| 2020 | 1040 | US | Client Information | 1 |
|---|---|---|---|---|

KLABO, BROWN & CO., LLC
PO BOX 790
ABERDEEN SD 57402
Telephone number: (605) 229-4359
Fax number: (605) 229-4984
E-mail address: klabobrown@klabobrown.com

## Tax Return Appointment

Date:
Time:
Location:

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

## CLIENT INFORMATION

| | | |
|---|---|---|
| Filing Status | Filing status (table) | |
| | 1=married filing separate and lived with spouse | |
| | Year spouse died, if qualifying widow(er) (2018 or 2019) | |
| Taxpayer | First name and initial | |
| | Last name | |
| | Title/suffix | |
| | Social security number | |
| | Occupation | |
| | Date of birth (m/d/y) | |
| | Date of death (m/d/y) | |
| | 1=blind | |
| Spouse | First name and initial | |
| | Last name | |
| | Title/suffix | |
| | Social security number | |
| | Occupation | |
| | Date of birth (m/d/y) | |
| | Date of death (m/d/y) | |
| | 1=blind | |
| Address | In care of | |
| | Street address | |
| | Apartment number | |
| | City | |
| | State | |
| | ZIP code | |
| Foreign Address | Region | |
| | Postal code | |
| | Country | |

### Filing Status

1 = Single
2 = Married filing joint
3 = Married filing separate
4 = Head of household
5 = Qualifying widow(er)

| 2020 | 1040 | US | Client Information (continued) | 1 p2 |
|---|---|---|---|---|

**Please add, change or delete information for 2020.**

## CLIENT INFORMATION

| | | |
|---|---|---|
| Taxpayer Contact Information | Home phone | |
| | Work phone | |
| | Work extension | |
| | Daytime phone (table) | |
| | Mobile phone | |
| | Fax number | |
| | E-mail address | |
| Spouse Contact Information | Home phone | |
| | Work phone | |
| | Work extension | |
| | Daytime phone (table) | |
| | Mobile phone | |
| | Fax number | |
| | E-mail address | |
| Taxpayer Authentication | Driver's license no. | |
| | Driver's license state | |
| | Issue date (m/d/y) | |
| | Expiration date (m/d/y) | |
| | Theft protection PIN | |
| Spouse Authentication | Driver's license no. | |
| | Driver's license state | |
| | Issue date (m/d/y) | |
| | Expiration date (m/d/y) | |
| | Theft protection PIN | |

**Daytime Phone**

1 = Work
2 = Home
3 = Mobile

| 2020 | 1040 | US | Dependents | 2 |
|---|---|---|---|---|

**Please add, change or delete information for 2020.**

## DEPENDENTS

| | Dependent | Dependent |
|---|---|---|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death | | |
| Date of adoption | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |
| Type of dependent (see table) | | |
| Earned income credit (see table) | | |
| Claimed by: 1=taxpayer, 2=spouse | | |
| IRS theft protection PIN | | |

| | Dependent | Dependent |
|---|---|---|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death | | |
| Date of adoption | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |
| Type of dependent (see table) | | |
| Earned income credit (see table) | | |
| Claimed by: 1=taxpayer, 2=spouse | | |
| IRS theft protection PIN | | |

| | Dependent | Dependent |
|---|---|---|
| First name | | |
| Last name | | |
| Title/suffix | | |
| Date of birth (m/d/y) | | |
| Date of death | | |
| Date of adoption | | |
| Social security number | | |
| Relationship | | |
| Months lived at home | | |
| Type of dependent (see table) | | |
| Earned income credit (see table) | | |
| Claimed by: 1=taxpayer, 2=spouse | | |
| IRS theft protection PIN | | |

### Type of Dependent

1 = Child living w/taxpayer
2 = Child not living w/taxpayer
3 = Dependent other than child
4 = Head of household or qualifying widow(er) only, not a dependent
5 = Earned income credit only, not a dependent

### Earned Income Credit

1 = When applicable (default)
2 = Student age 19 to 23
3 = Disabled
4 = Force
5 = Suppress

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:

1. School records or statement
2. Landlord or property management statement
3. Health care provider statement
4. Medical records
5. Child care provider records
6. Placement agency statement
7. Social service records or statement
8. Place of worship statement
9. Indian tribe office statement
10. Employer statement

NOTE: If your child is disabled, please provide one of the following forms of proof of disability:

1. Doctor statement
2. Other health care provider statement
3. Social services agency or program statement

| 2020 | 1040 | US | Miscellaneous Questions |
|---|---|---|---|

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

**PERSONAL INFORMATION**

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Did your marital status change during the year? |
| ☐ | ☐ | Did your address change during the year? |
| ☐ | ☐ | Could you be claimed as a dependent on another person's tax return for 2020? |

**DEPENDENTS**

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Were there any changes in dependents? |
| ☐ | ☐ | Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2020? |
| ☐ | ☐ | Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of $1,100, or total investment income in excess of $2,200? |

**STIMULUS PAYMENTS**

| **Yes** | **No** | |
|---|---|---|
| ☐ | ☐ | **Did you receive a Stimulus Payment(s)? If yes, please provide the Notice 1444 that was sent to you a few weeks after the payment. The Notice 1444 will include the amount of the payment you received. If Form 1444 is not available, provide the total amount of Stimulus Payments(s) received.** |

**$__________________**

**HEALTH CARE COVERAGE**

| **Yes** | **No** | |
|---|---|---|
| ☐ | ☐ | **Did you or your dependents have healthcare coverage from the Health Insurance Marketplace (Exchange)? If so, please be sure to include Form 1095-A (Health Insurance Marketplace Statement)** |

**INCOME**

| Yes | No | |
|---|---|---|
| ☐ | ☐ | 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? |

## 2020 | 1040 | US | Miscellaneous Questions

### RENTAL REAL ESTATE INCOME

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Do you have Rental Real Estate Income Property(s)? If so, answer following questions. |
| ☐ | ☐ | Did you spend more than 250 hours dealing with advisors, property managers, or personally with tenants, repair or maintenance companies, or on-site issues? |
| ☐ | ☐ | Did you maintain written time records to prove the regular and continuous activity? |

### PURCHASES, SALES AND DEBT

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC? |
| ☐ | ☐ | Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? |
| ☐ | ☐ | Did you buy or sell any stocks, bonds or other investment property in 2020? |
| ☐ | ☐ | Did you sell or do you plan to sell any dividend generating stocks or mutual funds during the first 60 days of 2021? |
| ☐ | ☐ | Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan If so, please provide copies of closing statements and/or loan documents. |
| ☐ | ☐ | Did you purchase a home in 2020 and you were overseas on official extended duty? |
| ☐ | ☐ | Did you have any debts cancelled or forgiven, other than PPP or EIDL funds received? |
| ☐ | ☐ | Does anyone owe you money which has become uncollectible |
| ☐ | ☐ | Did you sell or use any form of cryptocurrency (such as Bitcoin, Litecoin, etc.)? If yes, we will need detailed information regarding the sales and/or use. |

### RETIREMENT PLANS

| Yes | No | |
|---|---|---|
| ☐ | ☐ | 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.)? |

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Did you make a contribution to a Nondeductible IRA? |

# 2020 1040 US Miscellaneous Questions

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Did you transfer or rollover any amount from one retirement plan to another retirement plan? |
| ☐ | ☐ | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2020? |
| ☐ | ☐ | Did you convert part or all of your Nondeductible IRA to a Roth IRA in 2020? |

## EDUCATION

| Yes | No | |
|---|---|---|
| ☐ | ☐ | 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

| Yes | No | |
|---|---|---|
| ☐ | ☐ | 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)? |
| ☐ | ☐ | Did you purchase a motor vehicle or boat in 2020? If so, enter sales tax paid in the Itemized Deductions Sales and Use Taxes Paid section in the tax organizer. |

## ESTIMATED TAXES

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Did you apply an overpayment of 2019 taxes to your 2020 estimated tax (instead of being refunded)? |
| ☐ | ☐ | If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)? |
| ☐ | ☐ | Do you expect your 2021 taxable income and withholdings to be different from 2020? |

## MISCELLANEOUS

| Yes | No | |
|---|---|---|
| ☐ | ☐ | 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? |

# 2020 | 1040 | US | Miscellaneous Questions

☐ ☐ 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?

☐ ☐ Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust or did you have an interest in any foreign assets or accounts?

☐ ☐ Was your home rented out or used for business?

☐ ☐ Did you make any residential energy-efficient improvements or purchases involving in 2020? If applicable, please provide total cost of each area listed below.

Solar Energy________________ Geothermal Energy_________________
Insulation___________________Doors___________________________
Windows___________________Furnace__________________________
Air Conditioner______________Water Heater_____________________

☐ ☐ Did you have a medical savings account (MSA), a Medicare + Choice MSA, or acquire an interest in an MSA or a Medicare + Choice 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 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? If so, enter the new account information in the Bank Information section of the tax organizer.

☐ ☐ Is the email address shown on Page 2 in the Client Information correct? If incorrect or missing, please update this information.

| 2020 | 1040 | US | Direct Deposit & Estimates (Form 1040 ES) | 3, 6 |
|---|---|---|---|---|

**Please enter all pertinent 2020 information.**

## DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

| | | |
|---|---|---|
| 1=direct deposit of federal tax refund into bank account | 18 | |
| 1=electronic payment of balance due | 34 | |
| 1=electronic payment of estimated tax | 36 | |

## BANK INFORMATION

| | Name of Bank | | Percent to Deposit (xx.xx) | | Routing Number | | Account Number | | Type of Account (Table 1) | | Type of Invest. (Table 2) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 | | 24 | | 20 | | 21 | | 22 | | 71 | |
| 44 | | 45 | | 47 | | 48 | | 49 | | 72 | |
| 50 | | 51 | | 67 | | 68 | | 69 | | 73 | |

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

### Federal

| | | Amount Paid | | Date Paid | TS | | 2020 Voucher Amount |
|---|---|---|---|---|---|---|---|
| Overpayment applied from 2019 | 1 | | | | | | |
| 1st quarter payment | 2 | | 3 | | | 13 | |
| 2nd quarter payment | 4 | | 5 | | | 14 | |
| 3rd quarter payment | 6 | | 7 | | | 15 | |
| 4th quarter payment | 8 | | 9 | | | 16 | |
| Additional Estimated Tax Payments | 38 | | 39 | | | | |
| | 40 | | 41 | | | | |
| | 42 | | 43 | | | | |
| | 44 | | 45 | | | | |
| Paid with extension | 10 | | 11 | | | 802 | |
| Former spouse SSN if joint estimates | 12 | | | | | | |

### State

| | | Amount Paid | | Date Paid | TS | | 2020 Voucher Amount |
|---|---|---|---|---|---|---|---|
| Overpayment applied from 2019 | 101 | | | | | | |
| 1st quarter payment | 102 | | 103 | | | 113 | |
| 2nd quarter payment | 104 | | 105 | | | 114 | |
| 3rd quarter payment | 106 | | 107 | | | 115 | |
| 4th quarter payment | 108 | | 109 | | | 116 | |
| Additional Estimated Tax Payments | 138 | | 139 | | | | |
| | 140 | | 141 | | | | |
| | 142 | | 143 | | | | |
| | 144 | | 145 | | | | |
| Paid with extension | 110 | | 111 | | | 804 | |

**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)



(t=taxpayer, s=spouse, blank=joint)

| 2020 | 1040 | US | Direct Deposit & Estimates (Form 1040 ES) (cont.) | 7.1 |
|---|---|---|---|---|

**Please enter all pertinent 2020 information.**

## APPLICATION OF 2020 OVERPAYMENT (7.1)

If you have an overpayment of 2020 taxes, do you want the excess refunded? ☐ or applied to 2021 estimate? ☐

Other (please explain): ______

## 2021 ESTIMATED TAX INFORMATION

Do you expect your 2021 taxable income to be different from 2020? . . . . . Yes ☐ No ☐

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

Do you expect your 2021 withholding to be different from 2020? . . . . . Yes ☐ No ☐

If "yes" explain any differences: ______

| 2020 | 1040 | US | Wages, Pensions, Gambling Winnings | 10, 13.1, 13.2 |
|---|---|---|---|---|

**Please enter all pertinent 2020 amounts & attach all W-2, W-2G and 1099-R forms.**
**Last year's amounts are provided for your reference.**

## WAGES, SALARIES, TIPS (10)

| No. | Name of Employer (Box c) | 1=retirement plan (Box 13) | 1=spouse | Wages, Tips, Other Compensation (Box 1) | Tax Withheld Federal (Box 2) | Social Security (Box 4) | Medicare (Box 6) | State (Box 17) | Local (Box 19) | 2019 Wages |
|---|---|---|---|---|---|---|---|---|---|---|
| | 800 | 1 | 2 | 3 | 4 | 6 | 8 | 14 | 18 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

## 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) | State (Box 12) | Value of all IRAs at 12/31/20 | 2019 Distribution |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 800 | 1 | 2 | 810 | 196 | 3 | 4 | 6 | 9 | 34 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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## GAMBLING WINNINGS (W-2G) (13.2)

| No. | Name of Payer | 1=spouse | Gross Winnings (Box 1) | Tax Withheld Federal (Box 4) | State (Box 15) | Local (Box 17) | 2019 Winnings |
|---|---|---|---|---|---|---|---|
| | 800 | 1 | 3 | 6 | 9 | 152 | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| | | 2020 Amount | TS | 2019 Amount |
|---|---|---|---|---|
| Total gambling losses | 12 | | | |
| Winnings not reported on Form W-2G | 10 | | | |

| 2020 | 1040 | US | Interest & Dividend Income | 11, 12 |
|---|---|---|---|---|

**Please enter all pertinent 2020 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) | 2019 Interest |
|---|---|---|---|---|---|---|---|---|---|
| | 800 (801, 802, 803) | 1 | 2 | 3 | 4 | 19 | 5 | 18 | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

## 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) | 2019 Dividends |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 800 | 1 | 2 | 30 | 3 | 122 | 502 | 18 | 503 | 16 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

| 2020 | 1040 | US | Miscellaneous Income | 14.1 |
|---|---|---|---|---|

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

## MISCELLANEOUS INCOME

| | 2020 Amount | | | | 2019 Amount | |
|---|---|---|---|---|---|---|
| | Taxpayer | | Spouse | | Taxpayer | Spouse |
| Social security benefits (SSA-1099, box 5) | 2 | | 52 | | | |
| Medicare premiums paid (SSA-1099) | 13 | | 63 | | | |
| 1=treat Medicare premiums paid as SE health ins. | 34 | | 84 | | | |
| Tier 1 RR retirement benefits (RRB-1099, box 5) | 3 | | 53 | | | |
| 1=lump-sum election for SS benefits | 12 | | 62 | | | |
| Alimony received | 5 | | 55 | | | |
| Taxable scholarships and fellowships | 8 | | 58 | | | |
| Jury duty pay | 28 | | 78 | | | |
| Household employee income not on W-2 | 9 | | 59 | | | |
| Excess minister's allowance | 24 | | 74 | | | |
| Alaska permanent fund dividends | 21 | | 71 | | | |
| Income from rental of personal property | 23 | | 73 | | | |
| Income subject to S/E tax: | | | | | | |
| | 10 | | 60 | | | |
| | 10 | | 60 | | | |
| | 10 | | 60 | | | |
| | 10 | | 60 | | | |
| | 10 | | 60 | | | |
| | 10 | | 60 | | | |
| Other income (1099-MISC, box 3, 8) | | | | | | |
| | 11 | | 61 | | | |
| | 11 | | 61 | | | |
| | 11 | | 61 | | | |
| | 11 | | 61 | | | |
| | 11 | | 61 | | | |
| | 11 | | 61 | | | |

## TAX WITHHELD (not entered elsewhere)

| | | | | | | |
|---|---|---|---|---|---|---|
| Federal income tax withheld | 14 | | 64 | | | |
| State income tax withheld | 15 | | 65 | | | |
| Local income tax withheld | 16 | | 66 | | | |

| 2020 | 1040 | US | Capital Gains & Losses (Schedule D) | 17 |
|---|---|---|---|---|

**If you sold any stocks, bonds, or other investment property in 2020, 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) |
|---|---|---|---|---|---|---|---|---|---|
| | 847 | 800 | 25 | 26 | 27 | 29 | 541 | 28 | 168 |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
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| 19 | | | | | | | | | |
| 20 | | | | | | | | | |
| 21 | | | | | | | | | |
| 22 | | | | | | | | | |
| 23 | | | | | | | | | |
| 24 | | | | | | | | | |

**17**

| 2020 | 1040 | US | Rental & Royalty Income (Schedule E) | No. | 18 |
|---|---|---|---|---|---|

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

## GENERAL INFORMATION

| | Code | 2020 Amount | 2019 Amount |
|---|---|---|---|
| Description of property | 800 | | |
| Street address | 801 | | |
| City | 820 | | |
| State | 821 | | |
| ZIP code | 822 | | |
| Type of property (see table) | 802 | | |
| Other type of property | 803 | | |
| Number of days rented | 34 | | |

**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

| | Code | | | Code | |
|---|---|---|---|---|---|
| Percentage of ownership if not 100% (.xxxx) | 500 | | 1=did not actively participate | 38 | |
| Percentage of tenant occupancy if not 100% (.xxxx) | 503 | | 1=real estate professional | 32 | |
| 1=spouse, 2=joint | 33 | | 1=rental other than real estate | 71 | |
| 1=qualified joint venture | 108 | | 1=investment | 48 | |
| 1=nonpassive activity, 2=passive royalty | 39 | | 1=single member limited liability company | 418 | |

| | Code | |
|---|---|---|
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no | 112 | |

## INCOME

| | Code | 2020 Amount | 2019 Amount |
|---|---|---|---|
| Rents or royalties received | 110 | | |

## DIRECT EXPENSES

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

| | Code | 2020 Amount | 2019 Amount |
|---|---|---|---|
| Advertising | 4 | | |
| Association dues | 16 | | |
| Auto and travel (not entered elsewhere) | 5 | | |
| Cleaning and maintenance | 6 | | |
| Commissions | 7 | | |
| Gardening | 18 | | |
| Insurance | 8 | | |
| Legal and professional fees | 10 | | |
| Licenses and permits | 23 | | |
| Management fees | 19 | | |
| Miscellaneous | 24 | | |
| Mortgage interest (paid to banks, etc.) | 9 | | |
| Qualified mortgage insurance premiums | 62 | | |
| Excess mortgage interest | 67 | | |
| Other interest (not entered elsewhere) | 29 | | |
| Painting and decorating | 20 | | |
| Pest control | 21 | | |
| Plumbing and electrical | 17 | | |
| Repairs | 11 | | |
| Supplies | 12 | | |
| Taxes - real estate | 13 | | |
| Taxes - other (not entered elsewhere) | 25 | | |
| Telephone | 22 | | |
| Utilities | 14 | | |
| Wages and salaries | 15 | | |
| Other: | | | |
| | 27 | | |
| | 27 | | |
| | 27 | | |
| | 27 | | |

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

| 2020 | 1040 | US | Rental & Royalty Income (Sch. E) (cont.) | No. | 18 p2 |
|---|---|---|---|---|---|

**Please enter all pertinent 2020 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 | 823 | |
| Foreign postal code | 824 | |
| Foreign country | 825 | |

## OIL AND GAS

| | | 2020 Amount | 2019 Amount |
|---|---|---|---|
| Production type (preparer use only) | 42 | | |
| Cost depletion | 43 | | |
| Percentage depletion rate or amount | 502 | | |
| State cost depletion, if different (-1 if none) | 76 | | |
| State % depletion rate or amount, if different (-1 if none) | 506 | | |

## PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

| | | | |
|---|---|---|---|
| Number of days personal use | 35 | | |
| Number of days owned (if optional method elected) | 53 | | |

## INDIRECT EXPENSES

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

| | | | |
|---|---|---|---|
| Advertising | 204 | | |
| Association dues | 216 | | |
| Auto and travel (not entered elsewhere) | 205 | | |
| Cleaning and maintenance | 206 | | |
| Commissions | 207 | | |
| Gardening | 218 | | |
| Insurance | 208 | | |
| Legal and professional fees | 210 | | |
| Licenses and permits | 223 | | |
| Management fees | 219 | | |
| Miscellaneous | 224 | | |
| Mortgage interest (paid to banks, etc.) | 209 | | |
| Qualified mortgage insurance premiums | 262 | | |
| Excess mortgage interest | 267 | | |
| Other interest (not entered elsewhere) | 229 | | |
| Painting and decorating | 220 | | |
| Pest control | 221 | | |
| Plumbing and electrical | 217 | | |
| Repairs | 211 | | |
| Supplies | 212 | | |
| Taxes - real estate | 213 | | |
| Taxes - other (not entered elsewhere) | 225 | | |
| Telephone | 222 | | |
| Utilities | 214 | | |
| Wages and salaries | 215 | | |
| Other: | | | |
| | 227 | | |
| | 227 | | |
| | 227 | | |
| | 227 | | |
| | 227 | | |
| | 227 | | |

| 2020 | 1040 | US | Partnership and S corporation Information | 20.1,20.2 |
|---|---|---|---|---|

**Please add, change or delete 2020 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 |
|---|---|---|---|---|
| | 800 | 801 | 802 | 161 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## S CORPORATION INFORMATION (20.2)

| No. | Name of S corporation | Employer Identification Number | Tax Shelter Registration Number | Additional Amounts Invested in S corporation |
|---|---|---|---|---|
| | 800 | 801 | 802 | 161 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| 2020 | 1040 | US | Adjustments to Income | 24 |
|---|---|---|---|---|

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

## TRADITIONAL IRA CONTRIBUTIONS

| | 2020 Amount Taxpayer | | 2020 Amount Spouse | | 2019 Amount Taxpayer | 2019 Amount Spouse |
|---|---|---|---|---|---|---|
| IRA contributions you made or expect to make (1=maximum) ($6,000/$7,000 if 50 or older) | 1 | | 51 | | | |
| Contributions made to date | 3 | | 53 | | | |
| 1=covered by plan, 2=not covered | 5 | | 55 | | | |
| | 8 | | 58 | | | |

## ROTH IRA CONTRIBUTIONS

| | 2020 Amount Taxpayer | | 2020 Amount Spouse | | 2019 Amount Taxpayer | 2019 Amount Spouse |
|---|---|---|---|---|---|---|
| Roth IRA contributions you made or expect to make (1=maximum) ($6,000/$7,000 if 50 or older) | 27 | | 77 | | | |
| Contributions made to date | 30 | | 80 | | | |

## SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

| | 2020 Amount Taxpayer | | 2020 Amount Spouse | | 2019 Amount Taxpayer | 2019 Amount Spouse |
|---|---|---|---|---|---|---|
| Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum) | 10 | | 60 | | | |
| Money purchase (25%/1.25) contributions you made or expect to make (1=maximum) | 11 | | 61 | | | |
| Defined benefit contributions you expect to make | 13 | | 63 | | | |
| Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum) | 12 | | 62 | | | |
| Plan contribution rate if not .25 (.xxxx) | 501 | | 551 | | | |
| Individual 401k: SE elective deferrals (except Roth) (1=max.) | 44 | | 94 | | | |
| Individual 401k: SE designated Roth contributions (1=max.) | 144 | | 194 | | | |
| SIMPLE contributions: | | | | | | |
| Self-employed SIMPLE contributions you made or expect to make (1=maximum) | 22 | | 72 | | | |
| Employer matching rate if not .03 (.xxxx) | 502 | | 552 | | | |
| 1=nonelective contributions (2%) | 24 | | 74 | | | |
| Contributions made to date | 14 | | 64 | | | |

## ADJUSTMENTS TO INCOME

| | 2020 Amount Taxpayer | | 2020 Amount Spouse | | 2019 Amount Taxpayer | 2019 Amount Spouse |
|---|---|---|---|---|---|---|
| Self-employed health insurance: | | | | | | |
| Total premiums (excluding long-term care) | 16 | | 66 | | | |
| Long-term care premiums | 26 | | 76 | | | |
| Student loan interest paid (1098-E, box 1) | 23 | | 73 | | | |
| Educator expenses (kindergarten thru grade 12) | 28 | | 78 | | | |
| Jury duty pay given to employer | 43 | | 93 | | | |
| Expenses from rental of personal property | 37 | | 87 | | | |
| Other adjustments to income: | | | | | | |
| | 19 | | 69 | | | |
| | 19 | | 69 | | | |
| | 19 | | 69 | | | |

| Alimony paid: | Taxpayer | | | Spouse | | |
|---|---|---|---|---|---|---|
| Date of divorce or sep. agreement | 102.___ | | | 103.___ | | |
| Recipient's first name | 39.___ | | | 89.___ | | |
| Recipient's last name | 40.___ | | | 90.___ | | |
| Recipient's SSN | 41.___ | | | 91.___ | | |
| Amount paid | 18.___ | | **2019 amt:** | 68.___ | | **2019 amt:** |

| 2020 | 1040 | US | Itemized Deductions | 25 |
|---|---|---|---|---|

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

## MEDICAL AND DENTAL EXPENSES

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

| | | 2020 Amount | TS | 2019 Amount |
|---|---|---|---|---|
| Prescription medicines and drugs | 4 | | | |
| Doctors, dentists and nurses | 5 | | | |
| Hospitals and nursing homes | 6 | | | |
| Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) | 7 | | | |
| Long-term care premiums - taxpayer | 17 | | | |
| Long-term care premiums - spouse | 58 | | | |
| Insurance reimbursement (enter as a positive number) | 8 | | | |
| Lodging and transportation: | | | | |
| Out-of-pocket expenses | 9 | | | |
| Medical miles driven | 52 | | | |
| Other medical and dental expenses: | | | | |
| | 10 | | | |
| | 10 | | | |
| | 10 | | | |

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

| | | | | |
|---|---|---|---|---|
| State income taxes - 1/20 payment on 2019 state estimate | 11 | | | |
| State income taxes - paid with 2019 state return extension | 12 | | | |
| State income taxes - paid with 2019 state return | 13 | | | |
| State income taxes - paid for prior years and/or to other state | 14 | | | |
| City/local income taxes - 1/20 payment on 2019 city/local estimate | 211 | | | |
| City/local income taxes - paid with 2019 city/local extension | 212 | | | |
| City/local income taxes - paid with 2019 city/local return | 213 | | | |

## SALES AND USE TAXES PAID

| | | | | |
|---|---|---|---|---|
| State and local sales taxes (except autos and special items) | 91 | | | |
| Use taxes paid on 2020 purchases | 92 | | | |
| Use taxes paid with 2019 state return | 96 | | | |
| Sales tax on autos not included above | 349 | | | |
| Sales tax on boats, aircraft, other special items | 93 | | | |

## OTHER TAXES PAID

| | | | | |
|---|---|---|---|---|
| Real estate taxes - principal residence: | | | | |
| | 15 | | | |
| | 15 | | | |
| Real estate taxes - held for investment : | | | | |
| | 16 | | | |
| | 16 | | | |
| | 16 | | | |
| Personal property taxes (including auto fees in some states. Provide a copy of tax notice) | 18 | | | |
| Foreign income taxes | 19 | | | |
| Other taxes: | | | | |
| | 20 | | | |

| 2020 | 1040 | US | Itemized Deductions (continued) | 25 p2 |
|---|---|---|---|---|

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

## INTEREST PAID

| Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098: | | 2020 Amount | TS | 2019 Amount |
|---|---|---|---|---|
| | 21 | | | |
| | 21 | | | |
| | 21 | | | |

Home mortgage interest not reported on Form 1098:

| | | |
|---|---|---|
| Payee's name | 85.___ | |
| Payee's SSN or FEIN | 86.___ | |
| Payee's street address | 87.___ | |
| Payee's city | 88.___ | |
| Payee's state | 106.___ | |
| Payee's ZIP code | 108.___ | |
| Payee's region | 1350.___ | |
| Payee's postal code | 1351.___ | |
| Payee's country | 1352.___ | |

| | | 2020 Amount | TS | 2019 Amount |
|---|---|---|---|---|
| Amount paid | 22.___ | | | |
| Points not reported on Form 1098: | | | | |
| | 23 | | | |
| | 23 | | | |
| Mortgage insurance premiums on post 12/31/06 contracts (Box 4) | 39 | | | |
| Investment interest (interest on margin accounts): | | | | |
| | 24 | | | |
| | 24 | | | |
| Passive interest | 27 | | | |

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: | | 2020 Amount | TS | 2019 Amount |
|---|---|---|---|---|
| | 32 | | | |
| | 32 | | | |
| | 32 | | | |
| | 32 | | | |
| | 32 | | | |
| Volunteer expenses (out-of-pocket) | 31 | | | |
| Number of charitable miles | 53 | | | |

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

| Contributions by cash or check: | | 2020 Amount | TS | 2019 Amount |
|---|---|---|---|---|
| | 41 | | | |
| | 41 | | | |
| | 41 | | | |
| | 41 | | | |
| | 41 | | | |
| Volunteer expenses (out-of-pocket) | 40 | | | |
| Number of charitable miles | 54 | | | |

| 2020 | 1040 | US | Itemized Deductions (continued) | 25 p3 |
|---|---|---|---|---|

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

## NONCASH CONTRIBUTIONS

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

| Description | Line | 2020 Amount | TS | 2019 Amount |
|---|---|---|---|---|
| 50% limitation (see above): | | | | |
| | 33 | | | |
| | 33 | | | |
| | 33 | | | |
| | 33 | | | |
| 30% limitation (see above): | | | | |
| | 34 | | | |
| | 34 | | | |
| | 34 | | | |
| | 34 | | | |
| 30% capital gain property (gifts of capital gain property to 50% limit orgs.): | | | | |
| | 35 | | | |
| | 35 | | | |
| | 35 | | | |
| | 35 | | | |
| 20% capital gain property (gifts of capital gain property to non-50% limit orgs.): | | | | |
| | 36 | | | |
| | 36 | | | |
| | 36 | | | |
| | 36 | | | |

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

| Description | Line | 2020 Amount | TS | 2019 Amount |
|---|---|---|---|---|
| Union and professional dues . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 42 | | | |
| Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses): | | | | |
| | 43 | | | |
| | 43 | | | |
| | 43 | | | |
| | 43 | | | |
| | 43 | | | |
| | 43 | | | |
| Investment expense: | | | | |
| | 44 | | | |
| | 44 | | | |
| | 44 | | | |
| | 44 | | | |
| | 44 | | | |
| | 44 | | | |
| Tax return preparation fee . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 45 | | | |
| Safe deposit box rental . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 46 | | | |
| Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees): | | | | |
| | 47 | | | |
| | 47 | | | |
| | 47 | | | |
| | 47 | | | |
| | 47 | | | |
| | 47 | | | |

| 2020 | 1040 | US | Itemized Deductions (continued) | 25 p4 |
|---|---|---|---|---|

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

## OTHER MISCELLANEOUS DEDUCTIONS

| | | 2020 Amount | TS | 2019 Amount |
|---|---|---|---|---|
| Estate tax, section 691(c) | 49 | | | |
| Other miscellaneous deductions: | | | | |
| | 50 | | | |
| | 50 | | | |
| | 50 | | | |
| | 50 | | | |
| | 50 | | | |
| | 50 | | | |
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| | 50 | | | |
| | 50 | | | |
| | 50 | | | |
| | 50 | | | |

| 2020 | 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 2020 ($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 2020 ($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 2020 amounts and attach all 1098 forms.**
**Last year's amounts are provided for your reference.**

| | | 2020 Amount | TS | 2019 Amount |
|---|---|---|---|---|
| Fair market value of the property on the date that the last debt was secured | 493 | | | |
| Home acquisition and grandfather debt on the date that the last debt was secured | 494 | | | |

## LOAN INFORMATION

Loan #1

| | | | | |
|---|---|---|---|---|
| Lender's name | 820 | | | |
| Form (see table) | 416 | | | |
| Number of form | 417 | | | |
| 1=taxpayer, 2=spouse, blank=joint | 496 | | | |
| Interest paid | 401 | | | |
| Points paid | 402 | | | |
| Total principal paid | 404 | | | |
| Lump sum principal payment (if paid off) | 403 | | | |
| Months outstanding (if not 12) | 405 | | | |
| 1=home acquisition debt incurred after 12/15/17 | 418 | | | |
| Home acquisition debt balance - beginning of year | 407 | | | |
| Home acquisition debt borrowed in 2020 | 408 | | | |
| Home equity debt balance - beginning of year | 410 | | | |
| Home equity debt borrowed in 2020 | 411 | | | |
| Grandfather debt balance - beginning of year | 413 | | | |

Loan #2

| | | | | |
|---|---|---|---|---|
| Lender's name | 830 | | | |
| Form (see table) | 436 | | | |
| Number of form | 437 | | | |
| 1=taxpayer, 2=spouse, blank=joint | 497 | | | |
| Interest paid | 421 | | | |
| Points paid | 422 | | | |
| Total principal paid | 424 | | | |
| Lump sum principal payment (if paid off) | 423 | | | |
| Months outstanding (if not 12) | 425 | | | |
| 1=home acquisition debt incurred after 12/15/17 | 438 | | | |
| Home acquisition debt balance - beginning of year | 427 | | | |
| Home acquisition debt borrowed in 2020 | 428 | | | |
| Home equity debt balance - beginning of year | 430 | | | |
| Home equity debt borrowed in 2020 | 431 | | | |
| Grandfather debt balance - beginning of year | 433 | | | |

**Form**

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

| 2020 | 1040 | US | Noncash Contributions (Form 8283) | 26 |
|---|---|---|---|---|

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

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

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

## DONATED PROPERTY INFORMATION

| | | | | |
|---|---|---|---|---|
| No. | Name of charitable organization (donee) | | 800 | |
| | Street address | | 801 | |
| | City | | 802 | |
| | State | | 831 | |
| | ZIP code | | 832 | |
| | 1=spouse, 2=joint | | 1 | |
| | Property description (other than vehicle) | | 803 | |
| | Vehicle | Identification number (VIN) | 204 | |
| | | Year (yyyy) | 14 | |
| | | Make and model | 829 | |
| | | Condition and mileage | 830 | |
| | Date of contribution (m/d/y) | | 5 | |
| | Date acquired by donor (m/y) | | 6 | |
| | How acquired by donor (Table 1 or describe) | | 804 | |
| | Donor's cost or basis | | 7 | |
| | Fair market value | | 8 | |
| | Method used to determine FMV (Table 2 or describe) | | 805 | |

| | | | | |
|---|---|---|---|---|
| No. | Name of charitable organization (donee) | | 800 | |
| | Street address | | 801 | |
| | City | | 802 | |
| | State | | 831 | |
| | ZIP code | | 832 | |
| | 1=spouse, 2=joint | | 1 | |
| | Property description (other than vehicle) | | 803 | |
| | Vehicle | Identification number (VIN) | 204 | |
| | | Year (yyyy) | 14 | |
| | | Make and model | 829 | |
| | | Condition and mileage | 830 | |
| | Date of contribution (m/d/y) | | 5 | |
| | Date acquired by donor (m/y) | | 6 | |
| | How acquired by donor (Table 1 or describe) | | 804 | |
| | Donor's cost or basis | | 7 | |
| | Fair market value | | 8 | |
| | Method used to determine FMV (Table 2 or describe) | | 805 | |

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

| 2020 | 1040 | US | Child and Dependent Care Expenses (Form 2441) | 33.1,33.2 |
|---|---|---|---|---|

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

## DEPENDENT CARE EXPENSES (33.1)

| | | 2020 Amount | | | 2019 Amount | |
|---|---|---|---|---|---|---|
| | | Taxpayer | | Spouse | Taxpayer | Spouse |
| Dependent care expenses incurred but not paid in 2020 | 3 | | 53 | | | |
| Employer-provided benefits forfeited in 2020 | 6 | | 56 | | | |

## PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

| | | | | |
|---|---|---|---|---|
| No. | First name | 17 | | |
| | Last name | 18 | | |
| | Title or suffix | 24 | | |
| | Date of birth (m/d/y) | 22 | | |
| | Social security number | 19 | | |
| | Qualified dependent care expenses incurred and paid in 2020 | 20 | | **2019 amt:** |
| | 1=disabled | 23 | | |
| | 1=spouse, 2=joint | 21 | | |

| | | | | |
|---|---|---|---|---|
| No. | First name | 17 | | |
| | Last name | 18 | | |
| | Title or suffix | 24 | | |
| | Date of birth (m/d/y) | 22 | | |
| | Social security number | 19 | | |
| | Qualified dependent care expenses incurred and paid in 2020 | 20 | | **2019 amt:** |
| | 1=disabled | 23 | | |
| | 1=spouse, 2=joint | 21 | | |

## PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

| | | | | |
|---|---|---|---|---|
| No. | Name of provider | 10 | | |
| | Street address | 11 | | |
| | City | 12 | | |
| | State | 26 | | |
| | ZIP code | 27 | | |
| | Foreign region | 28 | | |
| | Foreign postal code | 29 | | |
| | Foreign country | 30 | | |
| | Identification number (SSN or EIN) | 13 | | |
| | Amount paid to care provider in 2020 | 14 | | **2019 amt:** |
| | 1=spouse, 2=joint | 15 | | |

| 2020 | 1040 | US | Additional Information |
|---|---|---|---|

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