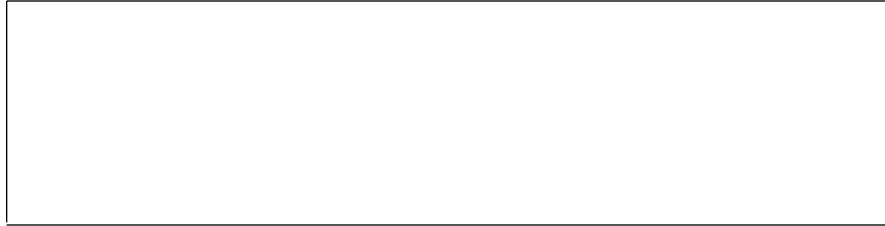


Chrisopoulos CPA, Inc.
4411 Morena Blvd Ste 230
San Diego, CA 92117

Organizer



This Tax Organizer is designed to help you collect and report the information needed to prepare your 2020 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2020 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2019 information is included for your reference. You do not need to make any 2019 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- A copy of your 2019 tax return (if not in our possession).
- Original Form(s) W-2.
- Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- Copies of other compensation or pension documentation, such as Form 1099-MISC, Form 1099-R, or Form 1099-NEC.
- Form(s) 1099 or statements reporting dividend and interest income.
- Brokerage statements showing transactions for stocks, bonds, etc.
- Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- Copies of closing statements regarding the sale or purchase of real property.
- All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

Chrisopoulos CPA, Inc.
4411 Morena Blvd Ste 230
San Diego, CA 92117
Telephone: (858)452-2225 Fax: (858)452-2051
E-mail: info@carolchriscpa.com

General Questions

ORG3

| PERSONAL INFORMATION | | | |
|--|---|------------------------------|-----------------------------|
| 1 | Did you receive an Economic Impact (Stimulus) Payment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | If yes, how much did you receive? | | |
| 2 | Did your marital status change during 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , explain | | |
| 3 | Do you want to allow your tax preparer to discuss this year's return with the IRS? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no , enter another person (if desired) to be allowed to discuss this return with the IRS. Caution: Review any transferred information for accuracy. | | |
| | Designee's Name ▶ | | |
| | Phone Number ▶ Personal Identification Number (5 digit PIN) ▶ | | |
| 4 | Do you or your spouse plan to retire in 2021? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Were you or your spouse permanently and totally disabled in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Enter date of death for taxpayer or spouse (if during 2020 or 2021): Taxpayer: _____ Spouse: _____ | | |
| 7 | Were you or your spouse a member of the U.S. Armed Forces during 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| DEPENDENT INFORMATION | | | |
| | | Yes | No |
| 8 a | Do you have dependents who must file? | <input type="checkbox"/> | <input type="checkbox"/> |
| | b If yes , do you want us to prepare the return(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 a | Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200? | <input type="checkbox"/> | <input type="checkbox"/> |
| | b If yes , do you want to include your child's income on your return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Are any of your dependents not U.S. citizens or residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Did you provide over half the support for any other person during 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Did you incur adoption expenses during 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| IRA, PENSION AND EDUCATION SAVINGS PLANS | | | |
| | | Yes | No |
| 13 | Did you take a retirement account distribution related to the corona virus or a natural disaster? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Did you receive payments from a pension or profit-sharing plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 a | Did you convert all or part of a regular IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| | b Did you roll over all or part of a qualified plan into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Did you contribute to a Coverdell Education Savings Account? | <input type="checkbox"/> | <input type="checkbox"/> |
| ITEMS RELATED TO INCOME/LOSSES | | | |
| | | Yes | No |
| 18 | Did you receive any disability payments in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | Did you receive tip income not reported to your employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 a | Did you buy, sell, refinance, or abandon a principal residence or other real property in 2020? (Attach copies of any escrow statements or Forms 1099.) | <input type="checkbox"/> | <input type="checkbox"/> |
| | b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? | <input type="checkbox"/> | <input type="checkbox"/> |
| | c Are you planning to purchase a home soon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | Did you incur any casualty or theft losses during 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | Did you incur any non-business bad debts? | <input type="checkbox"/> | <input type="checkbox"/> |
| PRIOR YEAR TAX RETURNS | | | |
| | | Yes | No |
| 23 | Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? | <input type="checkbox"/> | <input type="checkbox"/> |
| | If yes , enclose agent's report or notice of change. | | |
| 24 | Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? | <input type="checkbox"/> | <input type="checkbox"/> |

General Questions (continued)

ORG3

FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

- | | Yes | No |
|--|--------------------------|--------------------------|
| 25 Did you have foreign income or pay any foreign taxes in 2020 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 a At any time during 2020, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2020? Report all interest income on Org 11 | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 Did you at any time during 2020, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH AND LIFE INSURANCE

- | | Yes | No |
|---|--------------------------|--------------------------|
| 29 Did you receive Form 1095-A (Health Coverage)? If so, please attach | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 a Did you or your spouse have self-employed health insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 Did you contribute to or receive distributions from a Health Savings Account (HSA)? | <input type="checkbox"/> | <input type="checkbox"/> |

MISCELLANEOUS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 33 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2020? If yes, please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 Did you start paying mortgage insurance premiums in 2020? If yes, please attach details | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 Did you purchase a motor vehicle or boat during 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, attach documentation showing sales tax paid. | | |
| 36 Did you purchase an energy efficient vehicle in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, enter year, make, model, and date purchased: _____ | | |
| 37 Did you donate a vehicle in 2020? If yes, attach Form 1098C | <input type="checkbox"/> | <input type="checkbox"/> |
| 38 What was the sales tax rate in your locality in 2020? _____ % State ID _____ | | |
| 39 Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40 Did you make gifts to a trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach details. | | |
| 42 Did you or your spouse participate in a medical savings account in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.) | | |
| 43 Did you make a loan at an interest rate below market rate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44 Did you pay any individual for domestic services in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45 Did you pay interest on a student loan for yourself, your spouse, or your dependents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46 Did you, your spouse, or your dependents attend post-secondary school in 2020? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47 Did a lender cancel any of your debt in 2020? (Attach any Forms 1099-A or 1099-C) | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 Did you receive any income not included in this Tax Organizer? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please attach information. | | |
| 49 At any time during 2020, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| 50 a Did you obtain a Paycheck Protection Program (PPP) loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If yes, has any portion of that loan been forgiven? | <input type="checkbox"/> | <input type="checkbox"/> |

ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

- | | Yes | No |
|--|--------------------------|--------------------------|
| 51 If your tax return is eligible for Electronic Filing, would you like to file electronically? | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? | <input type="checkbox"/> | <input type="checkbox"/> |

Caution: Review transferred information for accuracy.

- 53 If yes, please provide the following information:
- a Name of your financial institution
- b Routing Transit Number (must begin with 01 through 12 or 21 through 32)
- c Account number
- d What type of account is this?
- Checking Savings

Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

Health Insurance Coverage

ORG3A

Preparer note: The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

Part 1 Coverage

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

| Name of covered individual(s) | SSN or DOB | Covered 12 mos | Exchange Policy | Exemption Received | Indicate which months each person was covered by MEC*: | | | | | | | | | | | | | | |
|-------------------------------|------------|----------------|-----------------|--------------------|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|--|
| | | | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | |
| 1. | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | | | | | | | | |

*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2020, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

Business/Investment Questions

ORG4

| | Yes | No |
|--|--------------------------|--------------------------|
| 1 Did you receive stock from a stock bonus plan with your employer? (Do not include stock sales included on your W-2.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Did you buy or sell any stocks or bonds in 2020 ? If yes , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you surrender any U.S. savings bonds during 2020 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Do you have any investments for which you were not personally 'at risk' (other than sole proprietorship or farm)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2020 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Did you sell property or equipment on installment in 2020 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Did you have any business related educational expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Did you do a 'like-kind' exchange of property in 2020 ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient Do you have records to support expenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 Did you purchase special fuels for non-highway use? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes , please list the type of use and the number of gallons for each fuel. _____ _____ _____ _____ | | |

PERSONAL INFORMATION

| | TAXPAYER | SPOUSE |
|---|--|--|
| Last name..... | _____ | _____ |
| First name | _____ | _____ |
| Middle initial and suffix | MI _____ Suffix _____ | MI _____ Suffix _____ |
| Social security number | _____ | _____ |
| Occupation..... | _____ | _____ |
| Work phone/extension | _____ | _____ |
| Cell phone | _____ | _____ |
| E-mail address..... | _____ | _____ |
| Driver's License/Id issuing state | _____ | _____ |
| License /Id number..... | _____ | _____ |
| License/Id issue date | _____ | _____ |
| License/Id expiration date..... | _____ | _____ |
| Birthdate | MM/DD/YYYY | MM/DD/YYYY |
| Blind | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Contribute to Presidential Election Campaign Fund..... | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Eligible to be claimed as a dependent on another return | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Street address..... | _____ | Apartment number |
| City..... | _____ State..... _____ | ZIP code..... _____ |
| Home phone..... | _____ | Foreign country |
| Fax..... | _____ | Foreign phone |

FILING STATUS

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with spouse at any time during the year

Check this box if you are eligible to claim spouse's exemption

Check this box if your spouse itemizes deductions.....

4 Head of household

If the qualifying person is a child but not your dependent, enter

Child's name..... Child's social security number.....

5 Qualifying widow(er)

Check the box for the year the spouse died 2018 2019

DEPENDENT INFORMATION

| Full Name (first name, middle initial, last name, suffix) | Social Security Number | **Code | Not qualified credit Other dep | Date of Birth *Not Citizen | 2020 Child Care Expense |
|--|------------------------|--------|-----------------------------------|-------------------------------|-------------------------|
| | | | | | 2019 Child Care Expense |
| | | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |

** For the Dependent Code, enter the following:

- L = dependent child who lived with you
- N = dependent child who didn't live with you due to divorce or separation
- O = other dependent
- Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

* Check this box if dependent child is not a U.S. citizen or resident alien

Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

INTEREST INCOME

Attach all copies of your Form 1099-INTs here.

****Type of Interest**
 blank = Regular taxable interest
 ME1 = ME bond interest in federal income
 MD1 = MD nontaxable interest — taxable federal
 MA1 = MA bank interest
 NH1 = NH nontaxable interest — taxable federal
 NJ1 = NJ nontaxable interest — taxable federal
 OK1 = OK bank interest
 TN1 = TN nontaxable interest — taxable federal
 WV1 = WV bond interest in federal income

| TSJ | X* | Payer Name | 2020 Box 1 Interest | Type of Interest** | 2020 Box 3 US/Treasury Interest | 2020 Box 8 Tax Exempt | State | 2019 Box 1 + 3 |
|-----|----|------------|---------------------------|-----------------------|--|-----------------------------|-------|-------------------|
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

X* Check if you did not receive income from this account in 2020 .

DIVIDEND INCOME

Attach all copies of your Form 1099-DIVs here.

| TSJ | X* | Payer Name | 2020 Box 1a Ordinary Dividends | 2020 Box 1b Qualified Dividends | 2020 Box 2a Capital Gains | State | 2019 Box 1a + 2a |
|-----|----|------------|---|--|------------------------------------|-------|---------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

X* Check if you did not receive income from this account in 2020 .

Medical and Tax Expenses

ORG13

| MEDICAL AND DENTAL EXPENSES | 2020 | 2019 |
|--|-------------|-------------|
| 1 Prescription medications | | |
| 2 Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A) | | |
| 3 Qualified long-term care premiums | | |
| a Taxpayer's gross long-term care premiums | | |
| b Spouse's gross long-term care premiums | | |
| c Dependent's gross long-term care premiums | | |
| 4 Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity..... | | |
| 5 Insurance reimbursement..... | | |
| 6 Doctors, dentists, etc | | |
| 7 Hospitals, clinics, etc | | |
| 8 Lab and X-ray fees..... | | |
| 9 Expenses for qualified long-term care..... | | |
| 10 Eyeglasses and contact lenses | | |
| 11 Medical equipment and supplies | | |
| 12 Miles driven for medical purposes..... | | |
| 13 Ambulance fees and other medical transportation costs..... | | |
| 14 Lodging..... | | |
| 15 Other medical and dental expenses: | | |
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| e _____ | | |
| f _____ | | |
| g _____ | | |
| h _____ | | |
| i _____ | | |
| j _____ | | |
| TAXES | 2020 | 2019 |
| Enter state and local income taxes on ORG7, ORG8, ORG10, and ORG40. | | |
| 16 Real estate taxes paid on principal residence | | |
| 17 Real estate taxes paid on additional homes or land | | |
| 18 Auto registration fees based on the value of the vehicle..... | | |
| 19 Other personal property taxes | | |
| 20 Other taxes: | | |
| _____ | | |
| _____ | | |

Interest Paid and Cash Contributions

ORG14

| HOME MORTGAGE INTEREST PAID | | | |
|-----------------------------|---------------------------|------|------|
| Lender's Name | Check if NOT on Form 1098 | 2020 | 2019 |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |

| POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME | | |
|---|---------------------------|------|
| Lender's Name | Check if NOT on Form 1098 | 2020 |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |

| SELLER FINANCED MORTGAGE | | |
|--------------------------|--------------------|---------|
| Individual's Name | Identifying Number | Address |
| | | |
| | | |

| OTHER PERSON RECEIVING FORM 1098 | |
|----------------------------------|---------|
| Form 1098 Recipient's Name | Address |
| | |
| | |

| OTHER POINTS | | | | | |
|---|--------------------------|-------------|--------------|---------------------|----------------------|
| Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage. | | | | | |
| Lender's Name | Loan Over | Points Paid | Date of Loan | Loan Length (years) | 2019 Points Deducted |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |

| QUALIFIED MORTGAGE INSURANCE PREMIUMS | | |
|---|------|------|
| | 2020 | 2019 |
| Premiums paid in 2020 for qualified mortgage insurance not from Form 1098 import | | |

Interest Paid and Cash Contributions (continued)

ORG14

| INVESTMENT INTEREST | | |
|---|------|------|
| | 2020 | 2019 |
| Investment interest (for example: margin interest, interest paid on loans used for property held for investment, etc) | | |

| LIMITED HOME MORTGAGE DEDUCTION | | | | | |
|---|--------|--------|--------|--------|--------|
| If the mortgage meets the following reasons during 2020 complete the following: - The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or - You had home debt that was not used to buy, build or substantially improve the home that secures the loan | | | | | |
| | Loan 1 | Loan 2 | Loan 3 | Loan 4 | Loan 5 |
| 1a Interest paid in 2020 | | | | | |
| Points paid in 2020 | | | | | |
| Months loan outstanding | | | | | |
| Principal pd on loan in 2020 | | | | | |
| b Was all proceeds of this loan used to buy, build, or substantially improve the home? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | | | | |
| 2 Home Debt Origination on or after December 15, 2017 | | | | | |
| Beginning of year balance .. | | | | | |
| Additional borrowed in 2020 | | | | | |
| Enter the amount of debt not used to buy, build, or substantially improve the home: | | | | | |
| | | | | | |
| 3 Home Debt Origination after October 13, 1987 and Before December 15, 2017 | | | | | |
| Beginning of year balance .. | | | | | |
| Enter the amount of debt not used to buy, build, or substantially improve the home: | | | | | |
| | | | | | |
| 4 Grandfathered debt: (before 10/14/1987) | | | | | |
| Beginning of year balance .. | | | | | |
| Enter the amount of debt not used to buy, build, or substantially improve the home: | | | | | |
| | | | | | |

| CASH CONTRIBUTIONS | | | |
|---|---|------|------|
| Name of Donee Organization | Check if Statement Exists for Gifts \$250 or More | 2020 | 2019 |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| Charitable miles driven | | | |
| Miles driven to deliver noncash contributions | | | |
| Parking fees, tolls, and local transportation | | | |

Noncash Contributions

ORG14A

Copy 1

| Name of Donee Organization | Check if Statement Exists for Gifts of \$250 or More | Fair Market Value | Prior Year Fair Market Value |
|----------------------------|--|-------------------|------------------------------|
| A _____ | | | |
| B _____ | | | |
| C _____ | | | |
| D _____ | | | |
| E _____ | | | |
| F _____ | | | |
| G _____ | | | |
| H _____ | | | |
| I _____ | | | |

Note: Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

| Description of Donated Property | Type** | Address of Donee Organization |
|---------------------------------|--------|-------------------------------|
| A _____ | | |
| B _____ | | |
| C _____ | | |
| D _____ | | |
| E _____ | | |
| F _____ | | |
| G _____ | | |
| H _____ | | |
| I _____ | | |

| Method for Fair Market Value* | Date of Contribution | Complete these columns only for each contribution over \$500 | | |
|-------------------------------|----------------------|---|-----------------|-----------|
| | | Date Acquired (month, year) | How Acquired*** | Your Cost |
| A _____ | | | | |
| B _____ | | | | |
| C _____ | | | | |
| D _____ | | | | |
| E _____ | | | | |
| F _____ | | | | |
| G _____ | | | | |
| H _____ | | | | |
| I _____ | | | | |

***Methods of determining FMV:**

- | | | | |
|---------------|--------------------------|-------------------|-------------|
| Appraisal | Capitalization of income | Present value | Thrift shop |
| Average share | Comparative sales | Replacement cost | |
| Catalog | Consignment shop | Reproduction cost | |

****Type of Donated Property**

- | | | |
|---------------------------------|-----------------------------------|--|
| Household/clothing items | Business equipment | Intellectual property |
| Motor vehicle, boat or airplane | Business inventory | Real property, conservation property |
| Art, other than self-created | Stock, publicly traded | Real property, other than conservation |
| Art, self-created | Stock, other than publicly traded | Other personal property |
| Collectibles | Securities, other than stock | Other intangible property |

*****How Property was Acquired:** Purchase, Gift, Inheritance, Exchange

Miscellaneous Itemized Deductions (FOR STATE USE ONLY)

ORG15

| MISCELLANEOUS DEDUCTIONS (2% LIMITATION) | 2020 | 2019 | |
|--|----------------------------------|------------------------------------|-------------|
| Employee Business Expenses | | | |
| Note: If you have any travel, transportation, meal expenses or your employer reimbursed you for any of your job-related expenses, complete ORG17 for all your employee expenses. | | | |
| 1 Union and professional dues | | | |
| 2 Professional subscriptions | | | |
| 3 Uniforms and protective clothing | | | |
| 4 Job search costs | | | |
| 5 Other unreimbursed employee expenses: | | | |
| a _____ | | | |
| b _____ | | | |
| c _____ | | | |
| d _____ | | | |
| e _____ | | | |
| Other Expenses Subject to the 2% Limitation | | | |
| Treat all MACRS assets for this activity as qualified Indian reservation property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Treat all assets acquired after August 27, 2005 as qualified GO Zone property? | <input type="checkbox"/> Regular | <input type="checkbox"/> Extension | |
| Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Was this property located in a Qualified Disaster Area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Check to code assets as Investment Expense | <input type="checkbox"/> | | |
| Use ORG50 to record dispositions. | | | |
| Use ORG51A to enter additional assets. | | | |
| Use ORG11a for investment expenses related to interest income. | | | |
| Use ORG11b for investment interest related to dividend income. | | | |
| 6 Tax return preparation fees | | | |
| 7 Investment counsel and advisory fees | | | |
| 8 Certain attorney and accounting fees | | | |
| 9 Safe deposit box rental | | | |
| 10 IRA custodial fees | | | |
| 11 a Government unemployment benefits repaid in 2020 | <input type="checkbox"/> | | |
| b Other expenses (list): | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| OTHER MISCELLANEOUS DEDUCTIONS | | 2020 | 2019 |
| 12 Federal estate tax paid on income in respect of a decedent | | | |
| 13 Amortizable bond premiums (acquired before 10/23/86) | | | |
| 14 Gambling losses (to the extent of gambling income) | | | |
| 15 Claim repayments | | | |
| 16 Unrecovered investment in annuity | | | |
| 17 Ordinary loss attributable to certain debt instruments | | | |

Business Income and Expenses

ORG19

GENERAL INFORMATION

Is this activity a qualified trade or business under Section 199A? Yes No

1 Check ownership **Taxpayer** **Spouse** **Joint**

2 Business name

3 a Business street address.....

b 1 City, State and Zip Code, or CA

2 Foreign country..... (not applicable)

4 Principal business/profession

5 Employer ID number.....

6 Business code (**Preparer Use Only**)

7 Was this business fully disposed of in a fully taxable transaction during 2020? **Yes** **No**

8 Accounting method:
 Cash Accrual Other (specify)

9 Method used to value closing inventory:
 Cost Lower of cost or market Other (explain)

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory? (If yes, attach explanation) **Yes** **No**

11 Did you materially participate in the operation of this business during 2020? **Yes** **No**

12 Did you start or acquire this business during 2020? **Yes** **No**

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

b If yes, did you or will you file all the required Forms 1099? **Yes** **No**

14 At-risk determination:
a Is all of the investment in this activity at risk? **Yes** **No**
b Is some of the investment in this activity not at risk? **Yes** **No**

15 Did you have unallowed passive losses in 2019? **Yes** **No**

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? **Yes** **No**

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? **Regular** **Extension** **No**

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? **Yes** **No**

d Was this business located in a Qualified Disaster Area? **Yes** **No**

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

| INCOME | 2020 | 2019 |
|--|------|------|
| 17 Gross receipts or sales..... | | |
| 18 Returns and allowances plus other adjustments..... | | |
| 19 Other income (include federal/state gas tax credit/refund) | | |

| COST OF GOODS SOLD – IF APPLICABLE | 2020 | 2019 |
|--|------|------|
| 20 Inventory at beginning of year | | |
| 21 Purchases | | |
| 22 Items withdrawn for personal use | | |
| 23 Cost of labor (do not include your salary) | | |
| 24 Materials and supplies | | |
| 25 Other costs | | |
| 26 Inventory at end of year..... | | |

Business Income and Expenses (continued)

ORG19

| EXPENSES | 2020 | 2019 |
|--|------|------|
| Business name _____ | | |
| 27 Advertising | | |
| 28 Car and truck expenses (complete ORG18)..... | | |
| 29 Commissions and fees | | |
| 30 Contract labor | | |
| 31 Depletion | | |
| 32 Depreciation and Section 179 deduction (Preparer Use Only)..... | | |
| 33 Employee benefit programs: | | |
| a Employee health insurance premiums | | |
| b Other employee benefit programs | | |
| 34 Insurance (other than health) | | |
| 35 Self-employed health insurance attributable to this business | | |
| 36 Interest: | | |
| a Mortgage paid to banks not reported to you on Form 1098..... | | |
| b Other | | |
| 37 Legal and professional services | | |
| 38 Office expenses | | |
| 39 Pension and profit-sharing plans | | |
| 40 Rent or lease: | | |
| a Machinery and equipment (enter vehicle lease on ORG18) | | |
| b Other business property..... | | |
| 41 Repairs and maintenance | | |
| 42 Supplies (not included in cost of goods sold) | | |
| 43 Taxes and licenses not reported to you on Form 1098 | | |
| 44 Travel and meals | | |
| a Travel..... | | |
| b Meals subject to 50% limit..... | | |
| c Meals subject to 80% limit..... | | |
| d Meals not subject to limit | | |
| 45 Utilities | | |
| 46 Gross wages | | |
| 47 Other expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| 48 Expenses for business use of your home (Preparer Use Only)..... | | |
| Complete ORG20 for Business Use of Home. | | |
| 49 Qualified pension plan start-up costs | | |
| 50 DPAD (line 6) from cooperative(s) with tax year beginning before Jan. 1, 2018..... | | |
| 51 DPAD (line 6) from cooperative(s) with tax year beginning after Dec. 31, 2017 | | |

State Information Worksheet

ORG60

GENERAL INFORMATION

| | | |
|--|--------------------------|--------------------------|
| | Taxpayer | Spouse |
| 1 Enter your state of residence | | |
| 2 Check the appropriate box if: | Taxpayer | Spouse |
| a Full year resident..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b Part year resident..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c Nonresident | <input type="checkbox"/> | <input type="checkbox"/> |
| | Date of entry: _____ | Date of exit: _____ |
| 3 Resident locality: _____ | | |
| 4 County: _____ School district: _____ School district number: _____ | | |
| | Taxpayer | Spouse |
| 5 Check if disabled | <input type="checkbox"/> | <input type="checkbox"/> |

STATE CREDITS

| 6 Description/type of credit (for example, solar energy, carpool) | Code | Amount |
|---|------|--------|
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| e _____ | | |

VOLUNTARY STATE CONTRIBUTIONS

| 7 Description/type of contribution (for example, wildlife, cancer) | Code | Amount |
|--|------|--------|
| a _____ | | |
| b _____ | | |
| c _____ | | |
| d _____ | | |
| e _____ | | |

MISCELLANEOUS QUESTIONS

| | | | |
|--|--------------------------|---------------------------------|--------------------------|
| | | Yes | No |
| 8 Did you file a state return for 2019? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Do you want state forms and instructions sent to you next year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Do you want any applicable penalty and interest calculated and added to the return? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 How do you want your state refund (if any) applied? | | | |
| a Refunded | <input type="checkbox"/> | b Apply to 2021 estimates | <input type="checkbox"/> |
| | | c Apply to 2021 taxes | <input type="checkbox"/> |
| 12 Additional state information: _____ | | | |
| _____ | | | |
| _____ | | | |