bay and Endangered Species Fu	ınd			
	Developmental Disabilities Services and Supp				
Long	-Term Care Insurance Information:	1			
	Name of Insured	Age	Social Security Number	Relationship to Taxpayer	Amount of Premium Paid
- 1				1	1



Maryland Information (Page 2 of 2)

Quality Teacher Incentive Credit:	Taxpayer	Spouse
If you are a Maryland teacher and qualify for this credit:		
Enter the amount of tuition paid		
Enter the amount of tuition reimbursement		
Enter Any Additional Maryland Information:		



Massachusetts Information (Page 1 of 2)

General Information:			
		Yes	No
Has your address changed from 2019?			
Are you or your spouse a noncustodial parent?			
Would you like to choose the optional 5.85% tax rate?			
Did you or your spouse make voluntary paid family and medical leave contributions from self-em			
		_	
If Yes, enter the amount			
Total purchases in 2020 subject to Massachusetts use tax			
Sales/use tax paid to other state or jurisdiction			
	Taxpayer		Spouse
	Yes No	Yes	No
Do you qualify for the blind exemption?			
Are you or your spouse a veteran of the U.S. armed forces Operations Enduring Freedom,			L
Iraqi Freedom, or Noble Eagle?			
			└
Total paid for weekly/monthly commuter passes and FastLane tolls			
Residency Information:	Fro	m	То
nesidency information.	(Mo/D		(Mo/Da/Yr
If you did not live in Massachusetts for all of 2020, enter the dates you did live in Massachusetts			
Enter the state names other than Massachusetts where you had income			
Voluntary Contributions:			
Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund?		Yes	No
Taxpayer			
Spouse			
		-	└
Enter the amount you wish to contribute on your 2020 tax return to:			
Organ Transplant Fund			
Endangered Wildlife Conservation			
Massachusetts Public Health HIV and Hepatitis Fund			
Massachusetts United States Olympic Fund			
Massachusetts Military Family Relief Fund			
Homeless Animal Prevention and Care Fund			
Tiomologo / William Tovortion and Gard Fand		<u> </u>	
Deutel Deduction Information.			
Rental Deduction Information:			
Name of landlord			
Rent paid			



Massachusetts Information (Page 2 of 2)

Schedule HC Health Insurance Provider Information

Private or Other Government Provider				Тахра	ayer					Spo	use	
Name of Insurance Company or Administrator or Other Provide	er						_					
Federal Identification Number of Insurance Company												
Subscriber Number							_					
Schedule HC Government - Subsidized Health Insurance									Taxpay	/er	Sp	ouse
Commonwealth Care ConnectorCare MassHealth Medicare Veterans Administration Program Enrollment Tri-Care Other (see instructions). Enter only name(s) of provider(s) above Applied for MassHealth or Commonwealth Care in 2020 and descriptions.												
Months Covered by Health Insurance (if not all of 20)20)											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Taxpayer Spouse		_	_	_			_	_	_	_	_	_
Other Information								Тахра	ayer		Spou	ıse
Form MA 1099-HC not received												
Are you claiming an exemption from the requirement to purchase religious beliefs? Did you claim a religious exemption and receive medical health can be certificate number if you obtained a Certificate of Exemption issue	are dur	 ing the	taxable	 e year?			·	Yes	No		/es	No
Monthly premium amount offered through employer's health insu	ırance p	olan										
Did your employer offer free health insurance? Did your employer offer a qualifying plan that cost less than 9.569. Are you a U.S. citizen or legal permanent resident alien? Do you authorize the DOR to share your Schedule HC with the Continuous Authority to appeal a penalty?	% of ho ommor	usehol wealth	d incon	ne? Insura	 ance Co	onnecto	 or _					
Enter Any Additional Massachusetts Information:												

Michigan Information (Page 1 of 3)



General Information:

					Taxpayer	Spouse
					Yes No	Yes
Ar	e you hemiplegic, paraplegic, or quadriplegic?				,	
	e you totally and permanently disabled?					
	e you deaf?					
Die	d you receive pension or retirement benefits fro					
	Ha at a material and the state of a desired 00 A O			·		
We	ere you born after 1952, retired as of January 1	, 2013, and received	benefits from SSA ex	kempt employment?		
Ar	e you blind and own your own homestead?				Yes	No
۸	a valua vatavan with a samilaa aannaatad diaak	silitu or o or mairing on	auga of augh a vatara		Yes	No
Ar	e you a veteran with a service-connected disab If Yes to above, enter percentage of disability				• —	INO
	in res to above, enter percentage or disability				·	
Ar	e you a surviving spouse of a veteran decease	d in service?			Yes	No
Ar	e you a pensioned veteran, a surviving spouse	of such a veteran, or	on active			
	military duty?				Yes	No
۸						
Ar	e you a surviving spouse of a nondisabled or n	•	•		Voc	No
Ha	World War II, or World War I?				Yes	No
пс	ow many of your dependents:					
	Are deaf?					
	Are blind or disabled?					
	Are qualified disabled veterans?					
	Ware stillbarn and for which you received a C					
	Were stillborn and for which you received a C					
Die	Were stillborn and for which you received a C d you incur expenses related to the Historic Pr	ertificate of Stillbirth	from MDHHS?		·	No No
	d you incur expenses related to the Historic Pr	ertificate of Stillbirth	from MDHHS?		Yes	No No
		ertificate of Stillbirth	from MDHHS?		Yes	No No
En	d you incur expenses related to the Historic Pr	ertificate of Stillbirth	from MDHHS?		Yes	No No Douse
En	d you incur expenses related to the Historic Pr	ertificate of Stillbirth	from MDHHS? t?	kpayer To	Yes Sp	oouse To
En esi	d you incur expenses related to the Historic Pr	ertificate of Stillbirth eservation Tax Credi nases for which you o	from MDHHS? dr. dr. dr. dr. dr. dr. dr. dr. d	крауег	Yes	pouse
En esi	d you incur expenses related to the Historic Protection of Internet or out of state purch dency Information:	ertificate of Stillbirth eservation Tax Credi nases for which you o	from MDHHS?	kpayer To	Yes Sp	oouse To
En esi If)	d you incur expenses related to the Historic Protect the amount of Internet or out of state purchased the state purchased the state of the state purchased the state of the st	ertificate of Stillbirth eservation Tax Credi nases for which you o	from MDHHS?	xpayer To (Mo/Da/Yr)	Yes Sp	oouse To
En esi If)	d you incur expenses related to the Historic Protect the amount of Internet or out of state purch dency Information: you did not live in Michigan for all of 2020, enter did live in Michigan	ertificate of Stillbirth eservation Tax Credi nases for which you o	from MDHHS?	xpayer To (Mo/Da/Yr)	Yes Sp	oouse To
En esi If y En	d you incur expenses related to the Historic Protect the amount of Internet or out of state purchased the state purchased and the state of the state purchased the state in Michigan for all of 2020, enter the state names other than Michigan where	ertificate of Stillbirth eservation Tax Credi nases for which you o	from MDHHS?	xpayer To (Mo/Da/Yr)	Yes Sp	oouse To
esi If) En	d you incur expenses related to the Historic Protect the amount of Internet or out of state purchased the state purchased and the state in Michigan for all of 2020, enter the did live in Michigan	ertificate of Stillbirth eservation Tax Credi nases for which you of er the dates you	from MDHHS? from MDHHS? from did not pay sales tax From (Mo/Da/Yr)	(payer To (Mo/Da/Yr)	Yes Sp From (Mo/Da/Yr)	oouse To (Mo/Da/Yr)
Endesi If y Endesi Iuc	d you incur expenses related to the Historic Protect the amount of Internet or out of state purchased the Information: You did not live in Michigan for all of 2020, entered to the internet or out of state purchased the internet or out of state purchased the information: You did not live in Michigan for all of 2020, entered to the information of the in	ertificate of Stillbirth eservation Tax Credi nases for which you of er the dates you e you had income	from MDHHS? t? did not pay sales tax From (Mo/Da/Yr) on Savings Program of	rpayer To (Mo/Da/Yr)	Yes Sp	oouse To (Mo/Da/Yr)
Endesi If) Endesi Did	d you incur expenses related to the Historic Protect the amount of Internet or out of state purchased the Internet or out of state purc	ertificate of Stillbirth eservation Tax Credi nases for which you of er the dates you e you had income	from MDHHS? from MDHHS? from did not pay sales tax From (Mo/Da/Yr)	rpayer To (Mo/Da/Yr)	Yes Sp From (Mo/Da/Yr)	oouse To (Mo/Da/Yr)
Endesi If y Endesi	d you incur expenses related to the Historic Protect the amount of Internet or out of state purchased the Information: You did not live in Michigan for all of 2020, entered to the internet or out of state purchased the internet or out of state purchased the information: You did not live in Michigan for all of 2020, entered to the information of the in	ertificate of Stillbirth eservation Tax Credi nases for which you of er the dates you e you had income	from MDHHS? t? did not pay sales tax From (Mo/Da/Yr) on Savings Program of	rpayer To (Mo/Da/Yr)	Yes Sr From (Mo/Da/Yr) Yes No	oouse To (Mo/Da/Yr)



Michigan Information (Page 2 of 3)

Voluntary Contributions:

Enter the a	mount you wis	sh to contribute on y	our 2020 tax r	return to:					
Animal	Welfare Fund								
Military	Family Relief F	und							
						Тахр	ayer	Spo	use
Do you wis	h to make a co	ontribution on the 20	020 return to th	he State Campaign Fund?		Yes	No	Yes	No
Property T	ax Credit In	formation:		Residence #1		Resi	idence #2	<u> </u>	
Date reside Address of Street r City or State	ency ended if b homestead: number and nai township	me	(Mo/Da/Yr)						
Current yea Landlord, h Name Street a City State . ZIP coo	ar property taxi nousing project ddress	es							
Total rent p	paid	tax millage							
		n Tax Credit Inf							
County Code	Contract Number	Expiration Date (Mo/Da/Yr)		Joint Owner Name	Joint Owne Security N			er's Sha Income	re



Michigan Information (Page 3 of 3)

Home Heating Credit:				
County			_	
Are heating costs currently included in your rent payments? Do you want your name and address referred to other government of your and/or your spouse receive Supplemental Security Incompose If you and/or your spouse live in one of the following care facilities. Nursing home, adult foster care home, home for the aged or supplemental Security Incompose In	ent assistance programs? me (SSI)? es, please indicate which one: substance abuse center ?	Yes Now	0	
credit?		Yes N	0	
Are there members of the household other than the taxpayer, special claimed on the return who qualify for the home heating credit		Yes N	•	
If Yes, provide the following:	Is the household memb			
	is the nousehold memi.	Del a 0.5. Citizen or qua	illied aller!	V
	Name	Social Security Num	ber Age	Yes or No
-		_	_	_
<u>_</u>		-	_	
Household Resources:				
Enter the amount you received for:				
Child support and foster care payments				
Worker's compensation, veteran's disability compensation a	nd veteran's pension benefits			
Strike pay, SUB pay, long-term disability benefits and income	e protection insurance benefits			
Trade Act of 1974 (TRA) benefits				
Gifts or expenses paid on your behalf				
Other Househol	ld Resources		Am	ount
Enter Any Additional Michigan Information:				



Minnesota Information (Page 1 of 3)

Residency Information:				Fror (Mo/Da	
If you did not live in Minnesota f	or all of 2020, enter the dates you d	did live in Minnesota			
Enter the state names other tha	n Minnesota where you had income	·	<u></u>		
Education Savings:				Yes	No
Did you or your spouse make any If Yes, enter the following:	y contributions to a qualified educat	tion savings account?			
TS Name of Des	ignated Beneficiary	Social Security Number	Accoun	t Number	2020 Amount Contributed
Voluntary Contributions:					
	ontribute on your 2020 tax return to ntribute \$5.00 to a political party, so		Fund		
Taxpayer: Repub		Labor Inde	pendence al Marijuana Now		ots - Legalize Cannabis Campaign Fund
Spouse: Repub	lican Democratic/Farmer- Libertarian		pendence al Marijuana Now		ots - Legalize Cannabis Campaign Fund
Qualified School Expenses	for Dependents:				
	Depend	lent 1		Depend	lent 2
Dependent's name					
Dependent's grade					
Qualified expenses					
Type of school (public, private, home)			_		
Type of expense			_		
Type of Instruction (Class or Individual)			_		
Instructor or organization or Transportation provider			_		
Type of class			_		
Type of musical instrument			_		



Minnesota Information (Page 2 of 3)

Credit for Parents of Stillborn Children:			
Did you or your spouse experience a stillbirth during	the year?		Yes No
If Yes, include the Minnesota Certificate of Birth	for each stillborn child.		
Long Term Care Insurance:			
If you had long term care insurance, list the policy of	wner, policy company name and policy num	ber below.	
Policy Owner	Policy Company Nan	ne	Policy Number
Taxpayer Spouse Joint			
Taxpayer Spouse Joint			
Property Tax Refund Information: Include	e all Certificates of Rent Paid and/or Stat	ements of Property Taxes	Payable in 2021
County of residence			
Are you living in a nursing home or other health care Did you own AND occupy your homestead on BOTH Are you a mobile home owner who paid rent for prop Enter the percent of your home that is NOT used for Enter the amount of property tax refund received	January 2, 2020 and January 2, 2021? Derty on which it was located? business or rented to others		<u>%</u>
Employer Transit Pass Credit:			Yes No
Did your business buy Transit passes to resell or giv	e to your employees?		
If Yes, what was the original cost of the passes?			
What amount was charged to employees for the pas	ses?		
What is your Minnesota ID number?			
Student Loan Credit		Taxpayer	Spouse
Enter the total amount paid toward your or your spo during the year	'		
Enter the amount of interest paid on your or your spontaged during the year	•		
Enter the original balance of your or your spouse's q	ualified student loans		





Enter Any Additional Minnesota Information:





Ger	neral Information:				
C	county of residence				
E	nter the amount of Internet or out of state purc	chases for which you	did not pay sales tax		
Res	idency Information:				
lf	you had income from a state other than Missis enter the name of the other state(s)				
Edu	cation Savings:				
Di	d you or your spouse make any contributions t Program (MPACT) or Mississippi Affordable C If Yes, enter the following:			Tuition	Yes No
TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2020 Amount Contributed
E	nter the amount you wish to contribute on you Mississippi Military Family Relief Fund Mississippi Wildlife Heritage Fund				
	Mississippi Educational Fund				
	Mississippi Commission for Volunteer Service	e Fund			
	Mississippi Burn Care Fund				
	Mississippi Wildlife Fisheries and Parks Four	ndation			
Ent	er Any Additional Mississippi Inforn	nation:			



Missouri Information (Page 1 of 2)

	neral Information:			
(County of residence			
			Taxpayer	Spouse
[Do you qualify as disabled?		Yes No	Yes No
A	Do you or your spouse qualify as a 100 percent disabled vete Are you 60 years of age or older and did you receive surviving Did you make contributions to a health care sharing ministry?	g spouse social security benefi	ts? Yes	No No No
Re	sidency Information:	Тах	payer	Spouse
	If you did not live in Missouri for all of 2020: Enter the dates you did live in Missouri Enter the dates you lived in the other state Enter the state names other than Missouri where you had inc		To (Mo/Da/Yr)	From To (Mo/Da/Yr)
Edu	ıcation Savings:			
D	olid you or your spouse make any contributions to a Missouri S (MOST) account?	•	Yes No	
TS	Name of Designated Beneficiary	Social Security Number	Account Num	ber 2020 Amount Contributed
Vol	luntary Contributions:			
	luntary Contributions: Enter the amount you wish to contribute on your 2020 tax ret	eurn to:		
	•		ancer Research Trust	Fund
	Enter the amount you wish to contribute on your 2020 tax ret	Pediatric Ca	ancer Research Trust eart Association Fun	
	Enter the amount you wish to contribute on your 2020 tax ret Children's Trust Fund	Pediatric Ca American H		
	Enter the amount you wish to contribute on your 2020 tax ret Children's Trust Fund Veteran's Trust Fund	Pediatric Ca American H American L	eart Association Fun	d
	Enter the amount you wish to contribute on your 2020 tax ret Children's Trust Fund Veteran's Trust Fund Elderly Home Delivered Meals Trust Fund Missouri National Guard Trust Fund Workers' Memorial Fund	Pediatric Ca American H American L Missour	eart Association Fun ung Association of	d
	Children's Trust Fund Veteran's Trust Fund Elderly Home Delivered Meals Trust Fund Missouri National Guard Trust Fund Workers' Memorial Fund Childhood Lead Testing Fund	Pediatric Ca American H American L Missour Amyotrophi Fund	eart Association Fun ung Association of Fund c Lateral Sclerosis (A	d LS)
	Children's Trust Fund Veteran's Trust Fund Elderly Home Delivered Meals Trust Fund Missouri National Guard Trust Fund Workers' Memorial Fund Childhood Lead Testing Fund American Cancer Society Heartland	Pediatric Ca American H American L Missour Amyotrophi Fund Arthritis Fou	eart Association Fun ung Association of Fund c Lateral Sclerosis (A	d LS)
	Children's Trust Fund Veteran's Trust Fund Elderly Home Delivered Meals Trust Fund Missouri National Guard Trust Fund Workers' Memorial Fund Childhood Lead Testing Fund American Cancer Society Heartland Division Inc., Fund	Pediatric Ca American H American L Missour Amyotrophi Fund Arthritis Fou March of Di	eart Association Funung Association of Fund Cateral Sclerosis (Activation Fund Cateral Fund Cate	
	Children's Trust Fund Veteran's Trust Fund Elderly Home Delivered Meals Trust Fund Missouri National Guard Trust Fund Workers' Memorial Fund Childhood Lead Testing Fund American Cancer Society Heartland Division Inc., Fund American Diabetes Association	Pediatric Ca American H American L Missour Amyotrophi Fund Arthritis Foo March of Di Muscular D	eart Association Funung Association of Fund c Lateral Sclerosis (A undation Fund mes Fund ystrophy Association	d
	Children's Trust Fund Veteran's Trust Fund Elderly Home Delivered Meals Trust Fund Missouri National Guard Trust Fund Workers' Memorial Fund Childhood Lead Testing Fund American Cancer Society Heartland Division Inc., Fund American Diabetes Association Gateway Area	Pediatric Ca American H American L Missouri Amyotrophi Fund Arthritis Fou March of Di Muscular D National Mu	eart Association Funung Association of Fund Cateral Sclerosis (Association Fund Fund Fund Fund Fund Fund Fund Fun	LS) Fund ety Fund
	Enter the amount you wish to contribute on your 2020 tax ret Children's Trust Fund Veteran's Trust Fund Elderly Home Delivered Meals Trust Fund Missouri National Guard Trust Fund Workers' Memorial Fund Childhood Lead Testing Fund American Cancer Society Heartland Division Inc., Fund American Diabetes Association Gateway Area Breast Cancer Awareness Fund	Pediatric Ca American H American L Missour Amyotrophi Fund Arthritis Fou March of Di Muscular D National Mu Missouri Mi	eart Association Funung Association of Fund Cateral Sclerosis (Activation Fund Fund Fund Fund Fund Fund Fund Fun	LS) Fund ety Fund und
	Children's Trust Fund Veteran's Trust Fund Elderly Home Delivered Meals Trust Fund Missouri National Guard Trust Fund Workers' Memorial Fund Childhood Lead Testing Fund American Cancer Society Heartland Division Inc., Fund American Diabetes Association Gateway Area	Pediatric Ca American H American L Missouri Amyotrophi Fund Arthritis Fot March of Di Muscular D National Mt Missouri Mi General Rev	eart Association Funung Association of Fund Cateral Sclerosis (Association Fund Fund Fund Fund Fund Fund Fund Fun	d LS) Fund ety Fund and





Property Tax Information:

County or city where you paid real estate tax Enter the amounts you paid on your homestead to: Rental payments	
Rental payments	
County real estate tax	
City real estate tax	
School tax	
Percent of real estate tax applicable to homestead	
Total number of acres	
If the homestead is used for business or rental purposes enter:	
Total number of rooms	
Number of rooms used for business or rental	
Did you own or occupy your home for the entire year Yes Yes	
Enter Any Additional Missouri Information:	



Montana Information (Page 1 of 2)

	eral Inform			Taxpayer		Spouse
En	ter the numb	per of exemptions for handicapped dependent childr	en		_	
Resi	dency Inf	ormation:			From (Mo/Da/Yr	To (Mo/Da/Yr)
		ve in Montana for all of 2020, enter the dates you did names other than Montana where you had income	d live in Montana			
Educ	ation Sav	ings:				
	other state's	spouse make any contributions to a Montana Family qualified tuition (Section 529) plan that is not a prepthe following:		am or	Yes No	
TS		Name of Designated Beneficiary	Social Security Number	Account Number	er	2020 Amount Contributed
Volu	ntary Cor	ntributions:				
En	ter the amou	unt you wish to contribute on your 2020 tax return to):	Taxpayer		Spouse
	Nongame V	Vildlife Program				
	Agriculture	Discontinu				
		Prevention				
Colle	ege Contr	ibution Credit:				
	TSJ	Donation	n(s) Made To			Total Amount
Elde	rly Home	owner/Renter Credit if Over Age 62:				
Νι	ımber of mo	nths occupied Montana residence				
Re	ent paid				[
Pu	ıblic assistar					
Fede	eral Tax D	ata:		Taxpayer		Spouse
Fe	deral estima	ted tax payment paid in 2020				-1-20-
		. t				



Montana Information (Page 2 of 2)

Montana Medical Savings Account:	Taxpayer	Spouse
Beginning balance		
Contributions		
Earnings		
Ending balance		
Enter Any Additional Montana Information:		





General In	formation:			
County of	residence			
School dis	strict name			
Are you o	n active duty in the military?		Yes No	
Residency	/ Information:		Fro (Mo/D	
If you did	not live in Nebraska for all of 2020, enter the dates	s you did live in Nebraska	· · · · · · · · · · · · · · · · · · ·	
Enter the	state names other than Nebraska where you had i	ncome		
ducation	Savings:			
accoun	your spouse make any contributions to a Nebrask t? enter the following:		Yes No	
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed
Use Tax: Enter the	amount of Internet or out of state purchases for w	hich you did not pay sales tax		
Local juris	sdiction to which use tax is owed			
Voluntary	Contributions:			
	amount you wish to contribute on your 2020 tax re			
Wildlife	e Conservation Fund Donation			
Enter Any	Additional Nebraska Information:			



New Hampshire Information (Page 1 of 2)

eneral Information:			Taxp	oayer	Spe	ouse
			Yes	No	Yes	No
Do you qualify as disabled?						
If the IRS has made adjustments to your federal income tax ret have not been previously reported to New Hampshire, indi-	urn that cate which years					
esidency Information:			Fron (Mo/Da		To (Mo/D	
If you did not live in New Hampshire for all of 2020, enter the dilive in New Hampshire			•			
Enter the state names other than New Hampshire where you ha	ad income					
Passthrough Distributions Subject to Interest an	nd Dividends Tax					
Payer's Name	Payer's ID	Entity Type		Amour	nt	FSO
Other Nontaxable Interest and Dividends			,			
TSJ						
Payer's Name						
Payer's Identification Number						
Tax-Exempt Type						
Tax-Exempt Interest		_				



New Hampshire Information (Page 2 of 2)

Business General Information:	
Single Member LLC Name	
Department Identification Number	Yes No
Has the name changed since last year If Yes, enter the former name	
Is this a final return?	
Business Activity Information:	
In what city and state are the books kept?	
What is the principal business activity?	
What country are the records kept in if not the U.S.?	
What is the state of incorporation?	
What year was your first New Hampshire business return filed?	
What year was the business registered with the New Hampshire Secretary of State? Business Locations: In New Hampshire:	
City/Town Location of Factories, S	ales Offices, Warehouses, Construction Sites
Outside New Hampshire:	
Location City and State	Factory, Sales Office, Warehouse, Construction Site, Etc.
•	
Enter Any Additional New Hampshire Information:	



New Jersey Information (Page 1 of 2)

General Inf					
•	nunicipality of residence dependents do you have attending college?				
HOW ITIATTY	dependents do you have attending conege:				
		Taxpayer	Spouse		
		Yes No	Yes No		
Do you qua	ılify as disabled?				
Entar the ex	mount of Internat as out of state numbers of far which you did no	at now color toy			
	mount of Internet or out of state purchases for which you did no ur spouse, and all household members have insurance coverag	• •			
	re year?		No		
	all Forms 1095 received and/or any applicable exemption inform				
Residency	Information:		From	То	
•			(Mo/Da/Yr)	(Mo/Da/	Yr)
If you did n	ot live in New Jersey for all of 2020, enter the dates you did live	in New Jersey			
Enter the st	tate names other than New Jersey where you had income	· · · · · · · · · · · · · · · · · · ·			
	No. of the Process				
_	Contributions:				
	mount you wish to contribute on your 2020 tax return to:				
	ered and Nongame Species of Wildlife Conservation Fund				
	i's Trust Fund				
	Danasau Danasaush Frund				
	Cancer Research Fund				
Vietnam	Neterans' Memorial Fund				
Vietnam USS Ne	Neterans' Memorial Fund w Jersey Educational Museum Fund				
Vietnam USS Ne Other contr	Neterans' Memorial Fund Way Jersey Educational Museum Fund Wibutions. Choose one fund from the list below and enter the am	ount you wish to contribute on your 2			
Vietnam USS Ne Other contr	Neterans' Memorial Fund w Jersey Educational Museum Fund	ount you wish to contribute on your 2			
Vietnam USS Ne Other contr Fund	Neterans' Memorial Fund Way Jersey Educational Museum Fund Wibutions. Choose one fund from the list below and enter the am	ount you wish to contribute on your 2	2020 tax return:		
Vietnam USS Ne Other contr Fund Amount	Neterans' Memorial Fund Way Jersey Educational Museum Fund Wibutions. Choose one fund from the list below and enter the am	ount you wish to contribute on your 2	2020 tax return:		
Vietnam USS Ne Other contr Fund Amount	o Veterans' Memorial Fund ew Jersey Educational Museum Fund ributions. Choose one fund from the list below and enter the am contribution funds:	ount you wish to contribute on your 2	2020 tax return:		
Vietnam USS Ne Other contr Fund Amount	o Veterans' Memorial Fund ew Jersey Educational Museum Fund ributions. Choose one fund from the list below and enter the am contribution funds: Drug Abuse Education Fund	ount you wish to contribute on your 2	2020 tax return:		
Vietnam USS Ne Other contr Fund Amount	veterans' Memorial Fund ew Jersey Educational Museum Fund ributions. Choose one fund from the list below and enter the am contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse	2020 tax return:		
Vietnam USS Ne Other contr Fund Amount	veterans' Memorial Fund ew Jersey Educational Museum Fund ributions. Choose one fund from the list below and enter the am contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse New Jersey Homeless Veterans Fo	2020 tax return:		
Vietnam USS Ne Other contr Fund Amount	Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse New Jersey Homeless Veterans For Leukemia and Lymphoma Society	ey Fund		
Vietnam USS Ne Other contr Fund Amount	overeans' Memorial Fund w Jersey Educational Museum Fund ributions. Choose one fund from the list below and enter the am contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse New Jersey Homeless Veterans Fo Leukemia and Lymphoma Society Northern New Jersey Veterans Me	ey Fund		
Vietnam USS Ne Other contr Fund Amount	oveterans' Memorial Fund ew Jersey Educational Museum Fund ributions. Choose one fund from the list below and enter the am contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse New Jersey Homeless Veterans For Leukemia and Lymphoma Society Northern New Jersey Veterans Med Cemetery Development Fund	ey Fund		
Vietnam USS Ne Other contr Fund Amount	Drug Abuse Education Fund Korean Veterans' Memorial Fund Contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse New Jersey Homeless Veterans For Leukemia and Lymphoma Society Northern New Jersey Veterans Merchant Cemetery Development Fund Local Library Support Fund	ey Fund und r Fund emorial		
Vietnam USS Ne Other contr Fund Amount	Drug Abuse Education Fund Korean Veterans' Memorial Fund Contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund New Jersey Veterans Haven Support Fund	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse New Jersey Homeless Veterans For Leukemia and Lymphoma Society Northern New Jersey Veterans Med Cemetery Development Fund	ey Fund und r Fund emorial		
Vietnam USS Ne Other contr Fund Amount	Drug Abuse Education Fund Korean Veterans' Memorial Fund Contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse New Jersey Homeless Veterans For Leukemia and Lymphoma Society Northern New Jersey Veterans Merchery Development Fund Local Library Support Fund Fund for the Support of New Jersey	ey Fund und r Fund emorial		
Vietnam USS Ne Other contr Fund Amount	Drug Abuse Education Fund Korean Veterans' Memorial Fund Community Food Pantry Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund Community Food Pantry Fund Community Food Pantry Fund Community Food Pantry Fund	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse New Jersey Homeless Veterans Fi Leukemia and Lymphoma Society Northern New Jersey Veterans Me Cemetery Development Fund Local Library Support Fund Fund for the Support of New Jersey Veterans Organization	ey Fund und r Fund emorial		
Vietnam USS Ne Other contr Fund Amount	Drug Abuse Education Fund Korean Veterans' Memorial Fund Contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund New Jersey Veterans Haven Support Fund Community Food Pantry Fund New Jersey Farm to School and School Garden Fund	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse New Jersey Homeless Veterans For Leukemia and Lymphoma Society Northern New Jersey Veterans Mercemetery Development Fund Local Library Support Fund Fund for the Support of New Jersey Veterans Organization Yellow Ribbon Fund	ey Fund und r Fund emorial ey Nonprofit		
Vietnam USS Ne Other contr Fund Amount	Drug Abuse Education Fund Korean Veterans' Memorial Fund Fontributions. Choose one fund from the list below and enter the american funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund New Jersey Veterans Haven Support Fund Community Food Pantry Fund New Jersey Farm to School and School Garden Fund ALS Association Support Fund	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse New Jersey Homeless Veterans For Leukemia and Lymphoma Society Northern New Jersey Veterans Me Cemetery Development Fund Local Library Support Fund Fund for the Support of New Jersey Veterans Organization Yellow Ribbon Fund Autism Program Fund	ey Fund und r Fund emorial ey Nonprofit		
Vietnam USS Ne Other contr Fund Amount	ontributions. Choose one fund from the list below and enter the ame of the list below and enter the am	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse New Jersey Homeless Veterans For Leukemia and Lymphoma Society Northern New Jersey Veterans Me Cemetery Development Fund Local Library Support Fund Fund for the Support of New Jerse Veterans Organization Yellow Ribbon Fund Autism Program Fund Boy Scouts Councils in New Jerse	ey Fund und r Fund emorial ey Nonprofit		
Vietnam USS Ne Other contr Fund Amount	Drug Abuse Education Fund Korean Veterans' Memorial Fund Contribution funds: Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund NJ - AIDS Services Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund New Jersey Veterans Haven Support Fund Community Food Pantry Fund New Jersey Farm to School and School Garden Fund ALS Association Support Fund Cat and Dog Spay/Neuter Fund New Jersey Lung Cancer Research Fund	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse New Jersey Homeless Veterans Fit Leukemia and Lymphoma Society Northern New Jersey Veterans Me Cemetery Development Fund Local Library Support Fund Fund for the Support of New Jerse Veterans Organization Yellow Ribbon Fund Autism Program Fund Boy Scouts Councils in New Jerse NJ Memorials to War Veterans Ma	ey Fund emorial ey Fund aintenance Fund		
Vietnam USS Ne Other contr Fund Amount	Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund New Jersey Veterans Haven Support Fund Community Food Pantry Fund New Jersey Farm to School and School Garden Fund ALS Association Support Fund Cat and Dog Spay/Neuter Fund New Jersey Lung Cancer Research Fund Boys and Girls Club in New Jersey Fund	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse New Jersey Homeless Veterans Fit Leukemia and Lymphoma Society Northern New Jersey Veterans Me Cemetery Development Fund Local Library Support Fund Fund for the Support of New Jersey Veterans Organization Yellow Ribbon Fund Autism Program Fund Boy Scouts Councils in New Jersey NJ Memorials to War Veterans Ma Jersey Fresh Program Fund	ey Fund emorial ey Fund aintenance Fund		
Vietnam USS Ne Other contr Fund Amount	Drug Abuse Education Fund Korean Veterans' Memorial Fund Organ and Tissue Donor Awareness Education Fund Literacy Volunteers of America - New Jersey Fund New Jersey Prostate Cancer Research Fund World Trade Center Scholarship Fund New Jersey Veterans Haven Support Fund Community Food Pantry Fund New Jersey Farm to School and School Garden Fund ALS Association Support Fund Cat and Dog Spay/Neuter Fund New Jersey Lung Cancer Research Fund Boys and Girls Club in New Jersey Fund	American Red Cross - NJ Fund Girl Scouts Councils in New Jerse New Jersey Homeless Veterans Fit Leukemia and Lymphoma Society Northern New Jersey Veterans Me Cemetery Development Fund Local Library Support Fund Fund for the Support of New Jersey Veterans Organization Yellow Ribbon Fund Autism Program Fund Boy Scouts Councils in New Jersey NJ Memorials to War Veterans Ma Jersey Fresh Program Fund	ey Fund emorial ey Fund aintenance Fund	Spou	ise No





Property Tax Reimbursement Application Information:	
Property tax paid on principal residence	
Rent paid on principal residence	
Enter Any Additional New Jersey Information:	



New Mexico Information (Page 1 of 2)

eneral Information:			
Enter the name of your Indian nation, tribe or pueblo for taxpag	yer		
Enter the name of your Indian nation, tribe or pueblo for spous	se		
Enter the amount of income earned on your reservation or pue	eblo by enrolled member		
esidency Information:		Fro (Mo/Da	
If you did not live in New Mexico for all of 2020, enter the date	s you did live in New Mexico	·····	
Enter the state names other than New Mexico where you had	income		
lucation Savings:			
Did you or your spouse make any contributions to a New Mexic If Yes, enter the following:	co Education Trust Fund acco		No
TS Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed
New Mexico Housing Trust Fund Share with Wildlife Veterans' National Cemetery Fund			
Forest Re-leaf Program			
Kids in Parks Education program			
ALS Research Fund Vietnam Veterans Memorial State Park			
Veteran's Enterprise Fund			
Lottery Tuition Fund			
Horse Shelter Rescue Fund			
Animal Care and Facility Fund			
0 1 110 : 0 :			
0 14 "E : " 10 B : E !			
If you or your spouse wish to contribute \$2.00 to a political par	rty, specify a party:		
Taxpayer Democratic Republican	Libertarian Gree	n Better for America	Constitution
Spouse Democratic Republican	Libertarian Gree	n Better for America	Constitution



New Mexico Information (Page 2 of 2)

Property Tax Rebate:	Yes No
Were you present in New Mexico for at least six months in 2020?	
Homeowner: Enter the property tax amount billed for the calendar year for the taxpayer if 65 or older	
Renter: Enter the rent paid for the taxpayer if 65 or older	
Amount of workers' compensation received	
Did you receive any supplemental income?	Yes No
Did you receive rent assistance from a government agency?	
Enter Any Additional New Mexico Information:	



New York Information (Page 1 of 2)

General Information:		
Resident county		
School district name		
School district code number		
	Taxpayer	Spouse
Driver's license document ID (if issued by NY)		
Did you make out of state, Internet or catalog purchases on which no sales tax was paid?	Yes	No
If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY		
Did you receive a property tax freeze credit?	Yes	No
If Yes, enter the amount Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and		
Related Offenses, Corrupting the Government, or Defrauding the Government?	Yes	No
Permanent Home Address if Different from Mailing Address:		
Street		
Apartment number		
· · · · · · · · · · · · · · · · · · ·	•	_
Foreign country		
Residency Information:	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in New York state for all of 2020, enter the dates you did live in New York		
If you were not a resident of New York state for any of 2020, enter the number of days spent in the state		
Were you a part-year resident and received New York State income during nonresidency period?	Yes	No
If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse Did you maintain living quarters in New York state? If Yes, enter address(es) below:		
Do you still maintain these living quarters in New York?	Yes	No
Were New York State living quarters maintained for the entire year?	Yes	No
Were you a New York City resident for only part of the taxable year?	Yes	No
	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If Yes, enter the dates you did live in New York City		
Were you a Yonkers resident for only part of the taxable year?	Yes	No
	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If Yes, enter the dates you did live in Yonkers		
Did you live in a nursing home during 2020? Did you reside in public housing or other residence completely exempted from real property taxes in 2020?	Yes Yes	No No



New York Information (Page 2 of 2)

S Name of		Casial Casumitu		2020 1
	f Designated Beneficiary	Social Security Number	Account Number	2020 Amoun Contributed
Vould you like to allocate so	ome or all of your refund to a N	lew York 529 College Savings Pr	ogram?	
Plan code: 52 - College Savings Progr Direct Plan	ram Routing Numb	per Plan Code	Account Number	2020 Amount Contribute
53 - Advisor Guided Colleg Savings Program	je			
Missing and Exploited C Breast Cancer Research	Children	Veterans Love You	d' Homes	



Wages and Salaries Earned in New York State or Yonkers:

If you worked in and out of New York State or Yonkers, please complete the following information for each job worked while a nonresident.

	Job #1	Job #2
	T/S	T/S
Wages earned		
Total days employed if less than full year		
Saturdays and Sundays (not worked) Holidays (not worked)		
		
Sick leave		
Vacation		
Other nonworking days		
Days worked outside state/city		
Days worked at home		
Select state/city: NY, Yonkers or NY/Yonkers		
	Job #3	Job #4
	T/S	T/S
Wages earned		
Total days employed if less than full year		
Saturdays and Sundays (not worked)		
Holidays (not worked)		
Sick leave		
Vacation		
Other nonworking days		
Days worked outside state/city		
Days worked at home		





County of residence					
Enter the amount of Internet or out of state purchases for which you di	id not pay sales tax				
Residency Information:	Taxpayer			Spouse	
icolations information.	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yı	
If you did not live in North Carolina for all of 2020, enter the dates you did live in North Carolina					
Enter the state names other than North Carolina where you had income					
oluntary Contributions:					
Enter the amount of your overpayment you wish to contribute on your 2	2020 tax return to:				
N.C. Education Endowment Fund					
Breast and Cervical Cancer Control Program					





General	Information:			
School	district name			
Resider	ncy Information:			om To Da/Yr) (Mo/Da/Yr)
If you o	did not live in North Dakota for all of 2020, enter the d	ates you did live in North Dakot	a	
Enter t	he state names other than North Dakota where you ha	ad income	· · · · <u> </u>	
Nonres	sident and part-year only:			
En	ter the date you first received North Dakota income		(Mo	/Da/Yr)
	on Savings:	skata Callega CAVE account?	Yes	No
	or your spouse make any contributions to a North Dass, enter the following:	akota College SAVE account?		
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed
	he amount you wish to contribute on your 2020 tax re			
Wa	tchable Wildlife Fund			
Tre	es for North Dakota Program Trust Fund			
Enter A	ny Additional North Dakota Information:			





General	Information:			
Count Enter	s school district name sy of residence the amount of Internet or out of state purchases for what to purchase to the purchase of the purchase o	nich you did		
Resider	ncy Information:		Froi (Mo/Da	
	did not live in Ohio for all of 2020, enter the dates you the state names other than Ohio where you had incom			
ducatio	on Savings:			
529	or your spouse make any contributions to an Ohio Tu Savings Plan account? es, enter the following:			No
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed
В		eturn to:		
W	ildlife species			
М	ilitary injury relief fund			
Ol	hio Historical fund			
St	tate nature preserves			
Enter A	ny Additional Ohio Information:			





General Information:

	ied adoption expenses paid the amount of Internet or out of state purchases for w			
Resider	ncy Information:			From To D/Da/Yr) (Mo/Da/Yr)
If you	did not live in Oklahoma for all of 2020, enter the date	es you did live in Oklahoma	· · · · · · · · · · · · · · · · · · ·	
Enter	the state names other than Oklahoma where you had	income		
ducatio	on Savings:			
Okla	or your spouse make any contributions to an Oklahor ahomaDream 529 account?			No
TS	Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed
 Volunta	ry Contributions:	1		
	the amount you wish to contribute from your 2020 tax	r return refund to:		
S S P	Oklahoma Emergency Responders Assistance Program Support of Folds of Honor Scholarship Program Support the Wildlife Diversity Fund Sublic School Classroom Support Fund Oklahoma Pet Overpopulation Fund			
Enter A	Any Additional Oklahoma Information:			



Oregon Information (Page 1 of 2)

				Taxpayer	Spouse
eneral Information:				Yes No	Yes No
Do you qualify as disabled?					
	ernment employee receiving				,
	and dates you worked for the				
SJ	Payer	's Name		From (Mo/Do/Yr)	To (Mo/Do/Yr)
				(Mo/Da/Yr)	(Mo/Da/Yr)
esidency Information:				From	То
saluency information.				(Mo/Da/Yr	
If you did not live in Oregon	for all of 2020, enter the dat	es vou did live in Oregon			
	than Oregon where you had				
lucation Savings:					T
doddon odvings.				Yes No	
Did you or your spouse make	e any contributions to a 529	Oregon College Savings Ne	twork account?		
If Yes, enter the following					
TS Name of Designate Beneficiary	Social Security Number	Portfolio Number	Account Nu	ımber	2020 Amount Contributed
Beneficiary	Number				Continbuted
	to contribute on your 2020 to		Alzheimer's Disease Resear	ch	
Oregon Historical Societ	у	C	OR Head Start Association		
Child Abuse Prevention		Α	Albertina Kerr Centers .		
Habitat for Humanity .		S	Stop Domestic and Sexual \	Violence	
Oregon Food Bank	L	C	OR Military Financial Assista	ance	
Other Charity (Choose up to	two of the following):				
American Diabetes Asso	ciation	C	Dregon Coast Aguarium		
SMART		S	SOLVE		
St. Vincent de Paul					
Doernbecher Children's		C	Oregon Humane Society	I .	
The Salvation Army		C	Oregon Veteran's Home		
Planned Parenthood of	OR	L	IONS		
Shriner's Hospital for Ch	ildren	S	Special Olympics Oregon		
Susan G. Komen for the	Cure	C	Cascade AIDS project		
Oregon Nongame Wildlit	e	V	eterans Suicide Preventior	n 🗀	
ALS Association	L				
If you or your spouse wish t	o contribute \$3.00 to a politi	cal party, specify a party.			
Taxpayer: Con	stitution Democ	ratic Indepe	ndent Liberta	arian	
' ' =	ublican Pacific			ng Families	
1100					
Spouse: Con	stitution Democ	cratic Indepe	ndent Liberta	arian	
	ublican Pacific			ng Families	





Enter Any Additional Oregon Information:	



Pennsylvania Information (Page 1 of 2)

General Information:	Taxpayer		Spouse
Daytime telephone number (including area code)			
Gambling and lottery winnings			
Name of county			
School district name			
Note: If your school district has changed, update the	e school district shown above.		
Enter the amount of Internet or out of state purchases or services for which you did not pay sales tax			
Residency Information:		Froi	
If you did not live in Pennsylvania for all of 2020, enter the	date you moved into or out of Pen	nsylvania: (Mo/Da	a/Yr) (Mo/Da/Yr)
Taxpayer			
Spouse			
Education Savings:			
Did you or your spouse make any contributions to a Penns other state's qualified tuition (Section 529) account? If Yes, enter the following:	rylvania 529 College Savings Progra		No
TS Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed
Voluntary Contributions:			
Enter the amount that you wish to contribute on your 202	0 tax return to:	Taxpayer	Spouse
PA Breast Cancer Coalition's Refunds for Breast and Wild Resource Conservation Fund Military Family Relief Assistance Program Governor Robert P. Casey Memorial Organ and Tissue Juvenile (Type 1) Diabetes Cure Research Fund American Red Cross PA Children's Trust Fund Pediatric Cancer Research Fund Pennsylvania 529 College Savings Program Account:	Donation Awareness Trust Fund		
TS Name of Designated Beneficiary	Social Security Number	Account Number	Donation Amount



Pennsylvania Information (Page 2 of 2)

Sale of Residence Information:

If you sold your residence in 2020, enter the following Address	
City, state and ZIP code	
0.1,, 0.1.1.0 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
Enter Any Additional Pennsylvania Inform	nation:



Rhode Island Information (Page 1 of 2)

Gener	ral Information:				
City	or town of legal residence				
Resid	ency Information:			From (Mo/Da/Yr)	To (Mo/Da/Yr)
If yo	u did not live in Rhode Island for all of 2020, enter the dates	s you did live in Rhode Island	d		
Ente	er the state names other than Rhode Island where you had in	ncome			
Consu	mer Use Tax:				
Ente	r the amount of Internet or out of state purchases for which	you did not pay Rhode Isla	nd sales tax		
Ente	r the amount of use tax paid to another state				
Isl	you or your spouse make any individual purchases over \$1,0 land sales tax?	•		Yes	No
	Description		Amo	unt Sa	ales Tax Paid
Did y	tion Savings: ou or your spouse make any contributions to a Tuition Savir Yes, enter the following:	ngs Program account?		Yes	No
TS	Name of Designated Beneficiary	Social Security Number	Account Numb		020 Amount Contributed
Volun	tary Contributions:				
Ente	r the amount you wish to contribute on your 2020 tax return	n to:			
	rug Program Account rgan Transplant Fund				
	rgan Transplant Fund ouncil on the Arts				
	ongame Wildlife Appropriation hildhood Disease Victim's Fund and Substance Use and Me		.,		
	ilitary Family Relief Fund	·			
				Yes	No
Do y	rou want to contribute to the Olympics?				
If yo	u wish to contribute \$2.00 to a political party, specify a part	y or select to contribute to t	the nonpartisan genera	al fund.	





nter Any Addit	tional Rhode Island	d Information:	 	 	



South Carolina Information

General Information:			
County			
County		• • • •	
Enter the amount of Internet or out of state purchases for	or which you did not pay sales tax	·	
Residency Information:		Froi (Mo/Da	
If you did not live in South Carolina for all of 2020, enter	the dates you did live in South C		(,
Enter the state names other than South Carolina where y	you had income		
Education Savings:			
Did you or your spouse make any contributions to a Sout Carolina Tuition Prepayment Program account? If Yes, enter the following:	-	ogram or court	No
TS Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed
Enter the amount you wish to contribute on your 2020 ta Endangered Wildlife Fund Children's Trust Fund Eldercare Trust Fund Veterans' Trust Fund Donate Life South Carolina First Steps to School Readiness Trust Fund War Between States Heritage Trust Fund Law Enforcement Assistance Program State Forests Fund	Litter C K-12 P State F Military Consei	Control Enforcement Program ublic Education Fund Parks Fund Family Relief Fund Fund Fund Fund Fund Fund Fund Fund	
Classroom Teacher Expenses Credit:			
Enter Any Additional South Carolina Informat	ion:		





General Information:	Taxpayer		Spo	Spouse	
	Yes	No	Yes	No	
Are you a quadriplegic?					
County or municipality of residence					
Residency Information:					
Enter the state names other than Tennessee where you had income					
Enter Any Additional Tennessee Information:					





_		•				
Genera	ı II	nto	rm) atı	∩r	١.

malam		r	e of the		
	nation or tribe - Taxpaye - Spouse				
Tribal enroll	ment or census number				
		- Spouse	· · · · · · · · · · · · · · · · · · ·		
Enter the ar	mount of Internet or out	of state purchases for which	h you did not		
pay sale	es tax				
esidency	Information:			Fro (Mo/Da	
If you did no	ot live in Utah for all of 20	020, enter the dates you did	d live in Utah		
•		•		· · · · · · · · · · · · · · · · · · ·	
ducation S	avings:			Yes	No
		ntributions to a my529 acco	ount?		
If Yes, inc	clude all Forms TC-675H	and enter the following:			
TS	Name of Designa	ated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed
oluntary C	Contributions:				
Enter the ar Pamela Kurt Osc School I	mount you wish to contri Atkinson Homeless Acco carson Children's Organ District and Nonprofit Sc	bute on your 2020 tax retur ount Transplant Account hool District Foundation			
Enter the ar Pamela : Kurt Osc School I Nam Clean Ai	mount you wish to contri Atkinson Homeless Accorates and Control Carson Children's Organ District and Nonprofit Sc e of School District	ount Transplant Account hool District Foundation			
Enter the ar Pamela Kurt Osc School I Nam Clean Ai Governo	Atkinson Homeless According and Control Atkinson Homeless According and Control Atkinson Children's Organ District and Nonprofit Scient School District and Control Atkinson English and Contr	ount Transplant Account hool District Foundation		party:	
Enter the ar Pamela Kurt Osc School I Nam Clean Ai Governo	Atkinson Homeless Accordance Carson Children's Organ District and Nonprofit Scee of School District	ount Transplant Account hool District Foundation			an
Enter the ar Pamela . Kurt Osc School I Nam Clean Ai Governo	Atkinson Homeless Accordance Carson Children's Organ District and Nonprofit Scient of School District Carson's Suicide Prevention Four spouse wish to contribute Carson Ca	Transplant Account hool District Foundation und Republican	ign Fund, please specify a	arian Independent Americ	
Enter the ar Pamela I Kurt Osc School I Nam Clean Ai Governo If you or you Taxpaye	Atkinson Homeless Accordance Carson Children's Organ District and Nonprofit Scient of School District Carson's Suicide Prevention Four spouse wish to contribute Carson Ca	Transplant Account hool District Foundation und Republican United Utah	ign Fund, please specify a	arian Independent Americ	
Enter the ar Pamela. Kurt Osc School I Nam Clean Ai Governo If you or you Taxpaye	Atkinson Homeless According and Coarson Children's Organ District and Nonprofit Scree of School District ir Fund	Transplant Account hool District Foundation und Dute to the Election Campa Republican United Utah Republican United Utah United Utah	ign Fund, please specify a	arian Independent Americ	
Enter the ar Pamela. Kurt Osc School I Nam Clean Ai Governo If you or you Taxpaye	Atkinson Homeless Accordance Carson Children's Organ District and Nonprofit Scient of School District ir Fund	Transplant Account hool District Foundation und Dute to the Election Campa Republican United Utah Republican United Utah United Utah	ign Fund, please specify a	arian Independent Americ	
Enter the ar Pamela. Kurt Osc School I Nam Clean Ai Governo If you or you Taxpaye	Atkinson Homeless According and Coarson Children's Organ District and Nonprofit Scree of School District ir Fund	Transplant Account hool District Foundation und Dute to the Election Campa Republican United Utah Republican United Utah United Utah	ign Fund, please specify a	arian Independent Americ	
Enter the ar Pamela. Kurt Osc School I Nam Clean Ai Governo If you or you Taxpaye	Atkinson Homeless According and Coarson Children's Organ District and Nonprofit Scree of School District ir Fund	Transplant Account hool District Foundation und Dute to the Election Campa Republican United Utah Republican United Utah United Utah	ign Fund, please specify a	arian Independent Americ	
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Vermont Information (Page 1 of 3)

General Information:			
911 street address at end of 2020, if different than mailing ac School district name			
Enter the amount of Internet or out of state purchases for wh	ich you did not pay sales tax		
Residency Information:		Fro (Mo/D	
If you did not live in Vermont for all of 2020, enter the dates y Enter the Canadian provinces or state names other than Vern			
Education Savings: Did you or your spouse make any contributions to a Vermont If Yes, enter the following:	Higher Education Investment I		No
TS Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed
Payments:			
If you sold real estate in Vermont and the buyer withheld Vermont withheld and include Form RW-171			
2020 nonresident estimated payments made on your behalf to company, or S corporation. Include Schedule K-1VT			
Income Adjustments:			
Military pay when on active duty outside Vermont Months on active military duty			
Bond/note interest from Build America Bond/note interest from VT Telecommunication Authority			



Vermont Information (Page 2 of 3)

Tax Credits:			
Charitable Housing Credit			
Qualified Sale of Mobile Home Park Credit			
Research & Development Credit			
Affordable Housing Credit			
Rehabilitation of Certified Historic Buildings Credit			
Historic Rehabilitation Credit			
Facade Improvement Credit			
Code Improvements Credit			
Entrepreneur's Seed Capital Fund Credit			
Household Income Information:			
Enter household income information if claiming either the Renter Rebate or	Property Tax Adjustmen	nt.	
	Taxpayer	Spouse	All Others
Enter the amount you received from:			
Cash public assistance/welfare			
Veterans' benefits			
Workers' compensation			
Support money/child support			
Gifts of cash or cash equivalent			
Enter the amount you paid for child support			
Name of person paid			
Social security number of person paid			
	I	Name	Social Security Number
Others contributing to household income			- Tumber
Renter Rebate Claim Information:			
Include all Forms LC-142.			
Location of rental property if not assured address			
· · · · · · · · · · · · · · · · · · ·			
Total rent from Form LC-142			





Homestead Declaration Information:	
Location of homestead if not current address	
SPAN (School Property Account Number) Percent of business use of dwelling	
Percent of rental use of dwelling	%
Are improvements of other buildings located on your parcel, other than the dwelling used for business or rented out? Are you the grantor and sole beneficiary of a revocable trust owning the property? Are you the life estate holder of the property? Are you the owner of homestead property crossing town boundaries? Are you residing in a dwelling owned by a related farmer? Property Tax Adjustment Information:	
Enclose a copy of your property tax bill and/or Lister's Certific Enclose statement of school property tax allocable to your ho	cation of the homestead value and proof of payment. omestead from your land trust, cooperative or non-profit mobile home park.
Were you domiciled in VT all year? Do you anticipate selling your housesite on or before April 1, 2021?	Yes No
From 2020/2021 property tax bill:	
Housesite value Housesite education tax Housesite municipal tax	
Percent of ownership interest if not 100%	%
Mobile home lot rent from Form LC-142	
Allocated property tax from land trust, cooperative, or non-profit m	nobile home park:
Allocated education tax Allocated municipal tax	
Property tax from contiguous property if housesite has less than 2	acres:
Contiguous property education tax Contiguous property municipal tax	
Enter Any Additional Vermont Information:	





If you did not live in Virginia for all of 2020, enter the dates you did live in Virginia Enter the state names other than Virginia where you had income Ication Savings: Yes No If Yes, enter the following: Social Security Account Number 2020 Amount	neral Information:					
Enter the amount of Internet or out of state purchases for which you did not pay sales tax Sidency Information: Taxpayer From To (Mo/Da/Yr) If you did not live in Virginia for all of 2020, enter the dates you did live in Virginia Enter the state names other than Virginia where you had income Idation Savings: Id you or your spouse make any contributions to a Virginia College Savings Plan account? If Yes, enter the following: S Name of Designated Beneficiary Type of Plan Social Security Number Account Number 2020 Amount Contributed Contributed Virginia Pourbain Virginia Pourbain Virginia Pourbain Virginia Pourbain Virginia Pourbain Pourbain Virginia Pourbain Pourbain Pourbain Virginia Pourbain Pourbain Pourbain Virginia Pourbain Pourbain Pourbain Pourbain Virginia Pourbain Pourbain Pourbain Virginia Pourbain Pourbain Pourbain Pourbain Pourbain Pourbain Pourbain Pourbain Virginia Pourbain Pourba	City or county of residence on January 1,	2021:				
Enter the amount of Internet or out of state purchases for which you did not pay sales tax Sidency Information: Taxpayer From To (Mo/Da/Yr) If you did not live in Virginia for all of 2020, enter the dates you did live in Virginia Enter the state names other than Virginia where you had income Idation Savings: Id you or your spouse make any contributions to a Virginia College Savings Plan account? If Yes, enter the following: S Name of Designated Beneficiary Type of Plan Social Security Number Account Number 2020 Amount Contributed Contributed Virginia Pourbain Virginia Pourbain Virginia Pourbain Virginia Pourbain Virginia Pourbain Pourbain Virginia Pourbain Pourbain Pourbain Virginia Pourbain Pourbain Pourbain Virginia Pourbain Pourbain Pourbain Pourbain Virginia Pourbain Pourbain Pourbain Virginia Pourbain Pourbain Pourbain Pourbain Pourbain Pourbain Pourbain Pourbain Virginia Pourbain Pourba	Taxpayer					
sidency Information: Taxpayer Spouse From (Mo/Da/Yr) If you did not live in Virginia for all of 2020, enter the dates you did live in Virginia Enter the state names other than Virginia where you had income Ication Savings: It yes, enter the following: S Name of Designated Beneficiary Type of Plan Number Intuition: S Name of Designated Beneficiary Virginia Nongame Wildlife Program Virginia Republican Party political contribution Virginia Republican Party political contribution Virginia Republican Party political contribution Virginia Atosing Program Virginia Nongame Wildlife Program Virginia Nongame Mildlife Program Virginia Nongame Mildlife Program Virginia Republican Party political contribution Virginia State Forests Fund Virginia State Forests Fund Virginia Federation of Humane Societies Spay and Neuter Fund Cancer Centers of Virginia Contribution Virginia Military Family Relief Fund Federation of Virginia Food Banks Public School Foundation Contribution Foundation name(s) Public Library Foundation Contribution Foundation contribution Foundation contribution Foundation contribution	•					
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sidency Information: Taxpayer (Mo/Da/Yr) To (Mo/Da/Yr) To	Enter the amount of Internet or out of	state purchases for which	you did not pay	Taxpay	/er	Spouse
From To (Mo/Da/Yr) To (Mo/Da/Y	sales tax					
from To (Mo/Da/Yr) To (Mo/Da/Y						
From Mo/Da/Yr To Mo/Da/Yr To Mo/Da/Yr To Mo/Da/Yr Mo/Da/Yr To Mo/Da/Yr Mo/D	sidency Information:		Tax	payer		Spouse
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Foundation name(s) Public Library Foundation Contribution						
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				• •		
	Public Library Foundation Contribution	n				
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Enter Any Additional Virginia Information:



West Virginia Information (Page 1 of 2)

_	eral Information:			
Co	unty of residence			
Do	you qualify as permanently and totally disabled?		Yes No	
	Taxpayer Spouse Spouse			
Con	sumer Use Tax:			
En En	ter the amount of purchase subject to municipal use tax	×		
	ter the amount of use tax paid to another municipality ter the name of the municipality to which use tax was p			
Resi	dency Information:		Fro (Mo/D	
lf y	ou did not live in West Virginia for all of 2020, enter the did live in West Virginia	dates you		
En	ter the state names other than West Virginia where you	had income		
Did	d you or your spouse make any contributions to a West Prepaid Tuition Trust Funds Account?			
	If Yes, enter the following:			2020 Amount
TS		Social Security Number	Account Number	2020 Amount Contributed
TS	If Yes, enter the following:	Social Security		
TS	If Yes, enter the following:	Social Security		
Volu	If Yes, enter the following:	Social Security Number	Account Number	
Volu	If Yes, enter the following: Name of Designated Beneficiary ntary Contributions: ter the amount you wish to contribute on your 2020 tax	Social Security Number	Account Number	





Senior Citizens Tax Credit for Property Tax Paid Information:

	Senior Citizen tax credit for property tax
	College Citizen, tax ordan in property tax
	District
	Мар
	Parcel
	Sub-Parcel
	PP Account
Phy:	sician's Certification of Permanent and Total Disability:
	Did you file a physician's certification in prior years? Yes No
	Physician's name
	Physician's name
	Physician's address
	Physician's city, state, ZIP or postal code, and country
	Physician's FEIN
Ente	er Any Additional West Virginia Information:
	Any Additional West Virginia information.



Wisconsin Information (Page 1 of 2)

General	Information:			
Enter th	e following information pertaining to where you live:			
City				
Villa	ge	· · · · · · · · · <u> </u>		
Tow	n	· · · · · · · · · <u> </u>		
Cou	nty			
Sch	ool district number			
Date	e entered nursing home			
Nan	ne of nursing home			
	e amount of adoption fees, court costs, and legal fees			
	e amount of human organ donation expenses relating		rgan	
	e amount of Internet or out of state purchases for which	ch you did not pay sales tax		
	of rent paid on your primary residence during 2020:			
10 8	landlord who did not pay for heat			
			Γ	From To
Residen	cy Information:			(Mo/Da/Yr) (Mo/Da/Yr)
If you o	id not live in Wisconsin for all of 2020, enter the dates	you did live in Wisconsin		
ii you c	id flot live in Wisconsin for all of 2020, enter the dates	you did live in wisconsin .		
Are voi	a former resident moving back to Wisconsin?			Yes No
, ,				
If Ye	or your spouse make any contributions to a Wisconsins, enter the following:	Social Security		2020 Amount
TS	Name of Designated Beneficiary	Number	Account Numbe	Contributed
Volunta	y Contributions:			
C.a.t.a		4		
	e amount you wish to contribute on your 2020 tax retu			
	Deesewek			
	T .F .			
	rans Trust Fund			
	iple Sclerosis			
	ary Family Relief			
	cial Olympics			
Homest	ead Information:			Yes No
Was vo	ur home used for nonhomestead or nonfarm purposes	during the year?		
	nome part of a farm?			
,	o, enter the number of acres your home is located on (t			
	any months during 2020 did you receive a Wisconsin V			
	rice job or a transitional placement or county relief of \$			
	,,			· · · · · · · · · · · · · · · · · · ·





Medical Care Insurance
Enter the amount of medical care insurance you paid when you were not self-employed
If you were only employed for a partial year, enter number of weeks employed
Enter Any Additional Wisconsin Information:





General	Information

Enter the account identification number assigned by the city:				
Taxpayer				
Spouse				
esidency Information:	Taxpayer		Spouse	
esidency information.	From (Mo/Da/Yr)	To (Mo/Da/Yr)	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not work in Kansas City for all of 2020, enter the dates you did work in Kansas City				
usiness Information:				
Enter the physical address of the business:				
Taxpayer				
Spouse				
If you are no longer in business, enter the date the business closed:				
Taxpayer (Mo/Da/Yr)				
Spouse (Mo/Da/Yr)				
nter Any Additional Kansas City Information:				



Michigan Cities Information (Page 1 of 2)

	neral Information:				
	Name of city				
	Township				
	Other township				
	Provide your present employer's:				
	Name				
	Address				
	Provide your spouse's present employer's:				
	Name				
	Address				
	Do you qualify as deaf?	Spouse No			
	Do you qualify as disabled?				
Residency Information:			es No		
[Did you reside in this city for all of 2020?				
			From (Mo/Da/Yr)	To (Mo/Da/Yr)	
ľ	f you did not reside in this city for all of 2020, enter the dates you did reside in this city	· · · · · · · · · · · · · · · · · · ·			
F	Former address				
Wages Earned in Other Cities:					
	Name/Address Where Work Performed	Gross Wages	Total Number of Days Worked	Number of Days Worked in City	





Voluntary Contributions:

City of Battle Creek		
United Way of Battle Creek I	Kalamazoo Region	
	ce *	
Big Rapids Community Pool		
	ary	
F!'		
•	Graves in Grand Rapids	
	nd	
City of Hamtramck		
City of Highland Park		
Landa Tharakan		
Ionia Youth Recreation Progr		
•	on Fund	
Lansing Police Problem Solv		
Lansing Hope Scholarship		
Lansing Homeless Assistanc		
•	tion Fireworks	
Muskegon Veterans Memoria		
· ·	nprovements	
	provements	
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Saginaw Annual Fireworks		
•	ation Foundation	
Walker Comstock Park Educ	cation Foundation	
Walker Comstock Park Educ Walker Grandville Education	cation Foundation Foundation	
Walker Comstock Park Educ Walker Grandville Education Walker Kenowa Hills Educati	cation Foundation Foundation ion Foundation	
Walker Comstock Park Educ Walker Grandville Education Walker Kenowa Hills Educati	cation Foundation Foundation	
Walker Comstock Park Educ Walker Grandville Education Walker Kenowa Hills Educati * Include the legal name,	cation Foundation Foundation ion Foundation address, and federal ID number of the chosen charity.	Yes No
Walker Grandville Education Walker Kenowa Hills Educati * Include the legal name,	cation Foundation Foundation ion Foundation	Yes No
Walker Comstock Park Educ Walker Grandville Education Walker Kenowa Hills Educati * Include the legal name, you wish to donate your enti	cation Foundation Foundation ion Foundation address, and federal ID number of the chosen charity.	Yes No
Walker Comstock Park Educ Walker Grandville Education Walker Kenowa Hills Educati * Include the legal name, you wish to donate your enti	cation Foundation Foundation ion Foundation address, and federal ID number of the chosen charity. ire overpayment to the City of Springfield?	Yes No
Walker Comstock Park Educ Walker Grandville Education Walker Kenowa Hills Educati * Include the legal name, you wish to donate your enti	cation Foundation Foundation ion Foundation address, and federal ID number of the chosen charity. ire overpayment to the City of Springfield?	Yes No
Walker Comstock Park Educ Walker Grandville Education Walker Kenowa Hills Educati * Include the legal name, you wish to donate your enti	cation Foundation Foundation ion Foundation address, and federal ID number of the chosen charity. ire overpayment to the City of Springfield?	Yes No
Walker Comstock Park Educ Walker Grandville Education Walker Kenowa Hills Educati * Include the legal name, you wish to donate your enti	cation Foundation Foundation ion Foundation address, and federal ID number of the chosen charity. ire overpayment to the City of Springfield?	Yes No
Walker Comstock Park Educ Walker Grandville Education Walker Kenowa Hills Educati * Include the legal name, you wish to donate your enti	cation Foundation Foundation ion Foundation address, and federal ID number of the chosen charity. ire overpayment to the City of Springfield?	Yes No
Walker Comstock Park Educ Walker Grandville Education Walker Kenowa Hills Educati * Include the legal name, you wish to donate your enti	cation Foundation Foundation ion Foundation address, and federal ID number of the chosen charity. ire overpayment to the City of Springfield?	Yes No
Walker Comstock Park Educ Walker Grandville Education Walker Kenowa Hills Educati * Include the legal name, you wish to donate your enti	cation Foundation Foundation ion Foundation address, and federal ID number of the chosen charity. Ire overpayment to the City of Springfield?	Yes No
Walker Comstock Park Educ Walker Grandville Education Walker Kenowa Hills Educati * Include the legal name, you wish to donate your enti	cation Foundation Foundation ion Foundation address, and federal ID number of the chosen charity. Ire overpayment to the City of Springfield?	Yes No
Walker Comstock Park Educ Walker Grandville Education Walker Kenowa Hills Educati * Include the legal name, you wish to donate your enti	cation Foundation Foundation ion Foundation address, and federal ID number of the chosen charity. Ire overpayment to the City of Springfield?	Yes No
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New York City UBT Information

Jnincorporated Business Tax (UBT) General Information:	
Business name	_
Street address	
City and state	
ZIP code	
Foreign country	
Nature of business or profession	
Business telephone number (including area code)	
Federal identification number	
New York State sales tax identification number	
Business email address	
Did you file a 2018 New York City Unincorporated Business Tax return?)
Did you file a 2019 New York City Unincorporated Business Tax return?	
If you did not file prior year(s) New York City Unincorporated Business Tax return(s), state reason:	
Date business began (Mo/Da/Yr)	
If business terminated during 2020, enter the termination date	
Enter Any Additional New York City (UBT) Information:	





General Information:		
Name of city		
Daytime telephone number (including area code)		
If you moved during 2020, enter the date you moved (Mo/Da/Yr)		
Principal business activity		
Taxpayer's account number		
Taxpayer's account type		
2019 filing address		
	Yes	N
Are you an employee?		
Are you a proprietor?		
Did you file a return for 2019?		
Did the IRS increase your tax liability for any prior year?		
If Yes, did you file an amended city return?		
Is your city of residence the same as your city of employment?		
Is this your final return?		
If Yes, why?		
Voluntary Contributions (Akron Only):		
Enter the amount you wish to contribute on your 2020 tax return to:		
Police equipment		
Fire and EMS equipment		
Parks and recreation equipment		
Enter Any Additional Ohio City Information:		