Form 1040 | US | Miscellaneous Questions

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

YES	NO	
		PERSONAL INFORMATION
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?
☐	☐	Could you be claimed as a dependent on another person's tax return for the Current Year?
		DEPENDENTS
☐	☐	Were there any changes in dependents?
☐	☐	Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of the Current Year?
☐	☐	Did you have any children under age 19 or full-time students under age 24 at the end of the Current Year, with interest and dividend income in excess of $1,100, or total investment income in excess of $2,200?
		HEALTH CARE COVERAGE
☐	☐	Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.
		INCOME
☐	☐	Did you receive unreported tip income of $20 or more in any month?
☐	☐	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?
☐	☐	Did you receive any disability income?
☐	☐	Did you have any foreign income or pay any foreign taxes?
		PURCHASES, SALES AND DEBT
☐	☐	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
☐	☐	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
☐	☐	Did you buy or sell any stocks, bonds or other investment property in the Current Year?
☐	☐	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
☐	☐	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
☐	☐	Did you have any debts cancelled or forgiven?
☐	☐	Does anyone owe you money which has become uncollectible?

Form 1040 | US | Miscellaneous Questions (continued)

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

YES	NO	
		RETIREMENT PLANS
☐	☐	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
		EDUCATION
☐	☐	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
☐	☐	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
		ITEMIZED DEDUCTIONS
☐	☐	Did you incur a loss because of damaged or stolen property?
☐	☐	Did you work out of town for part of the year?
☐	☐	Did you use your car on the job (other than to and from work)?
		ESTIMATED TAXES
☐	☐	Did you apply an overpayment of the Previous Year taxes to your the current year estimated tax (instead of being refunded)?
☐	☐	If you have an overpayment of the Current Year taxes, do you want the excess applied to your Next Year estimated tax (instead of being refunded)?
☐	☐	Do you expect your Next Year taxable income and withholdings to be different from the Current Year?
		MISCELLANEOUS
☐	☐	Do you want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

Form 1040	US	Miscellaneous Questions (continued)

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

YES	NO	MISCELLANEOUS (continued)
☐	☐	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
☐	☐	Was your home rented out or used for business?
☐	☐	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
☐	☐	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
☐	☐	Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?
☐	☐	Did you engage the services of any household employees?
☐	☐	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
☐	☐	Did you or your spouse make any gifts to an individual that total more than $15,000, or any gifts to a trust?
☐	☐	Did your bank account information change within the last twelve months?

Form 1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6

Please enter all pertinent Current Year information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account	
1=electronic payment of balance due	
1=electronic payment of estimated tax	

BANK INFORMATION

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

CURRENT YEAR ESTIMATED TAX / 1040-ES (6)

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

State	Amount Paid	Date Paid	TS	Current Year Voucher Amount
Overpayment applied from Previous Year				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

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

Form 1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1

Please enter all pertinent current year information.

APPLICATION OF CURRENT YEAR OVERPAYMENT (7.1)

If you have an overpayment of current year taxes, do you want the excess refunded? . . ☐ or applied to Next Year estimate? . . . ☐

Other (please explain): ____________________

NEXT YEAR ESTIMATED TAX INFORMATION

Do you expect your Next Year taxable income to be different from the current year? . . . . Yes ☐ No ☐

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

Do you expect your Next Year withholding to be different from the current year? . . . . Yes ☐ No ☐

If "yes" explain any differences: ____________________

Form 1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2

Please enter all pertinent current year amounts & attach all W-2, W-2G and 1099-R forms. Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

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

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	1=spouse	1=IRA/SEP/SIMPLE	Distribution code #1	Distribution code #2	Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld: Federal (Box 4)	Tax Withheld: State (Box 12)	Value of all IRAs at 12/31/19	Previous Year Distribution

GAMBLING WINNINGS (W-2G) (13.2)

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

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

		Current Year Amount	TS	Previous Year Amount
Total gambling losses	12			
Winnings not reported on Form W-2G	10			

	10, 13.1, 13.2

Form 1040	US	Interest & Dividend Income	11, 12

Please enter all pertinent current year amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income: Banks, S&Ls, C/Us, etc. (Box 1)	Interest Income: Seller-Financed Mtg. (Box 1)	Interest Income: U.S. Bonds, T-Bills (Box 3)	Tax-Exempt Interest: Total Municipal Bonds	Tax-Exempt Interest: In-state Municipal Bonds	Early Withdrawal Penalty (Box 2)	Previous Year Interest

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income: Total Ordinary Dividends (Box 1a)	Dividend Income: Qualified Dividends (Box 1b)	Dividend Income: Total Capital Gain Distrib. (Box 2a)	Dividend Income: SubSection 199A (Box 5)	Dividend Income: U.S. Bonds (% or amt.)	Tax-Exempt Interest: Total Municipal Bonds	Tax-Exempt Interest: In-state Muni-bonds (% or amt.)	Foreign Tax Paid (Box 7)	Previous Year Dividends

Form 1040	US	Miscellaneous Income	14.1

Please enter all pertinent current year amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

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

TAX WITHHELD (not entered elsewhere)

	Current Year Taxpayer	Current Year Spouse	Previous Year Taxpayer	Previous Year Spouse
Federal income tax withheld				
State income tax withheld				
Local income tax withheld				

Form 1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2

Please add, change or delete current year information as appropriate. Be sure to attach all 1099-G forms.

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

		Current Year 1099-G Amount
No.	Name of payer	
	1=spouse	
	Unemployment compensation:	
	Total received (Box 1)	
	Current Year Overpayment repaid	
	State and local refunds:	
	State and local income tax refund, credit or offsets (Box 2)	
	1=city or local income tax refund	
	Tax year for box 2 if not the Previous Year (Box 3)	
	Federal income tax withheld (Box 4)	
	RTAA payments (Box 5)	
	Taxable grants:	
	Federal taxable amount (Box 6)	
	State taxable amount, if different	
	Farm amounts:	
	Agriculture payments (Box 7)	
	1=agriculture payments are from conservation reserve program	
	Market gain (Box 9)	
	Number of farm	
	1=box 2 is trade or business income (Box 8)	
	State income tax withheld (Box 11)	

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

Form 1040	US	Education Distributions (ESA's and QTP's)	14.3

Please enter all pertinent current year amounts and attach all 1099-Q forms. Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

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

		Current Year Amount	Previous Year Amount
No.	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	Current Year contributions to this ESA		
	Value of this account at 12/31/19 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/18		

		Current Year Amount	Previous Year Amount
No.	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	Current Year contributions to this ESA		
	Value of this account at 12/31/19 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/18		

		Current Year Amount	Previous Year Amount
No.	Name of payer		
	1=spouse		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
	ESA's only:		
	Current Year contributions to this ESA		
	Value of this account at 12/31/19 (plus outstanding rollovers)		
	Basis in this ESA as of 12/31/18		

Form 1040 | US | ABLE Distributions | 14.4

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

ABLE DISTRIBUTIONS / CONTRIBUTIONS

		Current Year Amount	Previous Year Amount
No.	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		

No.	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		

No.	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
	Excess contributions withdrawn by due date of return		
	Earnings on excess contributions		

Form 1040	US	Business Income (Schedule C)	No.	16

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

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, if different from Form 1040	
State, if different from Form 1040	
ZIP code, if different from Form 1040	
Foreign region	
Foreign postal code	
Foreign country	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower cost/market, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=personal services is not a material income producing factor		
1=investment		
1=minister's Schedule C		
1=single member limited liability company		
1=trader in financial instruments or commodities		

INCOME

	Current Year Amount	Previous Year Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

	Current Year Amount	Previous Year Amount
Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		
Inventory at end of the year		

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

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

EXPENSES

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

Other expenses:

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

Form 1040	US	Capital Gains & Losses (Schedule D)	17

If you sold any stocks, bonds, or other investment property in the Current Year, please list the pertinent information for each sale below or provide a spreadsheet file with this information. Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)

17

Form 1040	US	Installment Sales (Form 6252)	17 p2

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

PRIOR YEAR INSTALLMENT SALE

No.		Current Year Amount	Previous Year Amount
	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No.			
	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No.			
	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No.			
	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No.			
	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No.			
	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

No.			
	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

Form 1040	US	Sale of Home & Moving Expenses	17, 27

If you sold your home or moved in the Current Year, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3)

Date acquired (m/d/y)

Date sold (m/d/y) (Box 1)

Sales price (Box 2)

1=sale of home

1=owned and used property as main home for at least 2 of 5 years before sale

1=first-time homebuyer credit was previously taken on this home

1=business use in year of sale

Number of days after December 31, 2008 that home was not used as principal residence

Adjusted Basis

Original cost

Improvements:

Adjusted basis

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

Total expenses of sale

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either: **a)** Did not meet the ownership and use tests *, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)

1=sale due to change in health, employment or unforeseen circumstances

Days used as main home - taxpayer

Days used as main home - spouse

Days property owned - taxpayer

Days property owned - spouse

MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent change in station)

1=spouse, 2=joint

1=armed forces move due to permanent change of station

Miles from old home to new work place

Miles from old home to old work place

Expenses for transportation and storage of household goods and personal effects

Lodging and travel (excluding meals):

- Lodging and travel (excluding automobile)
- Parking fees and tolls
- Gas and oil
- Miles driven to new home

(* owned and used property as main home for at least 2 of 5 years before sale)

Form 1040	US	Rental & Royalty Income (Schedule E)	No.	18

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

GENERAL INFORMATION

	Current Year Amount	Previous Year Amount
Description of property		
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented		

Type of Property

1 = Single Family Residence
2 = Multi-Family Residence
3 = Vacation/Short-Term Rental
4 = Commercial
5 = Land
6 = Royalties
7 = Self-Rental

Percentage of ownership if not 100% (.xxxx)		1=did not actively participate	
Percentage of tenant occupancy if not 100% (.xxxx)		1=real estate professional	
1=spouse, 2=joint		1=rental other than real estate	
1=qualified joint venture		1=investment	
1=nonpassive activity, 2=passive royalty		1=single member limited liability company	

If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no

INCOME

	Current Year Amount	Previous Year Amount
Rents or royalties received		

DIRECT EXPENSES

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

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

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

Form 1040	US	Rental & Royalty Income (Sch. E) (cont.)	No.	18 p2

Please enter all pertinent Current year amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	
Foreign postal code	
Foreign country	

OIL AND GAS

	Current Year Amount	Previous Year Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use		
Number of days owned (if optional method elected)		

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

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

Other:

Form 1040	US	Farm Income (Schedule F/Form 4835)	No.	19

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

GENERAL INFORMATION

Principal product	
Employer ID number	

Agricultural activity code		
Accounting method: 1=cash, 2=accrual		
1=spouse, 2=joint		
1=farm rental (Form 4835)		
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other		
1=crop insurance proceeds election		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.		
1=did not "materially participate" (Schedule F only)		
1=did not actively participate (Farm rental only)		
1=real estate professional (farm rental only)		
1=single member limited liability company		
% of ownership if not 100% (.xxxx) (Farm rental only)		

FARM INCOME

	Current Year Amount	Previous Year Amount
Cash method:		
Sales of livestock and other resale items		
Cost or basis of livestock or other resale items		
Sales of products raised		
Accrual method:		
Sales of livestock, produce, etc.		
Beginning inventory of livestock, etc.		
Cost of livestock, etc. purchased		
Ending inventory of livestock, etc.		
Other farm income:		
Total cooperative distributions		
Taxable cooperative distributions		
Total agricultural program payments (other than CRP)		
Taxable agricultural program payments (other than CRP)		
Total conservation reserve program payments		
Taxable conservation reserve program payments		
Commodity credit loans reported under election		
Total commodity credit loans forfeited or repaid		
Taxable commodity credit loans forfeited or repaid		
Total crop insurance proceeds received in the Current Year		
Taxable crop insurance proceeds received in the Current Year		
Taxable crop insurance proceeds deferred from the Previous Year		
Custom hire (machine work) income not included above		

Form 1040	US	Farm Income (Sch. F/Form 4835) (cont.)	No.	19 p2

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

FARM INCOME (continued)

Other income:	Current Year Amount	Previous Year Amount

FARM EXPENSES

	Current Year Amount	Previous Year Amount
Car and truck expenses (not entered elsewhere)		
Chemicals		
Conservation expenses		
Custom hire (machine work)		
Employee benefit programs		
Feed purchased		
Fertilizers and lime		
Freight and trucking		
Gasoline, fuel, and oil		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest (not entered elsewhere)		
Labor hired		
Pension and profit sharing - contributions		
Pension and profit sharing plans - admin. and education costs		
Rent - vehicles, machinery, and equipment (not entered elsewhere)		
Rent - other (land, animals, etc.)		
Repairs and maintenance		
Seeds and plants purchased		
Storage and warehousing		
Supplies purchased		
Taxes (not entered elsewhere)		
Utilities		
Veterinary, breeding, and medicine		
Capitalized preproductive period expenses (also enter below)		

Other expenses:	Current Year Amount	Previous Year Amount

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

Form 1040	US	Partnership and S corporation Information	20.1,20.2

Please add, change or delete Current Year information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation

Form 1040	US	Estate or Trust and REMIC Information	20.3,20.4

Please add, change or delete Current Year information as appropriate. Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

Form 1040	US	Asset Disposition List	22

If you disposed of any business assets in the Current Year, please enter date sold, sales price, and expenses of sale. For real estate transactions, be sure to attach all 1099-S forms and closing statements.

No.	Description of Property (Box 3)	Date Placed in Service	Date Sold (Box 1)	Sales Price (Box 2)	Cost or Basis	Expenses of Sale

Form 1040	US	Asset Acquisition List	22 p2

If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in the Current Year, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method

Form 1040	US	Vehicle Expenses	No.	22 p3

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

GENERAL INFORMATION

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

AUTOMOBILE MILEAGE

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

ACTUAL EXPENSES

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

Form 1040	US	Adjustments to Income	24

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

TRADITIONAL IRA CONTRIBUTIONS

	Current Year Amount Taxpayer	Current Year Amount Spouse	Previous Year Amount Taxpayer	Previous Year Amount Spouse
IRA contributions you made or expect to make (1=maximum) ($6,000/$7,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
Current Year payments from 1/1/20 to 4/15/20				

ROTH IRA CONTRIBUTIONS

	Current Year Amount Taxpayer	Current Year Amount Spouse	Previous Year Amount Taxpayer	Previous Year Amount Spouse
Roth IRA contributions you made or expect to make (1=maximum) ($6,000/$7,000 if 50 or older)				
Contributions made to date				

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

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

ADJUSTMENTS TO INCOME

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

Alimony paid:

	Taxpayer	Spouse
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	Prev. yr. amt:	Prev. yr. amt:

Form 1040	US	Itemized Deductions	25

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

MEDICAL AND DENTAL EXPENSES

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

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

TAXES PAID (State and local withholding and Current Year estimates are automatic.)

	Current Year Amount	TS	Previous Year Amount
State income taxes - 1/19 payment on the Previous Year state estimate			
State income taxes - paid with Previous Year state return extension			
State income taxes - paid with Previous Year state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/19 payment on Previous Year city/local estimate			
City/local income taxes - paid with Previous Year city/local extension			
City/local income taxes - paid with Previous Year city/local return			

SALES AND USE TAXES PAID

	Current Year Amount	TS	Previous Year Amount
State and local sales taxes (except autos and special items)			
Use taxes paid on Current Year purchases			
Use taxes paid with Previous Year state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

	Current Year Amount	TS	Previous Year Amount
Real estate taxes - principal residence:			
Real estate taxes - held for investment:			
Personal property taxes (including auto fees in some states. Provide a copy of tax notice)			
Foreign income taxes			
Other taxes:			

Form 1040	US	Itemized Deductions (continued)	25 p2

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

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:	Current Year Amount	TS	Previous Year Amount

Home mortgage interest not reported on Form 1098:

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

	Current Year Amount	TS	Previous Year Amount
Amount paid			
Points not reported on Form 1098:			
Mortgage insurance premiums on post 12/31/06 contracts (Box 4)			
Investment interest (interest on margin accounts):			
Passive interest			

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:	Current Year Amount	TS	Previous Year Amount
Volunteer expenses (out-of-pocket)			
Number of charitable miles			

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

Contributions by cash or check:	Current Year Amount	TS	Previous Year Amount
Volunteer expenses (out-of-pocket)			
Number of charitable miles			

Form 1040	US	Itemized Deductions (continued)	25 p3

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

NONCASH CONTRIBUTIONS

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

	Current Year Amount	TS	Previous Year Amount
50% limitation (see above):			
30% limitation (see above):			
30% capital gain property (gifts of capital gain property to 50% limit orgs.):			
20% capital gain property (gifts of capital gain property to non-50% limit orgs.):			

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

	Current Year Amount	TS	Previous Year Amount
Union and professional dues			
Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):			
Investment expense:			
Tax return preparation fee			
Safe deposit box rental			
Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):			

(T=taxpayer, S=spouse, Blank=joint)

Form 1040	US	Itemized Deductions (continued)	25 p4

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

OTHER MISCELLANEOUS DEDUCTIONS

	Current Year Amount	TS	Previous Year Amount
Estate tax, section 691(c)			
Other miscellaneous deductions:			

Form 1040	US	Itemized Deductions (continued)	25 p5

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

1. Total home equity debt exceeded $100,000 at any time during the Current Year ($50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
2. Total home acquisition debt exceeded $750,000 at any time during the Current Year ($375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

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

	Current Year Amount	TS	Previous Year Amount
Fair market value of the property on the date that the last debt was secured			
Home acquisition and grandfather debt on the date that the last debt was secured			

LOAN INFORMATION

Loan #1

	Current Year Amount	TS	Previous Year Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in the Current Year			
Home equity debt balance - beginning of year			
Home equity debt borrowed in the Current Year			
Grandfather debt balance - beginning of year			

Loan #2

	Current Year Amount	TS	Previous Year Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in the Current Year			
Home equity debt balance - beginning of year			
Home equity debt borrowed in the Current Year			
Grandfather debt balance - beginning of year			

Form

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

Form 1040	US	Itemized Deductions (continued)	25 p5 cont

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

LOAN INFORMATION (continued)

Loan #3	Current Year Amount	TS	Previous Year Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in the Current Year			
Home equity debt balance - beginning of year			
Home equity debt borrowed in the Current Year			
Grandfather debt balance - beginning of year			

Loan #4	Current Year Amount	TS	Previous Year Amount
Lender's name			
Form (see table)			
Number of form			
1=taxpayer, 2=spouse, blank=joint			
Interest paid			
Points paid			
Total principal paid			
Lump sum principal payment (if paid off)			
Months outstanding (if not 12)			
1=home acquisition debt incurred after 12/15/17			
Home acquisition debt balance - beginning of year			
Home acquisition debt borrowed in the Current Year			
Home equity debt balance - beginning of year			
Home equity debt borrowed in the Current Year			
Grandfather debt balance - beginning of year			

Form

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

Form 1040	US	Noncash Contributions (Form 8283)	26

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

* If you contributed a motor vehicle, boat, or airplane with a claimed value of more than $500, attach Form 1098-C or other written acknowledgement received from the donee organization.

* A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than $500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

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

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

1 How Property was Acquired	2 Method Used to Determine FMV
1 = Purchase 2 = Gift 3 = Inheritance 4 = Exchange	1 = Appraisal 2 = Thrift shop value 3 = Catalog 4 = Comparable sales For other methods, see IRS Pub. 561.

Form 1040	US	Business Use of Home (Form 8829)	No.	29

Please enter Current Year indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	Current Year Amount	Previous Year Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
Area of home included above used exclusively for daycare business, if any (sq ft)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		

INDIRECT EXPENSES

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

	Current Year Amount	Previous Year Amount
Mortgage interest		
Real estate taxes		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess real estate taxes		
Other indirect expenses:		

DIRECT EXPENSES

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

	Current Year Amount	Previous Year Amount
Mortgage interest		
Real estate taxes		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess real estate taxes		
Excess casualty losses		
Allowable casualty losses		
Other direct expenses:		

Form 1040	US	Employee/Vehicle Bus. Exp. (Form 2106)	No.	30

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

GENERAL INFORMATION

Occupation, if different from Form 1040		
Form		
Number of form (1=first Schedule C, 2=second, etc.)		
1=spouse		
1=performance artist, 2=handicapped, 3=fee-basis government official		
1=minister's expenses		

EMPLOYEE BUSINESS EXPENSES

	Current Year Amount	Previous Year Amount
Meal and entertainment expenses		
Reimbursements for meals and entertainment not on W-2, box 1		
1=Department of Transportation (80% meal allowance)		
Local transportation (bus, taxi, train, etc.)		
Travel expenses while away from home overnight		
Reimbursements not included on Form W-2, box 1		
Other business expenses:		

Form 1040	US	Vehicle Expenses (Form 2106) (cont.)	No.	30 p2

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

VEHICLE INFORMATION

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

VEHICLE 1

	Current Year Amount	Previous Year Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Number of months of business use if changed from 100% personal use		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E & F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

VEHICLE 2

	Current Year Amount	Previous Year Amount
Description of vehicle		
Date placed in service (m/d/y)		
Total mileage (for the tax year)		
Business mileage		
Commuting mileage (for the tax year)		
Average daily round-trip commute		
Number of months of business use if changed from 100% personal use		
Parking fees and tolls (business portion only)		
Actual expenses:		
Gasoline, lube, oil		
Repairs		
Tires		
Insurance		
Miscellaneous		
Auto license (other than personal property taxes)		
Personal property taxes (based on car's value)		
Interest (car loan) (for Schedule C, E and F)		
Vehicle rent or lease payments		
Inclusion amount (enter as positive)		
Value of employer-provided vehicle on Form W-2 (2106)		

Form 1040	US	Foreign Income Exclusion (Form 2555)	No.	31.1

Please enter all pertinent Current Year information.

GENERAL INFORMATION

1=spouse	
Foreign address of taxpayer, if different from Form 1040:	
Street address	
City	
Region	
Postal code	
Country	
Employer:	
Name	
U.S. street address	
U.S. city	
U.S. state	
U.S. ZIP code	
Foreign street address	
Foreign city	
Foreign region	
Foreign postal code	
Foreign country	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other	
Employer type, if other	

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective

Country of citizenship	

City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)

Form 1040	US	Foreign Income Exclusion (2555)	No.	31.1 p2

Please enter all pertinent Current Year information.

TRAVEL INFORMATION

NOTE: Please enter all travel for the Current Year as well as travel for the Next Year known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)

Ending date for bona fide residence (m/d/y)

Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer

Names of family living abroad with taxpayer (if applicable):	Relationship	Period family lived abroad

1=submitted statement to country of bona fide residence

1=required to pay income tax to country of bona fide residence

Contractual terms relating to length of employment abroad

Type of visa you entered foreign country under

Explanation why visa limited stay or employment in country (if applicable)

Address of home in U.S. maintained while living abroad (if applicable):	City	State	ZIP Code	1=U.S. home rented (if applicable)

Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)

Principal country of employment

FOREIGN HOUSING EXPENSES

	Current Year Amount	Previous Year Amount
Qualified housing expenses		

Location of housing expenses:	Qualifying days in location (multiple locations only)

Travel Type

1 = Travel to U.S. (default)
2 = Travel to foreign country
3 = Travel to restricted country

Form 1040	US	Foreign Income Exclusion (Form 2555)	No.	31.2

**Please enter all pertinent Current Year amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.**

FOREIGN WAGES, SALARIES, TIPS

	Current Year Amount	Previous Year Amount
Name or number		
1=spouse		
1=retirement plan (Box 13)		
Name of employer (Box c)		
Wages, tips, other compensation (Box 1)		
Federal income tax withheld (Box 2)		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17)		
Local income tax withheld (Box 19)		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging)		
Meals		
Car		

Other properties or facilities:

Allowances and Reimbursements

Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		

Other purposes:

Meals and lodging provided for the convenience of the Employer (excludable under section 119)		

Other Foreign Earned Income

Current Year Days Worked Allocation Information

Total number of days worked (if not 240)		
Total days worked before and after foreign assignment		
Foreign days worked before and after foreign assignment		

Form 1040	US	Health Savings Accounts (8889)	32.1

Please enter all pertinent Current Year amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

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

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

HSA DISTRIBUTIONS

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

Form 1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2

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

DEPENDENT CARE EXPENSES (33.1)

	Current Year Amount Taxpayer	Current Year Amount Spouse	Previous Year Amount Taxpayer	Previous Year Amount Spouse
Dependent care expenses incurred but not paid in the Current Year				
Employer-provided benefits forfeited in the Current Year...				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No.	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in the Current Year		Prev. yr. amt:
	1=disabled		
	1=spouse, 2=joint		

No.	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in the Current Year		Prev. yr. amt:
	1=disabled		
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No.	Name of provider		
	Street address		
	City		
	State		
	ZIP code		
	Foreign region		
	Foreign postal code		
	Foreign country		
	Identification number (SSN or EIN)		
	Amount paid to care provider in the Current Year		Prev. yr. amt:
	1=spouse, 2=joint		

Form 1040	US	Qualified Adoption Expenses (Form 8839)	37

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

ELIGIBLE CHILDREN

No.			Current Year Amount	Previous Year Amount
	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 2002 and was disabled			
	1=special needs child			
No.	1=foreign child			
	1=adoption was not final in the Current Year			
	Qualified Adoption Expenses Paid in	Previous year for adoption not finalized by end of Current Year		
		Prior years for adoption of foreign child finalized in Current Year		
		Previous and Current Year for adoption finalized in Current Year		
		Current Year for adoption finalized before the Current Year		
	1=spouse, 2=joint			

No.			Current Year Amount	Previous Year Amount
	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 2002 and was disabled			
	1=special needs child			
No.	1=foreign child			
	1=adoption was not final in the Current Year			
	Qualified Adoption Expenses Paid in	Previous Year for adoption not finalized by end of Current Year		
		Prior years for adoption of foreign child finalized in Current Year		
		Previous and Current year for adoption finalized in Current Year		
		Current Year for adoption finalized before the Current Year		
	1=spouse, 2=joint			

No.			Current Year Amount	Previous Year Amount
	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 2002 and was disabled			
	1=special needs child			
No.	1=foreign child			
	1=adoption was not final in the Current Year			
	Qualified Adoption Expenses Paid in	Previous Year for adoption not finalized by end of Current Year		
		Prior years for adoption of foreign child finalized in Current Year		
		Previous and Current year for adoption finalized in Current Year		
		Current Year for adoption finalized before the Current Year		
	1=spouse, 2=joint			

Form 1040	US	Education Credits / Tuition Deduction	No.	38

Please complete the information below if you paid qualified education expenses in Current Year for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse		
First name		
Last name		
Social security number		
Number of years hope credit claimed		
Number of prior years AOC claimed		
1=student was NOT enrolled at least half-time for at least one academic period that began in Current Year (or the first 3 months of Next Year if the qualified expenses were made in Current Year) at an eligible institution in a qualified program		
1=student completed first four years of post-secondary education before the Current Year		
1=student was convicted, before the end of Current Year, of a felony for possession or distribution of a controlled substance		

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name		
Street address		
City		
State		
ZIP code		
1=Current Year Form 1098-T was NOT received		
1=Current Year Form 1098-T received with Box 2 & 7 completed		
1=Previous Year Form 1098-T received with Box 2 & 7 completed		
Federal ID number from Form 1098-T		

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name		
Street address		
City		
State		
ZIP code		
1=Current Year Form 1098-T was NOT received		
1=Current Year Form 1098-T received with Box 2 & 7 completed		
1=Previous Year Form 1098-T received with Box 2 & 7 completed		
Federal ID number from Form 1098-T		

QUALIFIED EDUCATION EXPENSES

	Current Year Amount	Previous Year Amount
Qualified tuition & fees paid in Current Year (net of refund or assistance, & not entered elsewhere)		
Books & supplies required to be purchased from institution		
Books & supplies not entered above		
Amount of prior year refund or assistance *		

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

Form 1040	US	Household Employment Taxes (Schedule H)	42

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

HOUSEHOLD EMPLOYMENT TAXES

NOTE:If you paid any one household employee cash wages of $2,100 or more in the Current Year; withheld federal income tax during the Current Year for any household employee; or paid total cash wages of $1,000 or more in any calendar quarter of the Previous Year or the Current Year to household employees, please complete the following:

Employer identification number	
1=spouse, 2=joint	

Social security, Medicare and income taxes:	Current Year Amount	Previous Year Amount
1=paid any one employee cash wages of $2,100 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		

Federal unemployment tax:		
1=paid total cash wages of $1,000 or more in any calendar quarter of the Previous Year or The Current Year		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/20		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
Contributions paid to state unemployment fund		

Form 1040	US	Parent's Election to Report Child's Inc.	No.	44

Please enter all pertinent Current Year amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name	
Last name	
Social security number	
Date of birth (m/d/y)	
1=nontaxable to federal	
1=nontaxable to state	

INTEREST INCOME (Form 1099-INT)

	Current Year Amount	Previous Year Amount
Banks, credit unions, etc. (Box 1):		
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):		
Tax-exempt interest:		
Total municipal bonds		
In-state municipal bonds		
Adjustments:		
Nominee distribution		
Accrued interest		
Tax-exempt interest (1099-INT in error)		
OID adjustment		
ABP adjustment		
Foreign:		
1=interest in or authority over foreign account		
Name of foreign country		
1=grantor/transferor or received distribution from foreign trust		
Post 8/7/86 private activity bond interest (included above) (6251)		

DIVIDEND INCOME (Form 1099-DIV)

	Current Year Amount	Previous Year Amount
Total ordinary dividends (Box 1a):		
Qualified dividends (Box 1b)		
Total capital gain distributions (Box 2a):		
Unrecaptured section 1250 gain (Box 2b)		
Section 1202 gain (Box 2c)		
Collectibles (28%) gain (Box 2d)		
Nontaxable distributions (Box 3)		
Tax-exempt interest:		
Total municipal bonds		
In-state municipal bonds		
Nominee distributions:		
Ordinary dividends		
Qualified dividends		
Capital gain distributions		
Alaska permanent fund dividends included above		

Form 1040	US	Report of Foreign Bank and Financial Accounts	82.1

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

GENERAL INFORMATION

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

Form 1040	US	Report of Foreign Bank & Fin. Accts.	No.	82.1 p2

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

INFORMATION ON FINANCIAL ACCOUNTS

	Current Year Amount	Previous Year Amount
1=spouse		
Type of account: 1=bank account, 2=securities account, or specify		
Maximum value of account (-1 if unknown)		
Financial institution:		
Name of institution (Line 1) (mandatory)		
Name of institution (Line 2)		
Mailing address		
Account number		
City		
State		
ZIP/postal code		
Country (if not US)		
Accounts owned jointly:		
Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)		
Principal joint owner:		
Taxpayer identification number, if not joint filer		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown		
Last name		
First name		
Middle initial		
Address		
City		
State		
ZIP/postal code		
Country (if not US)		
Accounts where filer has no financial interest:		
Last name or org. name (mandatory)		
First name		
Middle initial		
Taxpayer identification number		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown		
Address		
City		
State		
ZIP/postal code		
Country (if not US)		
Filer's title		

Form 1040	US	Foreign Reporting (8938)	No.	82.2 p2

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

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

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

OTHER FOREIGN ASSETS (Part II)

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

1

Type of Entity

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

Form 1040	US	Foreign Reporting (8938) (continued)	No.	82.2 p2

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

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

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

Issuer or counterparty (#2):

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

Issuer or counterparty (#3):

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

Issuer or counterparty (#4):

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

2

Type of Issuer or Counterparty

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

Form 1040	US	Additional Information

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