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## 2020 Tax Organizer

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PLEASE PRINT ON ONE (1) SIDE ONLY

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**2020 TAX ORGANIZER**

Income tax time is here. The enclosed Tax Organizer has been prepared to assist you in gathering information for your 2020 tax return. Please review the entire Tax Organizer and answer all questions that apply to you.

You will need to sign all pages in the Tax Organizer where indicated. Also, we cannot process the tax returns if you do not complete the Tax Organizer and answer ALL questions.

In order to process your returns, we will need the completed Tax Organizer and all supporting documents, including copies of Drivers Licenses for Taxpayer and Spouse, Birth Certificates for all dependents all Social Security Cards, W-2 and 1099 statements, 2020 Mortgage Statement, refinance papers (HUD1), and, if applicable, any other real estate and stock sale transaction papers. Also, include your 2020 and 2021 Property Tax Statements (2021 statement will not be available until mid-March or early April). If the 2021 statement is not available, we can still prepare the federal and state(s) returns.

**ALL TAXPAYERS MUST HAVE A CURRENT DRIVERS LICENSE OR STATE ISSUED IDENTIFICATION CARD IN ORDER TO FILE THIS YEAR.**

For new clients we will review your last 3 years tax returns for any possible errors, and if necessary, amend the returns upon your request.

Please feel free to contact us at (952) 934-1347 or email if you have any questions or need additional information. Please contact us as soon as possible to schedule your drop off appointment. We look forward to serving you this year.

**YOU MAY DROP OFF, FAX, OR MAIL YOUR COMPLETED INFORMATION.**

**Your DROP OFF appointment is scheduled \_\_\_/\_\_\_ 2021 \_\_\_ A.M. \_\_\_ P.M.**

**If you are unable to keep your appointment, please call (952) 934-1347 to reschedule.**

Best Regards  
Darrell Rodenz, C.P.A.

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# DARRELL RODENZ, CPA

PO BOX 254

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TAX YEAR 2020

## PRIVACY POLICY

Your privacy is important to us. Please read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, please contact us.

Sincerely,  
Darrell Rodenz CPA

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TAX YEAR 2020

## 2020 ENGAGEMENT LETTER

Thank you for choosing RODENZ ACCOUNTING & TAX SERVICE LLC to assist you with your 2020 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2020 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return your original records to you at the end of this engagement. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your records and our work papers for your engagement for five years, after which these documents will be destroyed.

Our engagement to prepare your 2020 tax returns will conclude with the delivery of the completed returns to you (if paper-filing), or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

We appreciate your confidence in us. Please call (952)934-1347 if you have questions.

Sincerely,  
Darrell Rodenz CPA

(Both spouses must sign for preparation of joint returns.)

Accepted By:

\_\_\_\_\_  
Taxpayer

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

## Questionnaire

Name:

SSN:

## Questionnaire

## Personal Information

Yes No

- Did your marital status change during the year?  
If "Yes," explain \_\_\_\_\_
- Can you or your spouse be claimed as a dependent by someone else?
- Did your address change during the year?
- Were you, your spouse, or any dependents a victim of identity theft?  
If "Yes," explain \_\_\_\_\_
- Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?  
If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

## Dependent Information

Yes No

- Did you have any changes in dependents during the year?  
If "Yes," explain \_\_\_\_\_
- Can another person qualify to claim any of your dependents?
- Did you have any childcare expenses during the year?
- Did you have any adoption expenses during the year?
- Did you have any children under age 19 or a full-time student under age 24 with more than \$2200 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

## COVID-19 Implications

Yes No

- Did you receive an Economic Impact Payment?  
If "Yes," provide Notice 1444 from the IRS.
- Did you or your spouse experience economic loss due to COVID-19 (loss of job, closed business, etc.)?
- Were you or your spouse unemployed for any portion of the year due to COVID-19?
- Did you or your spouse continue to receive wages from your employer even if you were unable to work?
- Did you or your spouse receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?
- If you or your spouse own a farm or business, did you continue to pay any employees while they were not working?
- If you or your spouse own a farm or business, did you delay withholding FICA taxes from any employee's pay?
- If you or your spouse own a farm or business, did you receive a Paycheck Protection Program (PPP) loan?  
If "Yes," was the loan forgiven or have you applied for forgiveness?
- If you or your spouse own a farm or business and were unable to work due to COVID-19, would you have qualified for sick or family leave if employed by someone other than yourself?

## Health Care Information

Yes No

- Did any member of your household have healthcare coverage through the Marketplace?  
If "Yes," provide copies of Form 1095-A.
- Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

## Income, Purchases, Sales, and Debt Information

Yes No

- Did you receive any tips not reported to your employer?
- Did you receive any disability income during the year?
- Did you cash in any U.S. savings bonds during the year?
- Did you start a new business or purchase any rental property during the year?

## Questionnaire

Name:

SSN:

## Questionnaire

- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?  
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?  
If "Yes," provide closing documentation for the purchase and sale of the home.
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?  
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?  
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
- Did you receive income or incur expenses associated with a fantasy sport league?  
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?  
If "Yes," attach Form 1099-MISC and Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?  
If "Yes," attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?  
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?  
If "Yes," attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?  
If "Yes," provide documentation.
- Did you receive any other income you have not provided information for with this organizer?  
If "Yes," explain \_\_\_\_\_

## Itemized Deduction Information

## Yes No

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?  
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

## Questionnaire

Name:

SSN:

## Questionnaire

## Retirement Information

Yes No

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

## Education Information

Yes No

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

## Miscellaneous Information

Yes No

- Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?
- Did you incur a gain or loss due to damaged or stolen property?  
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$15,000 during the year?  
**Yes No**  
  If "Yes," are you splitting the gift with your spouse?
- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you own interest or shares in a Qualified Opportunity Fund?
- Did you apply an overpayment of your 2019 taxes to your 2020 estimated taxes?
- If you have an overpayment of 2020 taxes, do you want the refund applied to your 2021 estimated taxes?
- Did you make any estimated payments toward your 2020 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?  
If "Yes," provide a canceled checking or savings slip.
- Do you anticipate your income or withholdings to be different for 2020?
- Did you make any purchases subject to Use Tax?  
If "Yes," provide details.
- Did you receive any notices from the IRS or state taxing authority?  
If "Yes," explain \_\_\_\_\_
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

## Foreign Tax Information

Yes No

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?

## Preparer Notes



## 2020 Tax Organizer Personal and Dependent Information

### Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer				
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

#### Marital Status at end of 2020

- Married  
 Married filing separately  
 Single  
 Widow(er) If spouse died in 2020 enter the date of death \_\_\_\_\_

#### Other information

- Are you blind?  Yes  No  
 Are you disabled?  Yes  No  
 Are you a full-time student?  Yes  No  
 Do you want \$3 to go to the Presidential Election Campaign Fund?  Yes  No

#### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency?  Yes  No

### Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

### COVID-19 Implications

Yes No

- Did you receive an Economic Impact Payment (EIP)?  
If "Yes," provide Notice 1444 from the IRS.
- Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?  
  Were you unemployed for any portion of the year due to COVID-19?  
  Did you continue to receive wages from your employer even if you were unable to work?  
  Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?  
  If you own a farm or business, did you continue to pay any employee while they were not working?  
  If you own a farm or business, did you delay withholding FICA taxes from any employee's pay?  
  If you own a farm or business, did you receive a Paycheck Protection Program (PPP) loan?  
If "Yes," was the loan forgiven or have you applied for forgiveness? \_\_\_\_\_
- If you own a farm or business and were unable to work due to COVID-19, would you have qualified for sick or family leave if employed by someone other than yourself?

### Appointment Information

Your 2020 appointment is scheduled for \_\_\_\_\_

### Additional Taxpayer Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

#### Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

#### Identification Information

##### Taxpayer

Type of photo ID    Driver's license    State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

##### Spouse

Type of photo ID    Driver's license    State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

### Child and Dependent Care

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Child Care Provider's Information

	<b>2020</b>	<b>2019</b>
Social Security Number or Employer ID Number _____	Amount paid _____	_____
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b>	State, ZIP _____	
<b>Foreign only</b>	Province/State, Country, Postal code _____	

	<b>2020</b>	<b>2019</b>
Social Security Number or Employer ID Number _____	Amount paid _____	_____
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b>	State, ZIP _____	
<b>Foreign only</b>	Province/State, Country, Postal code _____	

	<b>2020</b>	<b>2019</b>
Social Security Number or Employer ID Number _____	Amount paid _____	_____
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b>	State, ZIP _____	
<b>Foreign only</b>	Province/State, Country, Postal code _____	

	<b>2020</b>	<b>2019</b>
Social Security Number or Employer ID Number _____	Amount paid _____	_____
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b>	State, ZIP _____	
<b>Foreign only</b>	Province/State, Country, Postal code _____	

### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

	2020 Taxpayer	2019 Taxpayer	2020 Spouse	2019 Spouse
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Unemployment compensation repaid in 2020 . . . . .	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____	_____	_____
Alaska Permanent Fund . . . . .	_____	_____	_____	_____
ABLE distributions . . . . .	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Adjustments

	2020 Taxpayer	2019 Taxpayer	2020 Spouse	2019 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____	_____	_____
Alimony paid Name _____ SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____ SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____	_____	_____
Interest paid on a student loan . . . . .	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____

### Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Moving Expenses

TSJ \_\_\_\_\_

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2020

2019

Enter the number of miles from your OLD home to your NEW workplace . . . . .		
Enter the number of miles from your OLD home to your OLD workplace . . . . .		
Enter the amount you paid for transportation and storage of household goods and personal effects . . . . .		
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)		
Enter the amount of moving expenses reimbursed to you by your employer . . . . .		

#### Self-Employed Health Insurance

TSJ \_\_\_\_\_

2020

2019

Enter the qualified long term care amount . . . . .		
Enter your Medicare wages from an S corporation . . . . .		

#### Self-Employed Pensions

TSJ \_\_\_\_\_

2020

2019

Enter your plan contribution rate as a decimal . . . . .		
Enter your allowable elective deferrals made during 2020 . . . . .		
Enter your catch-up contributions . . . . .		
Enter the amount of designated ROTH contributions included above . . . . .		

#### Nondeductible IRAs

TS \_\_\_\_\_

2020

2019

Total traditional IRA contributions made for 2020 . . . . .		
Total basis in traditional IRAs as of 12/31/2020 . . . . .		
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers) . . . . .		
Amount of traditional IRAs converted to ROTH IRAs . . . . .		
IRA basis before conversion . . . . .		
Total ROTH IRA contributions made for 2020 . . . . .		

#### Health Savings Account

TSJ \_\_\_\_\_

2020

2019

HSA contributions made for 2020 . . . . .		
Total distributions from all HSAs during 2020 . . . . .		
Distributions included above that were rolled over into another account . . . . .		
Qualified medical expenses paid using HSA distributions . . . . .		



## Wages and Salaries

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form W-2**

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2020	2019		2020	2019
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_

	2020	2019		2020	2019
Wages, tips, other compensation	_____	_____	State _____ State I.D. _____	_____	_____
Federal income tax withheld	_____	_____	State wages	_____	_____
Social Security wages	_____	_____	State income tax	_____	_____
Social Security tax withheld	_____	_____	Locality name _____	_____	_____
Medicare wages and tips	_____	_____	Local wages	_____	_____
Medicare tax withheld	_____	_____	Local income tax	_____	_____
Social Security tips	_____	_____	State _____ State I.D. _____	_____	_____
Allocated tips	_____	_____	State wages	_____	_____
Dependent care benefits	_____	_____	State income tax	_____	_____
			Locality name _____	_____	_____
Are you a statutory employee?	_____	_____	Local wages	_____	_____
Are you covered by a retirement plan?	_____	_____	Local income tax	_____	_____
Did you receive third-party sick pay?	_____	_____			

**Pension, Annuities, Retirement, Etc. Distributions**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.**

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_

Payer's federal ID number: \_\_\_\_\_

Address: \_\_\_\_\_

	2020	2019		2020	2019
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .		
Gross distribution . . . . .			State distribution . . . . .		
Taxable amount . . . . .			Name of locality _____		
Total distribution . . . . .	<input type="checkbox"/>		Local income tax withheld . . . . .		
Capital gain . . . . .			Local distribution . . . . .		
Federal income tax withheld . . . . .			State _____ State I.D. _____		
Employee contributions or insurance premiums . . . . .			State income tax withheld . . . . .		
Distribution code(s) . . . . .			State distribution . . . . .		
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution			Local income tax withheld . . . . .		
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local distribution . . . . .		

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_

Payer's federal ID number: \_\_\_\_\_

Address: \_\_\_\_\_

	2020	2019		2020	2019
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .		
Gross distribution . . . . .			State distribution . . . . .		
Taxable amount . . . . .			Name of locality _____		
Total distribution . . . . .	<input type="checkbox"/>		Local income tax withheld . . . . .		
Capital gain . . . . .			Local distribution . . . . .		
Federal income tax withheld . . . . .			State _____ State I.D. _____		
Employee contributions or insurance premiums . . . . .			State income tax withheld . . . . .		
Distribution code(s) . . . . .			State distribution . . . . .		
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution			Local income tax withheld . . . . .		
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local distribution . . . . .		

**Social Security Benefit Statement**

TS _____	2020	2019	TS _____	2020	2019
Net benefits . . . . .			Net benefits . . . . .		
Medicare premiums . . . . .			Medicare premiums . . . . .		
Income tax withheld . . . . .			Income tax withheld . . . . .		







Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Table with 2 columns: 2020, 2019. Rows include Health insurance premiums, Long-term care premiums, Mileage driven for medical purposes, etc.

Charitable Contributions

Table with 2 columns: 2020, 2019. Rows include Donations to charity (cash), Disaster relief contributions, Miles driven for charitable purposes, etc.

Other Miscellaneous Deductions

Table with 2 columns: 2020, 2019. Rows include Amortizable bond premiums, Federal estate tax, Gambling losses, etc.

Taxes Paid

Table with 2 columns: 2020, 2019. Rows include State and local income taxes, Sales tax, Real estate taxes, etc.

Interest Paid

Table with 2 columns: 2020, 2019. Rows include Mortgage interest paid, Mortgage insurance premiums, Investment interest, etc.

For state purposes ONLY

Job Expenses & Certain Miscellaneous Deductions

Table with 2 columns: 2020, 2019. Rows include Necessary job expenses you paid that were not reimbursed by your employer, Union dues, Tax preparation fees, etc.

### Noncash Charitable Contributions

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_  Capital gain property

Date contributed \_\_\_\_\_

**Property type (if over \$5,000)**  Donated property is publicly traded security

- |                                                                                |                                                        |                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Art valued more than \$20,000                         | <input type="checkbox"/> Equipment                     | <input type="checkbox"/> Collectibles          |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher     | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles              |
| <input type="checkbox"/> Qualified conservation                                | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Other                 |

TSJ \_\_\_\_\_ Donee I.D. \_\_\_\_\_

Name of donee organization \_\_\_\_\_

Address of donee organization \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Description of donated property \_\_\_\_\_ Donor's cost or adjusted basis \_\_\_\_\_

Valuation method used \_\_\_\_\_ Fair market value \_\_\_\_\_

Physical condition of donated property \_\_\_\_\_ Average security price \_\_\_\_\_

How was it acquired? \_\_\_\_\_ Bargain sale price \_\_\_\_\_

Date acquired \_\_\_\_\_  Capital gain property

Date contributed \_\_\_\_\_

**Property type (if over \$5,000)**  Donated property is publicly traded security

- |                                                                                |                                                        |                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Art valued more than \$20,000                         | <input type="checkbox"/> Equipment                     | <input type="checkbox"/> Collectibles          |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher     | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate             | <input type="checkbox"/> Vehicles              |
| <input type="checkbox"/> Qualified conservation                                | <input type="checkbox"/> Securities                    | <input type="checkbox"/> Other                 |

### Expenses for Business Use of Your Home

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Business Use of Home

TSJ _____ For _____	2020	2019
Square footage of home used exclusively for business . . . . .	_____	_____
Total square footage of home. . . . .	_____	_____

#### Use of Home for Daycare

	2020	2019
Area used part time for business . . . . .	_____	_____
Total hours used for daycare . . . . .	_____	_____
Total hours available . . . . .	_____	_____

Did you live in the home all year?    Yes    No

#### Expenses

	Office expenses		Home expenses		
	2020	2019	2020	2019	
Mortgage interest . . . . .	_____	_____	_____	_____	In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes . . . . .	_____	_____	_____	_____	
Excess mortgage interest . . . . .	_____	_____	_____	_____	
Excess real estate taxes . . . . .	_____	_____	_____	_____	
Insurance . . . . .	_____	_____	_____	_____	
Rent . . . . .	_____	_____	_____	_____	
Repairs & maintenance . . . . .	_____	_____	_____	_____	
Utilities . . . . .	_____	_____	_____	_____	
Other expenses . . . . .	_____	_____	_____	_____	

#### Cost of Home

	2020	2019
Enter the <b>smaller</b> of your home's adjusted basis or its fair market value . . . . .	_____	_____
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No . . . . . Value of land	_____	_____
Date placed in service . . . . .	_____	_____
Date taken out of service . . . . .	_____	_____

## Employee Business Expense

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Employee Business Expense

TSJ \_\_\_\_\_ Occupation \_\_\_\_\_

- You are a qualifying performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy

#### Part I - Employee Business Expense and Reimbursements

	2020	2019
Parking fees, tolls, and local transportation, including train, bus, etc. . . . .	_____	_____
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .	_____	_____
Other business expenses . . . . .	_____	_____
Meals . . . . .	_____	_____
DOT meals . . . . .	_____	_____
Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses . . . . .	_____	_____
Meals . . . . .	_____	_____
Portion of total expenses that is for impairment-related work expenses of disabled employee . . . . .	_____	_____
Portion of total expenses that is for an Armed Forces reservist . . . . .	_____	_____

### Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2020	2019	2020	2019
Enter the date vehicle was placed in service . . . . .	_____	_____	_____	_____
Total miles vehicle was driven during 2020 . . . . .	_____	_____	_____	_____
Business miles . . . . .	_____	_____	_____	_____
Average daily roundtrip commuting distance . . . . .	_____	_____	_____	_____
Commuting miles included in total miles above . . . . .	_____	_____	_____	_____
Taxes . . . . .	_____	_____	_____	_____
Gasoline, oil, repairs, vehicle insurance, etc. . . . .	_____	_____	_____	_____
Vehicle rentals . . . . .	_____	_____	_____	_____
Inclusion amount . . . . .	_____	_____	_____	_____
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) . . . . .	_____	_____	_____	_____
Enter cost or other basis . . . . .	_____	_____	_____	_____
Enter section 179 deduction . . . . .	_____	_____	_____	_____
Enter depreciation percentage . . . . .	_____	_____	_____	_____
If your employer provided a vehicle, was personal use during off duty hours permitted? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or your spouse have another vehicle available for personal use? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have evidence to support your deduction? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," is the evidence written? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Principal business product or profession \_\_\_\_\_ Business code \_\_\_\_\_

Employer I.D. number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other \_\_\_\_\_

Inventory method, if not cost  Lower of cost or market  Other \_\_\_\_\_

Change of inventory method  Yes  No

You started or acquired this business during 2020

Some investment is NOT at risk

You disposed of this property during 2020

Did you make any payments in 2020 that would require you to file Forms 1099?  Yes  No

If "Yes," did you or will you file all required Forms 1099 for the individuals?  Yes  No

**Other Information**

	2020	2019
Family health coverage . . . . .	_____	_____

**Income**

	2020	2019
Gross receipts or sales . . . . .	_____	_____
Returns and allowances . . . . .	_____	_____
Other income . . . . .	_____	_____

**Cost of Goods Sold**

	2020	2019
Inventory at beginning of the year . . . . .	_____	_____
Purchases (less cost of items withdrawn for personal use) . . . . .	_____	_____
Cost of labor . . . . .	_____	_____
Materials and supplies . . . . .	_____	_____
Other costs (list on detail worksheet) . . . . .	_____	_____
Inventory at end of year . . . . .	_____	_____





## Auto Expense Worksheet

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Information

For \_\_\_\_\_

Business name and profession/product \_\_\_\_\_

Description \_\_\_\_\_

Date placed in service \_\_\_\_\_

Was this vehicle available for use during off-duty hours?  Yes  No

Do you or your spouse have another vehicle available for personal use?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes," is the evidence written?  Yes  No

Enter the number of miles your vehicle was used for:

	2020	2019		Prior year total
a Business .....	_____	_____	Business	_____
b Commuting .....	_____	_____	Total	_____
c Other .....	_____	_____		

### Expenses

	2020	2019
Garage rent .....	_____	_____
Gas .....	_____	_____
Insurance .....	_____	_____
Licenses .....	_____	_____
Oil .....	_____	_____
Parking fees .....	_____	_____
Rental fees .....	_____	_____
Interest .....	_____	_____
Property tax .....	_____	_____
Repairs .....	_____	_____
Tires .....	_____	_____
Tolls .....	_____	_____
Lease addbacks .....	_____	_____
Other expenses (list):	Apply business %	
_____ <input type="checkbox"/>	_____	_____
_____ <input type="checkbox"/>	_____	_____
_____ <input type="checkbox"/>	_____	_____

## Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Property Information

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- |                                                  |                                                       |                                    |                                      |
|--------------------------------------------------|-------------------------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |                                                                               |                                                          |                                                                                                                      |
|-------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> This property is your main home or second home       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2020            | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals                                                                             |
| <input type="checkbox"/> This property was owned as a qualified joint venture |                                                          |                                                                                                                      |

### Income

	2020	2019		2020	2019
Rent Income . . . . .			Royalties from oil, gas, mineral, copyright or patent . . . . .		

### Expenses

	Rental unit expenses		Rental and homeowner expenses	
Advertising . . . . .				
Auto & travel . . . . .				
Cleaning & maintenance . . . . .				
Commissions . . . . .				
Insurance . . . . .				
Legal & professional fees . . . . .				
Management fees . . . . .				
Mortgage interest . . . . .				
Other interest . . . . .				
Repairs . . . . .				
Supplies . . . . .				
Taxes . . . . .				
Utilities . . . . .				
Depletion . . . . .				
Other expenses (list)				
_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

### Schedule F - Profit or Loss from Farming

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2020

Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes  No You filed Forms 1099 for the individuals

**Income**

	2020	2019		2020	2019
Sale of livestock / other items . . . . .	_____	_____	Custom hire income . . . . .	_____	_____
Cost of items bought for resale . . . . .	_____	_____	Beginning inventory for accrual . . . . .	_____	_____
Sale of products you raised . . . . .	_____	_____	Ending inventory for accrual . . . . .	_____	_____
Total cooperative distributions . . . . .	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method		
Total agricultural payments . . . . .	_____	_____	Other income . . . . .	_____	_____
Commodity Credit Corporation (CCC) loans:					
CCC loans reported . . . . .	_____	_____		_____	_____
CCC loans forfeited . . . . .	_____	_____		_____	_____
Crop insurance proceeds:					
Amount received in 2020 . . . . .	_____	_____		_____	_____
<input type="checkbox"/> You elect to defer to 2021					
Amount deferred from 2019 . . . . .	_____	_____		_____	_____

**Expenses**

	2020	2019		2020	2019
Car & truck expenses . . . . .	_____	_____	Repairs & maintenance . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Taxes . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Utilities . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Freight & trucking . . . . .	_____	_____	Other expenses . . . . .	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____		_____	_____
Insurance (other than health) . . . . .	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other . . . . .	_____	_____		_____	_____
Non-W-2 labor hired . . . . .	_____	_____		_____	_____
W-2 wages paid . . . . .	_____	_____		_____	_____
Pension & profit-sharing plans . . . . .	_____	_____		_____	_____
Rent - vehicles, machinery, & equip	_____	_____		_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____		_____	_____

**Form 4835 - Farm Rental Income and Expenses**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Description \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2020

**Income**

	2020	2019		2020	2019
Income from production of livestock, grains, and other crops . . . . .	_____	_____	Crop insurance proceeds:		
Total cooperative distributions . . . . .	_____	_____	Amount received in 2020 . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____	<input type="checkbox"/> You elect to defer to 2021		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2019 . . . . .	_____	_____
CCC loans reported . . . . .	_____	_____	Other income . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____			

**Expenses**

	2020	2019		2020	2019
Car & truck expenses . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Taxes . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Utilities . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Other expenses (list)		
Freight & trucking . . . . .	_____	_____	_____	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____	_____	_____	_____
Insurance (other than health) . . . . .	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other . . . . .	_____	_____	_____	_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____	_____	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____	_____	_____	_____
Rent - vehicles, machinery & equip . . . . .	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____	_____	_____	_____
Repairs & maintenance . . . . .	_____	_____	_____	_____	_____





Casualties and Thefts

Name:

SSN:

FEMA code \_\_\_\_\_

Description of property \_\_\_\_\_

Location of property \_\_\_\_\_

Was property  Personal  Business  Income-producing  Employee income-producing

Date acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost or other basis . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) . . . . . \_\_\_\_\_ Date of incident . . . . . \_\_\_\_\_

**Theft Loss Deduction for Ponzi-Type Investment Scheme**

**Part I Computation of Deduction**

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

**Part II Required Statements and Declarations**

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

FEMA code \_\_\_\_\_

Description of property \_\_\_\_\_

Location of property \_\_\_\_\_

Was property  Personal  Business  Income-producing  Employee income-producing

Date acquired . . . . . \_\_\_\_\_ Fair market value before incident . . . . . \_\_\_\_\_

Cost or other basis . . . . . \_\_\_\_\_ Fair market value after incident . . . . . \_\_\_\_\_

Insurance or other reimbursement (whether or not you filed a claim) . . . . . \_\_\_\_\_ Date of incident . . . . . \_\_\_\_\_

**Theft Loss Deduction for Ponzi-Type Investment Scheme**

**Part I Computation of Deduction**

Initial investment . . . . . \_\_\_\_\_ Percentage of qualified investment . . . . . \_\_\_\_\_

Subsequent investments . . . . . \_\_\_\_\_ Actual recovery . . . . . \_\_\_\_\_

Income reported in prior years . . . . . \_\_\_\_\_ Potential insurance / SIPC recovery . . . . . \_\_\_\_\_

Withdrawals . . . . . \_\_\_\_\_

**Part II Required Statements and Declarations**

Information about the person or entity that conducted fraudulent arrangements

Name \_\_\_\_\_ SSN/EIN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Installment Sale Income

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

	2020	Prior years
Date acquired _____ Date sold _____		
Selling price . . . . .	_____	_____
Mortgages assumed . . . . .	_____	_____
Cost of property sold . . . . .	_____	_____
Depreciation allowed . . . . .	_____	_____
Commissions and expense of sale . . . . .	_____	_____
Gross profit percentage . . . . .	_____	_____
Interest received . . . . .	_____	_____
Principal payments received . . . . .	_____	_____

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

	2020	Prior years
Date acquired _____ Date sold _____		
Selling price . . . . .	_____	_____
Mortgages assumed . . . . .	_____	_____
Cost of property sold . . . . .	_____	_____
Depreciation allowed . . . . .	_____	_____
Commissions and expense of sale . . . . .	_____	_____
Gross profit percentage . . . . .	_____	_____
Interest received . . . . .	_____	_____
Principal payments received . . . . .	_____	_____

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

	2020	Prior years
Date acquired _____ Date sold _____		
Selling price . . . . .	_____	_____
Mortgages assumed . . . . .	_____	_____
Cost of property sold . . . . .	_____	_____
Depreciation allowed . . . . .	_____	_____
Commissions and expense of sale . . . . .	_____	_____
Gross profit percentage . . . . .	_____	_____
Interest received . . . . .	_____	_____
Principal payments received . . . . .	_____	_____



Education Credits and Deduction

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Provide all Form(s) 1098-T

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes
- Was the student enrolled at least half time for at least one academic period that began in 2020 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
- Did the student complete the first four years of post-secondary education before 2020?
- Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?
- Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

	2020	2019
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution	_____	_____
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution	_____	_____
Tax-free education assistance received in 2020 allocable to the academic period	_____	_____
Tax-free education assistance received in 2021 (and before 2020 return is filed) allocable to the academic period	_____	_____
Refunds of qualified education expenses paid in 2020 if the refund is received before the 2020 return is filed	_____	_____

Educational Institution | EIN \_\_\_\_\_  
 Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years? Yes
- Was the student enrolled at least half time for at least one academic period that began in 2020 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
- Did the student complete the first four years of post-secondary education before 2020?
- Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?
- Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student \_\_\_\_\_

	2020	2019
Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution	_____	_____
ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution	_____	_____
Tax-free education assistance received in 2020 allocable to the academic period	_____	_____
Tax-free education assistance received in 2021 (and before 2020 return is filed) allocable to the academic period	_____	_____
Refunds of qualified education expenses paid in 2020 if the refund is received before the 2020 return is filed	_____	_____

Educational Institution | EIN \_\_\_\_\_  
 Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Energy Credits**

Name:

SSN:

**Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit**

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle . . . . .	_____	_____
Make of vehicle . . . . .	_____	_____
Model of vehicle . . . . .	_____	_____
How many wheels does the vehicle have? . . . . .	_____	_____
Vehicle Identification Number . . . . .	_____	_____
Date vehicle was placed in service . . . . .	_____	_____
Tentative credit . . . . .	_____	_____
Business/investment use percentage . . . . .	_____	_____

**Form 8910 - Alternative Motor Vehicle Credit**

TSJ _____	Vehicle 1	Vehicle 2
Year of vehicle . . . . .	_____	_____
Make of vehicle . . . . .	_____	_____
Model of vehicle . . . . .	_____	_____
Vehicle Identification Number . . . . .	_____	_____
Date vehicle was placed in service . . . . .	_____	_____
Tentative credit . . . . .	_____	_____
Business/investment use percentage . . . . .	_____	_____

## STATE QUESTIONS 2020

	TAXPAYER	SPOUSE		
	YES	NO	YES	NO

Did you live in a state other than Minnesota during any part of the year? \_\_\_/\_\_\_ \_\_\_/\_\_\_

Did you receive any income from sources outside Minnesota? \_\_\_/\_\_\_ \_\_\_/\_\_\_

Did you receive any state or municipal bond interest from states other than from Minnesota? AMOUNT \$ \_\_\_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_

Did you contribute to a 529 Plan? (College Savings Plan)  
If yes please attach the year-end statement from the investment firm. \_\_\_/\_\_\_ \_\_\_/\_\_\_

Did you pay for required tuition or non-religious materials for a dependent child in grades kindergarten through twelve? \_\_\_/\_\_\_ \_\_\_/\_\_\_  
 Amount \$ \_\_\_\_\_ Grade \_\_\_\_\_ Child \_\_\_\_\_ Private \_\_\_\_\_ Public \_\_\_\_\_  
 Amount \$ \_\_\_\_\_ Grade \_\_\_\_\_ Child \_\_\_\_\_ Private \_\_\_\_\_ Public \_\_\_\_\_

Minnesota Nongame Wildlife Fund Donation. AMOUNT \$ \_\_\_\_\_

Did you pay for Long Term Care Insurance premiums? \_\_\_/\_\_\_ \_\_\_/\_\_\_  
 Name of Insurance company \_\_\_\_\_

Policy Number TAXPAYER: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

Policy Number SPOUSE: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

Did you reside in a nursing home or health care facility? \_\_\_/\_\_\_ \_\_\_/\_\_\_

Did you file for a renter or property tax refund (FORM M-1PR)? \_\_\_/\_\_\_ \_\_\_/\_\_\_

Did you receive a refund? AMOUNT \$ \_\_\_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_

**HOMEOWNERS** Please enclose a copy of your Statement of Property Tax payable in 2019, 2020 and 2021. (2021 may not be available until March or April).

**RENTERS** Please attach a copy of Form CRP for 2020 (Certificate of Rent Paid).  
 Also, Form CRP for 2019 if you have not filed for a 2020 refund.

**ATTACH ALL SUPPORTING INFORMATION FOR "YES" RESPONSES.**

**I/WE have read all enclosed information and understand all tax filing requirements.**

TAXPAYER: \_\_\_\_\_ SPOUSE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE SIGN THIS ORGANIZER**

## **Minnesota K-12 Education Credit and Subtraction \$\$\$ Expenses You Can Claim \$\$\$**

Credit is limited to 75 percent of actual expenses paid.

### **Allowable Expenses for Normal School Day Programs: (For subjects normally taught in public school grades K-12)**

Instructional materials that are required and used in class during the normal school day.

Examples: paper, notebooks, shop supplies, computer paper, pens, rulers, sheet music, printer ink cartridges, pencils, art supplies, test tubes, tennis shoes, erasers, home economics supplies, science beakers, gym clothes, etc.

Books (non-religious) required for use in class during the normal school day.

Examples: textbooks, reading books, art books, math books, academic books, music books, science books, etc.

Fees and Transportation for class trips taken during the normal school day. (This does not include food, lodging, or other non-academic expenses.)

Transportation expenses that are paid to others for transporting your child to or from school during the normal school day (cannot be expenses that are incurred by the taxpayer or qualified child.) The school must be located in MN, IA, ND, SD, or WI.

Purchase or Rental of educational equipment that is required and used for class during the normal school day.

Examples: musical instruments, calculators, etc.

### **Allowable Expenses for After School Enrichment Programs: (Must be taught by qualified instructors)**

Examples: science exploration, study-habit tutoring, academic tutoring, music lessons, dance lessons, voice lessons, driver's-education courses (if offered as part of the school curriculum), etc.

Note: Expenses paid for summer-school classes that fulfill normal school-year class requirements are allowed to the same extent as are expenses paid during the course of a normal school day.

## Minnesota K-12 Education Credit and Subtraction

### Computer Hardware and Educational Software

Computer expenses up to \$200.00 for credit (if income requirements are met)  
And/or \$200.00 as a subtraction, not to exceed actual expenses paid.

Hardware includes personal computers, printers, monitors, CD-Rom drives, modems, additional hard drives, memory upgrades, and adaptive equipment for students with disabilities.

Software must have a clear educational purpose (Encyclopedic CD, Internet access installation, etc.).

\*Computer games without educational value and monthly internet fees do not qualify.

### Subtraction Expenses Only

Tuition for private schools, tuition of college courses that satisfy high school requirements, tuition for summer school.

### EXPENSES YOU MAY NOT CLAIM

- \* School lunch or snacks
- \* School uniforms (including choir or band uniforms, dance costumes and graduation robes).
- \* Clothing for school (exception is gym clothes which is required for class).
- \* Travel expenses, lodging, transportation (e.g., airline tickets), and meals for overnight class trips (only instructor fees paid for direct academic instruction can be allowed).
- \* Materials and misc. expenses for use in after-school programs, tutoring sessions, enrichment programs, and academic camps (Only instructor fees that are paid for direct academic instruction are allowed.)
- \* Books and materials used in any extra-curricular activities (sports events, music, drama, speech, driver's education, etc.
- \* Expenses for books, materials, and fees paid for a program that teaches religious beliefs.
- \* Expenses for pre-kindergarten classes or nursery schools.
- \* Expenses for classes after the student has left high school.
- \* Fees for non-academic programs, including sports camps, lessons, or equipment (martial arts classes, baseball camp, etc.)
- \* Hard-cover encyclopedias or reference materials.
- \* Monthly internet access fees.
- \* Web TV.
- \* Room and board.
- \* K-12 college-class instructor fees are allowed, but only as a subtraction when the child is receiving K- 12 credit from a high school.