## 2020 Tax Organizer Personal and Dependent Information

*Personal In	Formation  When the second control and the se	e angle alexandrone e		ngga ang mangangga ang pang miningga ang pangganggan na Pandangga Mangga kanggan ang pangganggan na Pangganggan na Panggan na Panggan na Panggan na Panggan na Panggan na Panggan	nessociatio sele There's	ente sono con esta esta esta esta esta esta esta esta	an a + an endistration makes	an in a dia dia dia managana		and defendant of the state of	
	Name						SS	N	Has IP PIN	Date (	of birth
Taxpayer	axpayer										
Spouse											,
Street address	, city, state, and ZIP										
	Occupation			Daytim	e phone		Evening p	hone		Cell pho	ne
Taxpayer	Occupation			Dayum	e phone		Evening p	iione		och pho	<del></del>
						+		<del></del>	<del>  -</del>		
Spouse											· ·
Taxpayer email							·		<u>.                                      </u>		
Spouse email							Tayna			Cacus	•
Marital Status at e	nd of 2020	-	Other inform				<u>Taxpa</u>			Spous.	_
Married Married filing	n senarately	ŀ	Are you blin				∐ Yes □ Yes	∐ No □ No		∐ Yes ∏ Yes	∐ No ∏ No
Single	g apparatuly		-	ull-time stude	ent?		Yes	□ N°		Yes	□ No
Widow(er)	If spouse died in 2020 enter the date of death	İ		nt \$3 to go to Il Election Ca		und?	Yes	Пи₀		Yes	□ No
At any time du	ring 2020 did you receive, sell, send, exchar	— '					l currency	, <b>_</b>		— ∏ Yes	□м₀
-	Information		states and				committee of the second	Sancertains of Constitution	THE PERSON NAMED OF THE PE	anymore is wars and wighter	
Dependent	III OIII ALION AND AND AND AND AND AND AND AND AND AN			and a second second second	assas describing	i Caraca pianana produce na	na Krasil Sulamanida e suman		Full-		s recognizar arrantonizar e arra
First and last SSN	name	Has IP PIN		ionship	Months in home	Date o	of birth	Disabled	time student	1	ildcare censes
				-	<u> </u>						
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	s required to file a return	NOTES NO	CONTRACTOR AND TRACTOR	and programme variables		e manufacture de la constantina	alland coast-litter through made	www.carace	All the sile and a shall	THE THE TENED OF TH	e defendance de monte ancientaliste i
COVID-19 I	mplications	- Sagaran et al Sagaran	CONTRACTOR SOCIETY CONTRACTOR CON	upp printhess successivener	Senior a More of	ati a Producisio in			Santa-Carlo Carlo Car	interlakturlanu. 4. arino	eli matrifornice duchament
Yes No		=:=:=									
∐ ∐ Di	d you receive an Economic Impact Paymen If "Yes," provide Notice 1444 from the IRS										
☐ ☐ Di	d you experience economic loss due to CO\		(loss of job,	closed busi	ness, etc.	.)?					
	ere you unemployed for any portion of the y										
	d you continue to receive wages from your of you receive a distribution from a retiremen										
	•	·· hiait (	TOTIS HATE	2.0., 440 10	201.01	- •					
	you own a farm or business: d you continue to pay any employee while th	ney wer	e not workin	ng?							
ia 🗍 🗓	d you delay withholding FICA taxes from any	y emplo	yee's pay?	-							
Di Di	d you receive a Paycheck Protection Progra										
\	If "Yes," was the loan forgiven or have you ere you unable to work due to COVID-19 ar				or than w	nurealf	<del></del>				
U U w	ould have qualified for sick or family leave?	iu, ii eif	ibiosed by 8	omeone offi	or urarry	JUISCII,					ggga tuar kar kyska skuddag sin-k
Appointme	nt Information  **The second by the second b	- Service of a service of a	AND A SERVICE	and the state of t	proven a se	***-conferences	essentia de afronsoso	zódnymy szamenye	and the second of the second	nincia mana in manifesi di selekti 1980-19	
Your 2020 app	ointment is scheduled for										

	Addi	tional Taxpay	er Information				
Name:						SSN:	
Estimates	ner en celle de comina de la comina del comina de la comina del comina de la comina del comina de la comina del	essen nomen and an entire commence of the second	annineraetiini kuusiise vähteen ole enemaan ja vartaa maksi. Ja vartaa maksi vartaa maksi vartaa suurin varta Noorikuudiini kassa suurin maksi maannin maannin maannin maannin maksi kassa kassa suurin kassa suurin kassa s	ne producent propriet and producent		entere en	
Overpayment applied from 2019	Federal Amou	unt Date	Resident state paid Amo	ount	Re Date paid	esident city	Amount
First quarter							
Second quarter							
Third quarter							
Fourth quarter							•
Additional payments							
Account Information for Deposits	or Withdrawa	on the contract of the second second and the contract of the c	er en estationer werdenen verden en er en		estranomisquamentamentamentamenta	муштуну жазап <del>ын кеңенен каңес</del> бектерде жазапса <b>т</b> анан ката	and the second s
		Bank	Bank		account	Use this a	ccount for
Name of bank		routing number	account number	Checking	Savings	Deposits	Withdrawals
					<u></u>		
Identfication Information	THE COLUMN SERVICES OF THE PROPERTY OF A SERVICE SERVICES OF THE PROPERTY OF T	e manufactura de communicación de la communica	The first of the result of the second				
Taxpayer  Type of photo ID	e 🗌 State	e-issued photo ID					
Driver's license or state-issued photo ID	number	,					
State the driver's license or state-issued	photo ID was iss	ued in					
Issue date of the driver's license or state	e-issued photo ID						
Expiration date of the driver's license or	state-issued phot	.o ID					
Spouse Type of photo ID	e 📗 State	e-issued photo ID					
Driver's license or state-issued photo ID	number						
State the driver's license or state-issued	photo ID was iss	ued in					
Issue date of the driver's license or state	e-issued photo ID						
Expiration date of the driver's license or	state-issued phot	o ID					
						•	

		Healthcare Coverage Q	uestionnaire		
Name:				SS	SN:
Heal	thċar	e Information  a state of bilancia count court case and a state of the	renegar suuron suuta vasta vastata kistoisia vasta kasaatta vasta suuta vasta suuta vasta vasta vasta saata va Kananna vasta kun kananna vasta v	o station at the commence of the property of the property of the comment of the c	
		Member of household for healthcare purposes	Covered the entire year	Covered less than 12 months	No healthcare coverage at all
	**				
YES	NO —				
		Did anyone other than you or your spouse pay for healthcare coverage	age for anyone listed above?	?	
		Did you pay for healthcare coverage for anyone not listed above?			
-		everage for any part of the year: was the policy obtained?			
		Employer / Medicare / Medicaid / Marketplace(Exchange) / Other	er		
•		t have coverage part or all of the year:  S if the following applies to any member of the household			
		Was your previous insurance policy canceled in 2020?			
		Was coverage offered by your employer or your spouse's employer'	?		
		Are you a member of a federally recognized Indian tribe?			
		Are you eligible for services through an Indian healthcare provider?			
		Are you a member of a healthcare sharing ministry?			
		Did you live in the United States the entire year?			
		Are you enrolled in TRICARE?			
		Did you apply for CHIP coverage?			
		Do any of the following apply to you? Do NOT indicate which one.			
		Became homeless			
		Evicted in the past six months, or facing eviction or foreclosure			
		Received a shut-off notice from a utility company			
		Recently experienced domestic violence			
		Recently experienced the death of a close family member			
		<ul> <li>Recently experienced a fire, flood, or other natural or human-cauthat resulted in substantial damage to your property</li> <li>Filed for bankruptcy in the last six months</li> </ul>	ised disaster		
		Incurred unreimbursed medical expenses in the last 24 months to	hat resulted in substantial d	ebt	
		Experienced unexpected increases in essential expenses due to ill, disabled, or aging family member	caring for an		

Income	
Name:	SN:
*Wages & Salaries  **Provide all copies of Form W-2	
Provide all copies of Form vv-2	2020 federal
Employer name	wages
	-
	*
Retirement    Retirement	
Provide all copies of Form 1099-R	
	2020
Payer name	distribution
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?	Yes 🗌 No
Form 1099-Misc and Form 1099-NEC Income	
Provide all copies of Forms 1099-MISC and 1099-NEC	ederraldelektrander alektrikken dibbeken (* 4ektriken * \$\frac{1}{4}
	2020
Payer name	amount
•	

Income		
Name:	SSN:	
Dividend Income	at the state of th	enterlammentelejan narjailingkuita manat mommentelejan.
Provide all copies of Form 1099-DIV & other statements that report dividend income	er tallet i 1995 militario de 1990 de 1900 militario de 1900 d La companio de 1900 militario de 1900	an de como chimica de sen de amendo esta e consecutor como de consecutor de la consecutor de la consecutor de consecutor de la consecutor de l
Account number Payer name	2020 ordinary dividends	2020 qualified dividends
Tayor Hamo		dividends
<del></del>		
		<del>2</del>
● 5 × 5/3 13 13 20 20 70 12 13 13 20 20 70 12 13 13 20 20 70 13 13 13 20 70 13 13 13 13 13 13 13 13 13 13 13 13 13	T THE LANGE CONTRACTOR CONTRACTOR AND ADMINISTRATION OF THE PROPERTY OF THE PR	
Interest Income Provide all copies of Form 1099-INT, Form 1099-OID and other statements that report interest income	lanja, isalas kinggandarin maalampidyssessä kiilmingillin liiden ja langa langa langa langa langa langa langa l	
Account number		2020
Payer name	***************************************	interest
,		
•		<del>« , , , , , , , , , , , , , , , ,</del>
	- AMARIA	
		<del>18 8 8</del>
<u> </u>		
If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and addre	ss	

## Other Income and Adjustments Name: Other Income 2020 2020 Taxpayer Spouse Scholarships or grants not reported on Form W-2 State income tax refund (attach Forms 1099-G) Social Security Benefits (attach Forms 1099-SSA) Railroad Retirement Benefits (attach Forms 1099-RRB) Alimony received Divorce or separation date Amount Unemployment compensation repaid in 2020 Other income: Adjustments 2020 2020 Taxpayer Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . . . . . . Payments made for Self-Employed Health Insurance for you, your spouse, or dependents Alimony paid Name SSN Divorce or separation date Name Divorce or separation date Contributions made to an Individual Retirement Account (IRA) . . . . . . . Other adjustments: Job-related Moving Expenses Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station. 2020 Number of miles from old home to new workplace ...... Expense to move household goods and personal effects and lodging expenses while traveling to your new home (Do not include cost of meals)

Schedule (	C - Profit or Loss from Business	
Name:	SSN:	
General Business Information	and the contract of the contra	
Business name	Employer ID number	
Professional product or service		
Business address, city, state, ZIP		
This business started or was acquired during 2020	Yes No Payments of \$600 or more were paid to an individual was not your employee for services provided for this busine	ho is
This business was disposed of during 2020	Yes No You filed Forms 1099 for the individuals	55
The company of the production of the company of the		
	2020	2020
Gross receipts or sales	Other income	
Returns & allowances		, , ,
Expenses	THE SPECIAL CONTROL 1 9 FINESES SON FROM A SPECIAL PROPERTY OF THE STREET STATES AND THE THE THE THE STREET SERVICES	
	2020	2020
Advertising	Travel	
Car & truck expenses	Total meals	
Commissions & fees	Utilities	
Contract labor	Wages	
Depletion	Other expenses (list)	
Employee benefit programs		
Insurance (other than health)		
Interest - mortgage		
Interest - other		
Legal & professional services		
Office expenses		
Pension & profit sharing plans		
Rent (other business property)		
Repairs & maintenance		,
Supplies		
Taxes & licenses		<del></del>
Cost of Goods Sold		
Consider the contract of the c	2020 ** Aparticus of the contract of the contr	2020
Inventory at beginning of year	Materials & supplies	
Purchases	Other costs	
Cost of personal use items	Inventory at end of year	
Cost of labor	There was a change in inventory method	

Schedule E - Income or	Loss from F	Rental Real Estate &	Royalties
Name:			SSN:
General Property Information	79 + 4 4 4 4 4 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	T primated the supplied of the first strong programs, is a representation that interesting the contract supplied to the contract of the contract supplied to the contract s
Property description Address, city, state, ZIP			
Select the property type  Single family residence Multi-family residence Commercial	term rental	Land Royalties	Self-rental Other
Number of days property was rented  If the rental is a multi-dwelling unit and you occupied part of	•	property was used for personal percentage you occupied	use
☐ This property is your main home or second home☐ This property was disposed of during 2020☐ This property was owned as a qualified joint venture	☐ Yes ☐ ☐ Yes ☐	No Payments of \$600 or mo not your employee for set  No You filed Forms 1099 for	re were paid to an individual who is ervices provided for this rental the individuals
Income	ianitratoroni vast nei vastati pieto teini estatilian eustavasti Lukuvunin etti – navallista vast il rusuutu vasti tis e	- Angles of the service distributions again the service of the services of the	e enter en samme son en
Rent income	2020		2020
Expenses  To provide the contract of the contr	Rental unit expenses	Rental and homeowner expenses	то состоя постаную за настаную на настаную на настаную на настаную на настаную постаную на настаную н
Advertising			If this Schedule E is for a
Auto & travel			a multi-unit dwelling and you lived in one unit and rented
Cleaning & maintenance			out the other units, use the
Commissions			"Rental and homeowner expenses" column to show
Insurance			expenses that apply to the entire
Legal & professional fees			property. Use the "Rental unit expenses" column to show
Management fees			expenses that pertain ONLY to
Mortgage interest			the rental portion of the property.
Other interest	. ,		If the Schedule E is not for a
Repairs	•		multi-unit property in which you lived in one unit, complete just
Supplies			the "Rental unit expenses"
Taxes			column.
Utilities			
Depletion			
		· · · · · · · · · · · · · · · · · · ·	

Expenses Relate	d to Business
Name:	SSN:
Auto Expense	THE PROPERTY OF A SECRET CONTROL OF A SECRET C
Name of business vehicle is used for	
Description of vehicle	Yes No Date vehicle was placed in service
Yes No  This vehicle is available for use during off-duty hours  Another vehicle is available for personal use	There is evidence to support your deduction The evidence is written
Mileage Number of miles the vehicle was driven during 2020	
Business	
Commuting	
Other	
Expenses	
Garage rent	Repairs
Gas	Tires
Insurance	Tolls
Licenses	Lease addback
Oil	Other expenses
Parking fees · · · · · · · · · · · · · · · · · ·	
Rental fees	
Interest	
Property tax	
Business Use of Home	
Name of business home is used for	
What is the total square footage of your home that was used regularly and exc	clusively for business
What is the total square footage of your home	
For daycare facilities not used exclusively for business, complete the following	questions
How many days during the year was the area used  How many hours per day was the area used	
The daycare facility was in operation for the entire year	
Expenses Office expenses	Home expenses
Mortgage interest	·
Real estate taxes	enter those expenses that  pertain exclusively to your office;
Excess mortgage interest	
Excess real estate taxes	enter those expenses that  pertain to the entire dwelling.
Insurance	•
Rent	
Repairs & maintenance	
Utilities	
Other expenses	
	·

Schedule A - Itemiz	zed Deductions
Name:	SSN:
Medical and Dental Expenses  Medical and Dental Expenses  Medical and Dental Expenses	Charitable Contributions
Health insurance premiums (paid by you)	Donations to charity Cash Noncash Amount
Long-term care premiums (you) · · · · · · · · ·	<u> </u>
Long-term care premiums (your spouse) · · · · · · ·	Boy or Girl Scouts
Long-term care premiums (dependents)	Goodwill
Mileage driven for medical purposes	Red Cross
Medical & dental expenses	Salvation Army
Doctor, dental, etc	United Way
Prescription medicines	Veterans
Insulin · · · · · · · · · · · · · · · · · · ·	Hospital
Glasses & contacts	University
Hearing aids	Other
Braces	Miles driven for charitable purposes
Medical equipment & supplies	Other Miscellaneous Deductions
Hospital services	Amortizable bond premiums
Laboratory services	Federal estate tax
Nursing services	Gambling losses
Other	Impairment-related work expenses
· Taxes Paid	Claim repayments
State and local income taxes	Unrecovered pension investments
Sales tax	Loss from other activities from Schedule K-1
Real estate taxes	Ordinary loss debt instrument
Personal property taxes	Excess deduction on termination
Other taxes (list)	Job Expenses & Certain Miscellaneous Deductions  Necessary job expenses you paid that were not reimbursed by your employer
	Safety equipment, tools, & supplies
Interest Paid	Uniforms
	Protective clothing (shoes, hardhats, glasses, etc.)
Mortgage interest paid (attach Form 1098)	Dues to professional organizations
☐ used to buy, build, or improve your home	Books & subscriptions
Mortgage interest paid to an individual Paid to:	Other
Name	Union dues
Address	Tax preparation fees
City, State, ZIP	Other nonpersonal expenses related to taxable income
SSN or EIN	Safe deposit box fees
Mortgage insurance premiums	Investment expenses not entered elsewhere
Investment interest	Other
	Home equity interest

	Other	nformation		
ime:			S	SN:
hild and Other Dependent Care Exp	enses	465 (viit) (d. 18. viit) viiti viiti viiti (l. 1804) (l.	Otto eriskalaksiseksetti eristoraankarratariwateine (1966-1966) antikarraksiseksetti eriseksiseksetti elematikarratari	
,			SSN	
Name of care provider		Address	or EIN	Amount paid
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rovide all copies of Form 1098-T				
tudent name		Student name		
Type of expense	Amount	Type of expense		Amount
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		•		-
		•		
tudent name		Student name		
Type of expense	Amount	Type of expense		Amount
type of expense	Amount	Type of expense		ranount
				_
				-
tudent name		Student name		
Torre of comments	<b>A</b>	Town of owners		A a
Type of expense	Amount	Type of expense		Amount
		<del> </del>		
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