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**WEHNER ACCOUNTING & TAX, INC.**  
 2744 DEL RIO PLACE, SUITE 200  
 DAVIS, CA 95618  
 Telephone number: 530-908-1761  
 Fax number: 530-231-0284  
 E-mail address: matthew@wehnercpa.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)

Please add, change or delete information for 2020.

**CLIENT INFORMATION**

Taxpayer Contact Information	Home phone .....		<p><b>Daytime Phone</b></p> <p>1 = Work 2 = Home 3 = Mobile</p> <p><b>RDP Filing Status</b></p> <p>1 = Not applicable 2 = Joint 3 = Separate</p>
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....	3	
	Mobile phone .....		
	Fax number .....		
	E-mail address .....		
Spouse Contact Information	Home phone .....		
	Work phone .....		
	Work extension .....		
	Daytime phone (table) .....	3	
	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.....		
CA State Information	Registered domestic partner filing status (see table).....		
	1=PMB no. in address.....		
	NOTE: If the taxpayer's mailing address includes a private mail box number (PMB), indicate this below and enter the PMB number in the "Apartment Number" field in the Address area of Client Information.		

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

**DEPENDENTS**

	Dependent	Dependent	
First name.....			<p style="text-align:center;"><b>Type of Dependent</b></p> <p>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</p> <p style="text-align:center;"><b>Earned Income Credit</b></p> <p>1 = When applicable (default)                      2 = Student age 19 to 23                      3 = Disabled                      4 = Force                      5 = Suppress</p> <p>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:</p> <ol style="list-style-type: none"> <li>1. School records or statement</li> <li>2. Landlord or property management statement</li> <li>3. Health care provider statement</li> <li>4. Medical records</li> <li>5. Child care provider records</li> <li>6. Placement agency statement</li> <li>7. Social service records or statement</li> <li>8. Place of worship statement</li> <li>9. Indian tribe office statement</li> <li>10. Employer statement</li> </ol> <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> <li>1. Doctor statement</li> <li>2. Other health care provider statement</li> <li>3. Social services agency or program statement</li> </ol>
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.....			
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.....			
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.....			



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## 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 & documentation if necessary.

If unsure about any question please note with a "?"

If you answer yes to any question(s) and the question(s) references a section of the organizer not included in your organizer, please see my website for the blank section - <https://www.wehnercpa.com/organizer>

Yes No

I provide an electronic copy of your returns in my SmartVault client portal (see [www.wehnercpa.com/portal](http://www.wehnercpa.com/portal) for information on my SmartVault portal) when your returns are completed. Would you like to receive a paper/hard copy as well?

### PERSONAL INFORMATION

Yes No

Did your marital status change during the year? If so, please provide details

Did your address change during the year? If so, please update it in the client information section of the organizer.

Have you or your spouse been a victim of identity theft & have you been contacted by the IRS (IRS Notice CP01A)

If Yes, please furnish the 6-digit identity protection PIN issued to you by the IRS.

Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_

### DEPENDENTS

Yes No

Were there any changes in dependents? *Note: Include non-child dependents for whom you provided more than half their support.* If adding a dependent, please provide their first & last name as it appears on their Social Security Card, date of birth & Social Security Number.

Are you no longer claiming a dependent this year? If so, who are you no longer claiming & why are you no longer claiming them?

Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend (or other unearned income) income in excess of \$1,100, or total investment income in excess of \$2,200?

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## Miscellaneous Questions

- Did any of your dependents earn more than 4,300?
- Has a dependent of yours filed a 2020 tax return? If so, please provide the return(s) filed.
- Did you adopt a child or begin adoption proceedings?
- Did you pay for childcare in 2020 so that you could work or go to school? If so, please complete the childcare portion of your organizer (if this section is not included in your organizer it can be found on my website at <https://www.wehnercpa.com/organizer> .

**INCOME**

- Yes  No
- 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? If so, who paid you:
- Did you have any foreign income or pay any foreign taxes (NOT including from a mutual fund )?
- Did you receive unemployment income in 2020? **If so, please attach the Form 1099-G (please note this is taxable for Federal purposes).**
- Did you receive income from a sharing/gig economy activity (e.g. Airbnb, Uber, etc.)?
- Did you have any gambling winnings that were reported on Form W-2G or Form 1099-MISC? If so, please provide the form(s).

**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? If so, please provide information on the new venture (e.g. name, entity type & date of formation, etc.).

\*\*\*Please note that most business returns are due by March 15th (sole proprietorships are part of your individual return and are generally due by April 15th). If you need me to prepare an extension for your business return (generally extended until September 15th), please let me know as soon as possible.\*\*\*

- Did you sell an existing business, rental property, farm, or any existing interest in a partnership or S Corporation? If so, please provide details.

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- Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use? If so, please provide invoices for items purchased with a cost > \$2,500.
- Did you buy or sell any stocks, bonds or other investment property in 2020?
- Did you purchase, sell, or refinance your principal home or second home? If so, please be sure to include a copy of the settlement statement (HUD-1)
- Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources? If so, please include the invoice(s) for the purchase(s).
- Did you have any debts cancelled or forgiven? If so, please provide Form(s) 1099-C & provide details.
- Does anyone owe you money which has become uncollectible? If so, please provide details (name, relationship, type of debt & amount of debt not paid).
- Did you have any investments become worthless or were you a victim of investment theft in 2020?

**RETIREMENT PLANS**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you receive a distribution from a retirement plan (401(k), IRA, Roth IRA, SEP, SIMPLE, Qualified Plan, etc.)? If so, please provide Form(s) 1099-R.            |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, or do you plan to, make a contribution to an IRA for 2020 (must be made by April 15, 2021 for 2020)? Traditional IRA \$_____ Roth IRA \$_____             |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer or rollover any amount from one retirement plan to another retirement plan? If so, please provide Form(s) 1099-R.                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2020? If so, please provide Form(s) 1099-R.                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you inherit a retirement plan in 2020?   |
| <input type="checkbox"/> | <input type="checkbox"/> | If you took a retirement distribution(s), did you roll some or all of it back into the retirement plan as allowed by the CARES Act?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you transfer funds from an IRA <b>directly</b> to a charity in 2020 (Qualified Charitable Distribution)? If so, how much did you donate from your IRA \$_____? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you retire or change jobs in 2020? _____   |

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Miscellaneous Questions

**EDUCATION**

- |                                 |                                |  |
|---------------------------------|--------------------------------|--|
| Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program (529 Plan)? If so, please provide Form(s) 1099-Q.  |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school? Please provide Form(s) 1098-T.  |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Did you or your spouse pay student loan interest? If so, please provide Form(s) 1098-E or let me know the amount paid \$_____ in 2020 (If > \$2,500 that is all I need to know. Also, if income >~\$170K you can ignore this). |

**ITEMIZED DEDUCTIONS**

- |                                 |                                |  |
|---------------------------------|--------------------------------|--|
| Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Did you incur a loss because of damaged or stolen property for which insurance did not reimburse you (total must be greater than 10% of your adjusted gross income for deduction) ? If so, please describe.  |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Did you incur expenses that you were not reimbursed by your employer (generally must exceed 2% of Adjusted Gross Income)? While not deductible on your Federal return, they may be deductible on your state return   |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Did you pay sales taxes on a major purchase in 2020, such as a vehicle, boat, or home improvements?  |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Do you have receipts or proper documentation for all cash donations provided to me ( <b>I do <u>not</u> need copies of these but you should retain them for your records</b> )? For 2020, taxpayers who use the standard deduction can claim up to a \$300 reduction in income for qualified donations made in 2020. |

Cash donations of less than \$250 should be documented by a bank record, written communication from the charity or payroll deduction. Cash donations of \$250 or more should be documented by a written communication from the charity. These records should be retained by you.

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did you donate items with a fair market value over \$500? If so, please complete the Noncash Contributions (Form 8283) section of the organizer. Please also see my website <a href="http://www.wehnercpa.com/non-cash-contributions">www.wehnercpa.com/non-cash-contributions</a> if you need resources for estimating the fair market value of noncash items (e.g. household items & clothing). |
|--------------------------|--------------------------|---|

**ESTIMATED TAXES**

- |                                 |                                |  |
|---------------------------------|--------------------------------|--|
| Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | Did you apply an overpayment of 2019 taxes to your 2020 estimated tax (instead of being refunded)?                               |
| <input type="checkbox"/>        | <input type="checkbox"/>       | If you have an overpayment of 2020 taxes, do you want the excess applied to your 2021 estimated tax (instead of being refunded)? |

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## Miscellaneous Questions

Did you pay estimated taxes for 2020? *If so, please list the amounts & dates paid in the organizer Direct Deposit & Estimates section of the organizer.*

Do you expect your 2021 taxable income and withholdings to be *significantly* different from 2020 (e.g. retirement)? If so, please provide details.

**FOREIGN ASSETS - FinCEN Form 114 ("FBAR") & Form 8938**

Yes  No  Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

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?

Do you have foreign retirement account(s) & if so, was (were) the maximum account balance(s) for the aggregate of ALL foreign retirement accounts greater than \$50,000 (single taxpayers) or \$100,000 (married taxpayers) USD at ANY POINT IN 2020?

Complete the following only if answered "Yes" to the either of the two immediate questions above:

Yes  No  Did you have an interest in ANY foreign financial accounts? (e.g. you have a checking account in Italy) This does not include domestic brokerage accounts with foreign holdings.

Did you have signature authority for ANY foreign financial accounts that are not your own (e.g. authority to sign for your father's checking account in Italy)?

Was the maximum account balance for the aggregate of ALL foreign non-retirement accounts greater than \$10,000 USD at ANY POINT IN 2020?

**CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (CARES ACT)**

Yes  No  Did you receive an economic impact payment (aka stimulus payment)? If so, how much?

Did your business have any PPP loan amounts forgiven?

Did you receive a distribution from your retirement plan because of COVID?

**MISCELLANEOUS**

Yes  No  Do you want to allocate \$3 to the Presidential Election Campaign Fund?

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- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?   |
| <input type="checkbox"/> | <input type="checkbox"/> | May the IRS discuss your tax return with your preparer?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you own, directly or indirectly, more than 10% of a foreign corporation?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you an officer or director of a foreign corporation?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Was your home rented out or used for business?  |
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you have any investments become worthless or were you a victim of investment theft in 2020?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you engage the services of any household employees (does not include your gardener or cleaner)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you notified or audited by either the Internal Revenue Service or a State taxing agency? If so, please provide notices received.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are receiving a refund and will be requesting direct deposit, has your bank account changed from the account that was used for direct deposit of prior year's refunds?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? If so, please provide the purchase documents that include the VIN. See <a href="https://fueleconomy.gov/feg/taxevb.shtml">https://fueleconomy.gov/feg/taxevb.shtml</a> for list of qualifying vehicles.                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Were you a resident of, or did you have income from, more than one state during the year? If yes, provide details.  |
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you, or do you plan to contribute before April 15, 2021, to a health savings account (HSA) for last calendar year (Note: This is not for a Flexible Spending Account (FSA) with your employer)? If yes, provide details (see HSA section of organizer).   |

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Did you distribute money from an HSA account in 2020 to pay for medical expenses (Note: This is not for a FSA with your employer)? If so, please include Form(s) 1099-SA

If you, or your spouse, have self-employment income or are shareholders in an S Corporation, did you pay any health/dental/vision insurance premiums or long-term care premiums outside of your payroll deductions?

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency (e.g. Bitcoin)?

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?

Yes  No   
  Did you have health insurance through the exchange (Covered California)? If so, please provide Form 1095-A (if applicable, the Form 1095-A can be accessed on the Covered CA website).

Did you have health insurance for all of 2020? If not, please let me know what months there was not health insurance coverage & who was not covered (if not everyone)?

Are you or your spouse legally blind? \*\*\* If you have a business, please see my webpage [www.wehnercpa.com/business-tax-returns](http://www.wehnercpa.com/business-tax-returns) for information needed for those returns.

\*\*\*If you have a business or rental property, please see my webpage about Form 1099 filing requirements - <https://www.wehnercpa.com/forms-1099>

\*\*\* Please see my website [www.wehnercpa.com/occupational-deductions](http://www.wehnercpa.com/occupational-deductions) for common occupational deductions.

### **PRIVACY POLICY**

The nature of my work requires me to collect certain nonpublic information. I collect financial and personal information from applications, worksheets, reporting statements, and other forms, as well as interviews and conversations with my clients and affiliates. I may also review banking and credit card information about my clients in the performance of receipt of payment. Under my policy, all information I obtain about you will be provided by you or obtained with your permission. My firm has procedures and policies in place to protect your confidential information.

I restrict access to your confidential information to those within my firm who need to know in order to provide you with services. I will not disclose your personal information to a third party without your permission, except where required by law. I maintain physical, electronic, and procedural safeguards in compliance with federal regulations that protect your personal information from unauthorized access.

Please enter all pertinent 2020 information.

**DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)**

1=direct deposit of federal tax refund into bank account .....	1	
1=electronic payment of balance due .....		
1=electronic payment of estimated tax .....		
1=direct deposit CA refund to one account, 2=split deposit between two accounts .....	1	
1=electronic payment of CA state tax balance due .....		
1=electronic payment of CA 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)

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

**Federal**

	Amount Paid	Date Paid	TS	2020 Voucher Amount
Overpayment applied from 2019 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Additional Estimated Tax Payments</div>				
Paid with extension .....				
Former spouse SSN if joint estimates .....				

**State**

	Amount Paid	Date Paid	TS	2020 Voucher Amount
Overpayment applied from 2019 .....				
1st quarter payment .....				
2nd quarter payment .....				
3rd quarter payment .....				
4th quarter payment .....				
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Additional Estimated Tax Payments</div>				
Paid with extension .....				

**1**      **Type of Account**

1 = Savings  
2 = Checking

**2**      **Type of Investment**

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



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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: \_\_\_\_\_

7.1

<b>2020</b>	<b>1040</b>	<b>US/CA</b>	<b>Wages, Pensions, Gambling Winnings</b>	<b>10, 13.1, 13.2</b>
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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)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2019 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	SDI (Box 14)	

**PENSIONS, IRA DISTRIBUTIONS (13.1)**

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/20	2019 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE	1=spouse						

**GAMBLING WINNINGS (W-2G) (13.2)**

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2019 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

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

	<b>2020 Amount</b>	<b>TS</b>	<b>2019 Amount</b>
Total gambling losses.....			
Winnings not reported on Form W-2G.....			

**10, 13.1, 13.2**

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Interest &amp; Dividend Income</b>	<b>11, 12</b>
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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			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2019 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

**DIVIDEND INCOME (12)**

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income					Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2019 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Miscellaneous Income</b>	<b>14.1</b>
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**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) .....				
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)				
_____				
_____				
_____				
_____				
<b>TAX WITHHELD</b> (not entered elsewhere)				
Federal income tax withheld .....				
State income tax withheld .....				
Local income tax withheld .....				

Please add, change or delete 2020 information as appropriate.  
Be sure to attach all 1099-G forms.

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

2020 1099-G Amount

No. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	.....		
	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 2019 (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. <input style="width:40px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	.....		
	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 2019 (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).....			

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Education Distributions (ESA's and QTP's)</b>	<b>14.3</b>
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**Please enter all pertinent 2020 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)**

		2020 Amount	2019 Amount
No. <input style="width: 50px;" type="text"/>	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:			
.....			
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19 .....			
No. <input style="width: 50px;" type="text"/>	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:			
.....			
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19 .....			
No. <input style="width: 50px;" type="text"/>	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:			
.....			
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19 .....			

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>ABLE Distributions</b>	<b>14.4</b>
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

**ABLE DISTRIBUTIONS / CONTRIBUTIONS**

		2020 Amount	2019 Amount
No. <input style="width: 40px;" type="text"/>	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. <input style="width: 40px;" type="text"/>	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. <input style="width: 40px;" type="text"/>	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 .....			

Please enter all pertinent 2020 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.....

CA FTB Form 3805V:

1=eligible small business.....

Qualified new business year: 1=1st, 2=2nd, 3=3rd.....

Principle business code (SIC 1987).....



**INCOME**

Gross receipts or sales (Form 1099-MISC, box 7).....

Returns and allowances.....

Other income:

\_\_\_\_\_

\_\_\_\_\_

2020 Amount	2019 Amount

**COST OF GOODS SOLD**

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.....




2020

1040

US/CA

Business Income (Schedule C) (cont.)

No.

16 p2

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

**EXPENSES**

	2020 Amount	2019 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%).....		
Entertainment expenses in full.....		
Uniforms.....		
Utilities.....		
Wages.....		
Other expenses:		
_____		
_____		
_____		
_____		

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

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Capital Gains &amp; Losses (Schedule D)</b>	<b>17</b>
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**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)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

2020

1040

US

Installment Sales (Form 6252)

17 p2

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

PRIOR YEAR INSTALLMENT SALE

		2020 Amount	2019 Amount
No. <input type="text"/>	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. <input type="text"/>	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. <input type="text"/>	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. <input type="text"/>	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. <input type="text"/>	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. <input type="text"/>	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. <input type="text"/>	Description of property.....		
	Date acquired (m/d/y).....		
	Date sold (m/d/y).....		
	Gross profit ratio (.xxxx).....		
	Current year principal payments (-1 if none).....		

2020

1040

US

Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2020, 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)

17, 27

2020

1040

US/CA

Rental & Royalty Income (Schedule E)

No.

18

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

GENERAL INFORMATION

	2020 Amount	2019 Amount
Description of property		<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented	34	

Percentage of ownership if not 100% (.xxxx)	
Percentage of tenant occupancy if not 100% (.xxxx)	
1=spouse, 2=joint	
1=qualified joint venture	
1=nonpassive activity, 2=passive royalty	

1=did not actively participate	
1=real estate professional	
1=rental other than real estate	
1=investment	
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

CA FTB Form 3805V:

1=eligible small business	
Qualified new business year: 1, 2 or 3	
Principle business code (SIC 1987)	


INCOME

	2020 Amount	2019 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.

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.

18

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.....	
Foreign postal code.....	
Foreign country.....	

OIL AND GAS

	2020 Amount	2019 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:		
_____		
_____		
_____		
_____		
_____		

2020

1040

US/CA

Farm Income (Schedule F/Form 4835)

No.

19

Please enter all pertinent 2020 amounts. 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).....
CA FTB Form 3805V:
1=eligible small business.....
Qualified new business year: 1=1st, 2=2nd, 3=3rd.....
Principle business code (SIC 1987).....

FARM INCOME

Table with columns: 2020 Amount, 2019 Amount. Rows include: 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 2020, Taxable crop insurance proceeds received in 2020, Taxable crop insurance proceeds deferred from 2019, Custom hire (machine work) income not included above.

2020

1040

US

Farm Income (Sch. F/Form 4835) (cont.)

No.

19 p2

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

FARM INCOME (continued)

Other income:

Table with 6 horizontal lines for inputting other income.

2020 Amount

2019 Amount

Table with 6 rows and 2 columns for 2020 and 2019 amounts.

FARM EXPENSES

- List of farm expenses including Car and truck expenses, Chemicals, Conservation expenses, Custom hire, Employee benefit programs, Feed purchased, Fertilizers and lime, Freight and trucking, Gasoline, fuel, and oil, Insurance, Mortgage interest, Other interest, Labor hired, Pension and profit sharing, Rent, Repairs and maintenance, Seeds and plants purchased, Storage and warehousing, Supplies purchased, Taxes, Utilities, Veterinary, breeding, and medicine, Capitalized preproductive period expenses, and Other expenses.

Table with 18 rows and 2 columns for 2020 and 2019 amounts for farm expenses.

Table with 8 horizontal lines for inputting other expenses.

Table with 8 rows and 2 columns for 2020 and 2019 amounts for other expenses.

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

19 p2



<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Partnership and S corporation Information</b>	<b>20.1,20.2</b>
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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

**S CORPORATION INFORMATION (20.2)**

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

2020	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2020 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

	20.3,20.4
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2020

1040

US

Asset Disposition List

22

If you disposed of any business assets in 2020, 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

22

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Asset Acquisition List</b>	<b>22</b> p2
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**If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2020, 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
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

2020

1040

US

Vehicle Expenses

No.

22 p3

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

**GENERAL INFORMATION**

	2020 Amount	2019 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) .....		

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

**TRADITIONAL IRA CONTRIBUTIONS**

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	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 .....				
.....				

**ROTH IRA CONTRIBUTIONS**

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	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)**

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	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.) .....				
<b>SIMPLE contributions:</b>				
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**

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
<b>Self-employed health insurance:</b>				
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 .....				
<b>Other adjustments to income:</b>				
_____				
_____				
_____				

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
<b>Alimony paid:</b>				
Date of divorce or sep. agreement				
Recipient's first name ....				
Recipient's last name .....				
Recipient's SSN .....				
Amount paid .....				
		<b>2019 amt:</b>		<b>2019 amt:</b>

2020

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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 .....			
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 2020 estimates are automatic.)

State income taxes - 1/20 payment on 2019 state estimate .....			
State income taxes - paid with 2019 state return extension .....			
State income taxes - paid with 2019 state return .....			
State income taxes - paid for prior years and/or to other state .....			
City/local income taxes - 1/20 payment on 2019 city/local estimate .....			
City/local income taxes - paid with 2019 city/local extension .....			
City/local income taxes - paid with 2019 city/local return .....			

**SALES AND USE TAXES PAID**

State and local sales taxes (except autos and special items) .....			
Use taxes paid on 2020 purchases .....			
Use taxes paid with 2019 state return .....			
Sales tax on autos not included above .....			
Sales tax on boats, aircraft, other special items .....			

**OTHER TAXES PAID**

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:			
_____			

2020

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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

Table with 3 columns: Description, 2020 Amount, 2019 Amount. Includes rows for home mortgage interest reported on Form 1098.

Home mortgage interest not reported on Form 1098:

Form for home mortgage interest not reported on Form 1098, including fields for payee's name, SSN, address, city, state, ZIP code, region, postal code, and country.

Table with 3 columns: Description, 2020 Amount, 2019 Amount. Includes row for amount paid.

Points not reported on Form 1098:

Table with 3 columns: Description, 2020 Amount, 2019 Amount. Includes row for points not reported on Form 1098.

Mortgage insurance premiums on post 12/31/06 contracts (Box 4) . . . . .

Table with 3 columns: Description, 2020 Amount, 2019 Amount. Includes row for mortgage insurance premiums.

Investment interest (interest on margin accounts):

Table with 3 columns: Description, 2020 Amount, 2019 Amount. Includes row for investment interest.

Passive interest . . . . .

Table with 3 columns: Description, 2020 Amount, 2019 Amount. Includes row for 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:

Table with 3 columns: Description, 2020 Amount, 2019 Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table with 3 columns: Description, 2020 Amount, 2019 Amount. Includes rows for volunteer expenses and charitable miles.

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

Contributions by cash or check:

Table with 3 columns: Description, 2020 Amount, 2019 Amount. Includes rows for cash or check contributions.

Volunteer expenses (out-of-pocket) . . . . .

Number of charitable miles . . . . .

Table with 3 columns: Description, 2020 Amount, 2019 Amount. Includes rows for volunteer expenses and charitable miles.

25 p2



2020

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US/CA

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.

50% limitation (see above):

2020 Amount

TS

2019 Amount

Three horizontal lines for entering 50% limitation amounts.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows.

30% limitation (see above):

Three horizontal lines for entering 30% limitation amounts.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows.

30% capital gain property (gifts of capital gain property to 50% limit orgs.):

Three horizontal lines for entering 30% capital gain property amounts.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows.

20% capital gain property (gifts of capital gain property to non-50% limit orgs.):

Three horizontal lines for entering 20% capital gain property amounts.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows.

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

Union and professional dues.....

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 1 row.

Other unreimbursed employee expenses (uniforms and protective clothing, professional subscriptions, employment agency fees, and certain edu. expenses):

Three horizontal lines for entering other unreimbursed employee expenses.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows.

Investment expense:

Three horizontal lines for entering investment expense amounts.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows.

Tax return preparation fee.....

Safe deposit box rental.....

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 2 rows.

Miscellaneous deductions (2% AGI) (certain legal and accounting fees, and custodial fees):

Three horizontal lines for entering miscellaneous deductions.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 3 rows.

Federal only:

Two horizontal lines for entering federal only amounts.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 2 rows.

State only:

Two horizontal lines for entering state only amounts.

Table with 3 columns: 2020 Amount, TS, 2019 Amount. 2 rows.

25 p3







**Please enter 2020 indirect expenses in full. Nonbusiness portion will carry to Schedule A.  
Business percentage will be applied to indirect expenses only.**

**BUSINESS USE OF HOME**

	2020 Amount	2019 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.

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.

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:		
_____		
_____		
_____		

2020

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US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

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

**GENERAL INFORMATION**

Occupation, if different from Form 1040

Form.....	<input type="text"/>	
Number of form (1=first Schedule C, 2=second, etc.) .....	<input type="text"/>	
1=spouse.....	<input type="text"/>	
1=performance artist, 2=handicapped, 3=fee-basis government official .....	<input type="text"/>	
1=minister's expenses .....	<input type="text"/>	

**EMPLOYEE BUSINESS EXPENSES**

	2020 Amount	2019 Amount
Meal and entertainment expenses.....	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1 .....	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance) .....	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.) .....	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight .....	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1 .....	<input type="text"/>	<input type="text"/>

Other business expenses:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

30

2020

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

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

VEHICLE INFORMATION

- 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 .....

2020 Amount	2019 Amount

VEHICLE 1

- 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

- 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) .....


30 p2

2020

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US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2020 information.

GENERAL INFORMATION

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

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of citizenship.....	<input type="text"/>
-----------------------------	----------------------

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)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

31.1



2020

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US

Foreign Income Exclusion (2555)

No.

31.1 p2

Please enter all pertinent 2020 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2020 as well as travel for 2021 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) .....	<input type="text"/>	
Ending date for bona fide residence (m/d/y) .....	<input type="text"/>	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer .....	<input type="text"/>	

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

1=submitted statement to country of bona fide residence .....	<input type="text"/>	
1=required to pay income tax to country of bona fide residence .....	<input type="text"/>	
Contractual terms relating to length of employment abroad .....	<input type="text"/>	
Type of visa you entered foreign country under .....	<input type="text"/>	
Explanation why visa limited stay or employment in country (if applicable) .....	<input type="text"/>	

Address of home in U.S. maintained while living abroad (if applicable):	<input type="text"/>	ZIP Code	<input type="text"/>	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

	2020 Amount	2019 Amount
Qualified housing expenses .....	<input type="text"/>	<input type="text"/>
Location of housing expenses:	Qualifying days in location (multiple locations only)	
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

**Travel Type**

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

<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Foreign Income Exclusion (Form 2555)</b>	No. <input style="width:40px;" type="text"/>	<b>31.2</b>
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**Please enter all pertinent 2020 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**

	2020 Amount	2019 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**


**2020 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.....		

	<b>31.2</b>
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<b>2020</b>	<b>1040</b>	<b>US</b>	<b>Health Savings Accounts (8889)</b>	<b>32.1</b>
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**Please enter all pertinent 2020 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 2020, 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.

	2020 Amount		2019 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**

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

	<b>32.1</b>
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<b>2020</b>	<b>1040</b>	<b>US/CA</b>	<b>Child and Dependent Care Expenses (Form 2441)</b>	<b>33.1,33.2</b>
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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				
Employer-provided benefits forfeited in 2020				

**PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT**

No. <input style="width:40px;" type="text"/>	First name .....			
	Last name .....			
	Title or suffix .....			
	Date of birth (m/d/y) .....			
	Social security number .....			
	Qualified dependent care expenses incurred and paid in 2020 .....			2019 amt:
	1=disabled .....			
	1=spouse, 2=joint .....			

No. <input style="width:40px;" type="text"/>	First name .....			
	Last name .....			
	Title or suffix .....			
	Date of birth (m/d/y) .....			
	Social security number .....			
	Qualified dependent care expenses incurred and paid in 2020 .....			2019 amt:
	1=disabled .....			
	1=spouse, 2=joint .....			

**PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)**

No. <input style="width:40px;" type="text"/>	Name of provider .....			
	Street address .....			
	City .....			
	State .....			
	ZIP code .....			
	Address where care provided (if different):			
	Street address .....			
	City, state, ZIP code .....			
	Telephone number .....			
	Identification number (SSN or EIN) .....			
	1=organization is tax-exempt .....			
	1=care provider is a person .....			
	Foreign region .....			
	Foreign postal code .....			
	Foreign country .....			
Amount paid to care provider in 2020 .....			2019 amt:	
1=spouse, 2=joint .....				

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

**ELIGIBLE CHILDREN**

2020 Amount

2019 Amount

No. <input style="width:40px;" type="text"/>	First name .....					
	Last name .....					
	Identification number .....					
	Date of birth (m/d/y) .....					
	1=born before 2003 and was disabled .....					
	1=special needs child .....					
	1=foreign child .....					
	1=adoption was not final in 2020 .....					
	Qualified Adoption Expenses Paid in	2019 for adoption not finalized by end of 2020 .....				
		Prior years for adoption of foreign child finalized in 2020 .....				
		2019 and 2020 for adoption finalized in 2020 .....				
		2020 for adoption finalized before 2020 .....				
1=spouse, 2=joint .....						

No. <input style="width:40px;" type="text"/>	First name .....					
	Last name .....					
	Identification number .....					
	Date of birth (m/d/y) .....					
	1=born before 2003 and was disabled .....					
	1=special needs child .....					
	1=foreign child .....					
	1=adoption was not final in 2020 .....					
	Qualified Adoption Expenses Paid in	2019 for adoption not finalized by end of 2020 .....				
		Prior years for adoption of foreign child finalized in 2020 .....				
		2019 and 2020 for adoption finalized in 2020 .....				
		2020 for adoption finalized before 2020 .....				
1=spouse, 2=joint .....						

No. <input style="width:40px;" type="text"/>	First name .....					
	Last name .....					
	Identification number .....					
	Date of birth (m/d/y) .....					
	1=born before 2003 and was disabled .....					
	1=special needs child .....					
	1=foreign child .....					
	1=adoption was not final in 2020 .....					
	Qualified Adoption Expenses Paid in	2019 for adoption not finalized by end of 2020 .....				
		Prior years for adoption of foreign child finalized in 2020 .....				
		2019 and 2020 for adoption finalized in 2020 .....				
		2020 for adoption finalized before 2020 .....				
1=spouse, 2=joint .....						

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US

Education Credits / Tuition Deduction

No.

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Please complete the information below if you paid qualified education expenses in 2020 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 2020 (or the first 3 months of 2021 if the qualified expenses were made in 2020) at an eligible institution in a qualified program.....  
 1=student completed first four years of post-secondary education before 2020.....  
 1=student was convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance.....


**EDUCATIONAL INSTITUTION ATTENDED (#1)**

Name.....  
 Street address.....  
 City.....  
 State.....  
 ZIP code.....  
 1=2020 Form 1098-T was NOT received.....  
 1=2020 Form 1098 -T received with Box 2 & 7 completed.....  
 1=2019 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=2020 Form 1098-T was NOT received.....  
 1=2020 Form 1098 -T received with Box 2 & 7 completed.....  
 1=2019 Form 1098-T received with Box 2 & 7 completed.....  
 Federal ID number from Form 1098-T.....


**QUALIFIED EDUCATION EXPENSES**

Qualified tuition & fees paid in 2020 (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 \*.....

2020 Amount	2019 Amount

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

**2020**

**1040**

**US**

**Household Employment Taxes (Schedule H)**

**42**

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

**HOUSEHOLD EMPLOYMENT TAXES**

NOTE: If you paid any one household employee cash wages of \$ 2,200 or more in 2020; withheld federal income tax during 2020 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to household employees, please complete the following:

Employer identification number .....	
1=spouse, 2=joint .....	

Social security, Medicare and income taxes:	2020 Amount	2019 Amount
1=paid any one employee cash wages of \$2,200 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:	2020 Amount	2019 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 .....		
Total cash wages subject to FUTA tax .....		
1=paid unemployment contributions to only one state .....		
1=paid all state unemployment contributions by 4/15/21 .....		
1=all wages taxable for FUTA were also taxable for state unemployment .....		
Name of state .....		
Contributions paid to state unemployment fund .....		

**Please enter all pertinent 2020 amounts & attach all 1099-INT and 1099-DIV forms.  
Last year's amounts are provided for your reference.**

**CHILD'S INFORMATION**

First name.....	<input style="width:90%;" type="text"/>
Last name.....	<input style="width:90%;" type="text"/>
Social security number.....	<input style="width:90%;" type="text"/>
Date of birth (m/d/y).....	<input style="width:90%;" type="text"/>
1=nontaxable to federal.....	<input style="width:90%;" type="text"/>
1=nontaxable to state.....	<input style="width:90%;" type="text"/>

**INTEREST INCOME (Form 1099-INT)**

	2020 Amount	2019 Amount
Banks, credit unions, etc. (Box 1):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Adjustments:		
Nominee distribution.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Accrued interest.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest (1099-INT in error).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
OID adjustment.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
ABP adjustment.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Foreign:		
1=interest in or authority over foreign account.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Name of foreign country.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
1=grantor/transferor or received distribution from foreign trust.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

**DIVIDEND INCOME (Form 1099-DIV)**

Total ordinary dividends (Box 1a):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends (Box 1b).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Total capital gain distributions (Box 2a):  _____	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Unrecaptured section 1250 gain (Box 2b).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Section 1202 gain (Box 2c).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Collectibles (28%) gain (Box 2d).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nontaxable distributions (Box 3).....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
In-state municipal bonds.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Nominee distributions:		
Ordinary dividends.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Qualified dividends.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Capital gain distributions.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
Alaska permanent fund dividends included above.....	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>



<b>2020</b>	<b>1040</b>	<b>CA</b>	<b>Other Credits</b>	<b>53.013</b>
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Please enter all pertinent 2020 information.

**RENTER'S CREDIT**

NOTE: To qualify for the credit you must have paid rent, for at least half of the year, on property in California which was your principal residence.

1=qualified renter .....	
1=filing separate, claiming spouse's credit .....	
1=filing jointly and one spouse claimed homeowner's property tax exemption .....	
Number of months in California, if part-year resident .....	

	<b>53.013</b>
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<b>2020</b>	<b>1040</b>	<b>CA</b>	<b>California Use Tax</b>	<b>54.012</b>
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**Please enter all pertinent 2020 information.**

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....			
	Use county (see table) .....			
	Total purchases subject to use tax .....			
	Sales or use tax already paid .....			

  

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....			
	Use county (see table) .....			
	Total purchases subject to use tax .....			
	Sales or use tax already paid .....			

  

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....			
	Use county (see table) .....			
	Total purchases subject to use tax .....			
	Sales or use tax already paid .....			

  

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....			
	Use county (see table) .....			
	Total purchases subject to use tax .....			
	Sales or use tax already paid .....			

  

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint .....			
	Use county (see table) .....			
	Total purchases subject to use tax .....			
	Sales or use tax already paid .....			

**County**

- |   |   |   |  |
|---|---|---|--|
| 1 = Alameda<br>2 = Alpine<br>3 = Amador<br>4 = Butte<br>5 = Calaveras<br>6 = Colusa<br>7 = Colusa (Williams)<br>8 = Contra Costa<br>9 = Contra Costa (El Cerrito)<br>10 = Contra Costa (Pinole)<br>11 = Contra Costa (Richmond)<br>12 = Del Norte<br>13 = El Dorado<br>14 = El Dorado (So. Lake Tahoe)<br>15 = El Dorado (Placerville)<br>16 = Fresno<br>17 = Fresno (Clovis)<br>18 = Fresno (Reedley)<br>19 = Fresno (Sanger)<br>20 = Fresno (Selma)<br>21 = Glenn<br>22 = Humboldt<br>23 = Humboldt (Trinidad)<br>24 = Imperial<br>25 = Imperial (Calexico)<br>26 = Inyo<br>27 = Kern<br>28 = Kern (Delano)<br>29 = Kings<br>30 = Lake<br>31 = Lake (Lakeport)<br>32 = Lake (Clearlake) | 33 = Lassen<br>34 = Los Angeles<br>35 = Los Angeles (Avalon)<br>36 = Los Angeles (Inglewood)<br>37 = Los Angeles (South Gate)<br>38 = Madera<br>39 = Marin<br>40 = Marin (San Rafael)<br>41 = Mariposa<br>42 = Mendocino<br>43 = Mendocino (Fort Bragg)<br>44 = Mendocino (Ukiah)<br>45 = Mendocino (Point Arena)<br>46 = Mendocino (Willits)<br>47 = Merced<br>48 = Merced (Los Banos)<br>49 = Merced (Merced)<br>50 = Modoc<br>51 = Mono<br>52 = Mono (Mammoth Lakes)<br>53 = Monterey<br>54 = Monterey (Del Ray Oaks)<br>55 = Monterey (Pacific Grove)<br>56 = Monterey (Seaside)<br>57 = Monterey (Salinas)<br>58 = Monterey (Sand City)<br>59 = Napa<br>60 = Nevada<br>61 = Nevada (Nevada City)<br>62 = Nevada (Truckee)<br>63 = Orange<br>64 = Orange (Laguna Beach) | 65 = Placer<br>66 = Plumas<br>67 = Riverside<br>68 = Riverside (Cathedral City)<br>69 = Sacramento<br>70 = San Benito<br>71 = San Benito (Hollister)<br>72 = San Benito (San Juan Bautista)<br>73 = San Bernardino<br>74 = San Bernardino (Montclair)<br>75 = San Bernardino (San Bernardino)<br>76 = San Diego<br>77 = San Diego (El Cajon)<br>78 = San Diego (National City)<br>79 = San Diego (Vista)<br>80 = San Francisco<br>81 = San Joaquin<br>82 = San Joaquin (Manteca)<br>83 = San Joaquin (Stockton)<br>84 = San Luis Obispo<br>85 = San Luis Obispo (Arroyo Grande)<br>86 = San Luis Obispo (Grover Beach)<br>87 = San Luis Obispo (Morro Bay)<br>88 = San Luis Obispo (Pismo Beach)<br>89 = San Luis Obispo (San Luis Obispo)<br>90 = San Mateo<br>91 = San Mateo (San Mateo)<br>92 = Santa Barbara<br>93 = Santa Clara<br>94 = Santa Cruz<br>95 = Santa Cruz (Capitola)<br>96 = Santa Cruz (Santa Cruz) | 97 = Santa Cruz (Scotts Valley)<br>98 = Santa Cruz (Watsonville)<br>99 = Shasta<br>100 = Sierra<br>101 = Siskiyou<br>102 = Solano<br>103 = Sonoma<br>104 = Sonoma (Cotati)<br>105 = Sonoma (Rohnert Park)<br>106 = Sonoma (Santa Rosa)<br>107 = Sonoma (Sebastopol)<br>108 = Stanislaus<br>109 = Stanislaus (Ceres)<br>110 = Sutter<br>111 = Tehama<br>112 = Trinity<br>113 = Tulare<br>114 = Tulare (Dinuba)<br>115 = Tulare (Farmersville)<br>116 = Tulare (Porterville)<br>117 = Tulare (Tulare)<br>118 = Tulare (Visalia)<br>119 = Tuolumne<br>120 = Tuolumne (Sonora)<br>121 = Ventura<br>122 = Yolo<br>123 = Yolo (Davis)<br>124 = Yolo (West Sacramento)<br>125 = Yolo (Woodland)<br>126 = Yuba |
|---|---|---|--|

**54.012**

2020

1040

US

Report of Foreign Bank and Financial Accounts

82.1

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

GENERAL INFORMATION

	2020 Amount	2019 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 .....		

82.1

2020

1040

US

Report of Foreign Bank & Fin. Accts.

No.

82.1 p2

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

**INFORMATION ON FINANCIAL ACCOUNTS**

2020 Amount

2019 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.....


82.1 p2

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

**FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)**

	2020 Amount	2019 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)**

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

2020

1040

US

Foreign Reporting (8938) (continued)

No.

82.2 p2

Please enter all pertinent 2020 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 .....

Table with 2 columns and 8 rows for issuer/counterparty #1.

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 .....

Table with 2 columns and 8 rows for issuer/counterparty #2.

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 .....

Table with 2 columns and 8 rows for issuer/counterparty #3.

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 .....

Table with 2 columns and 8 rows for issuer/counterparty #4.

2
Type of Issuer or Counterparty
1 = Individual
2 = Partnership
3 = Corporation
4 = Trust
5 = Estate

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