# Fox Valley CPAs, LLC Certified Public Accountants 2401 W Wisconsin Ave Appleton, WI 54914-3110

Client Name Address City, WI Zip

#### Dear Client:

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2019 personal income tax return. To help you complete the organizer with minimal time and effort, when available, you will find certain information from your 2018 personal income tax return.

In your Tax Organizer, all social security numbers and bank account numbers have been replaced with asterisks (\*\*\*-\*\*-\*\*\*) and (\*\*\*\*1234) to protect your privacy and personal information. If you need to change or update a social security number or bank account information, please contact this office. When you receive your completed tax return(s), please review all social security numbers and bank account information for accuracy. Report any discrepancies to this office immediately.

Enter 2019 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all applicable questions and attach a statement when necessary for additional information not provided in the Client Organizer.

We will also need the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income,

Social Security, state or local refunds, gambling winnings, etc.

- Brokerage statements showing investment transactions for stocks, bonds, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

In order to meet the filing deadline for your 2019 tax return, your completed tax organizer needs to be received by our office no later than March 1, 2020. Any information received after that date may require an extension of time be filed for your return.

Thank you for the opportunity to serve you.

Sincerely,

Fox Valley CPAs LLC

# Fox Valley CPAs, LLC Certified Public Accountants 2401 W Wisconsin Ave Appleton, WI 54914-3110

Client Name Address City, WI Zip

Dear Client:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2019 federal and state income tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Sincerely,	
Fox Valley CPAs LLC	
Accepted By:	_
Date:	

# Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information  Did your marital status change during the year?  Did your address change from last year?  Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used	<u>-</u>	0
to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?		
Dependent Information		
Were there any changes in dependents from the prior year?  Do you have any children under age 19 or a full-time student under age 24 with		
unearned income in excess of \$2,100?  Did you pay for child care while you worked or looked for work?		
Purchases, Sales and Debt Information		
Did you sell, exchange, or purchase any real estate during the year?  Did you purchase or sell a principal residence during the year?		
Did you have any debts canceled or forgiven this year, such as a home mortgage or	_	_
student loan(s)? Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell		
vehicle this year?		
Income Information		
Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?		
Did you receive any unemployment benefits during the year?		
Did you receive any disability income during the year?  Did any of your life insurance policies mature, or did you surrender any policies?		
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?		
Retirement Information		
Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?		
Did you receive any lump-sum payments from a pension, profit sharing or	_	
401(k) plan?		
Education Information		
Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?		
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attached any Form(s) 1098-T and receipts	_	_
for qulified tution and related expenses.		
Did anyone in your family receive a scholarship of any kind during the year?		
Did you make any withdrawals from an education savings or 529 Plan account?		
Did you make any contributions to an education savings or 529 Plan account? Did you pay any student loan interest this year?		
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	ō	
Would you like a worksheet to aid in the completeion of the a Free Application for		
Federal Student Aid (FAFSA) with the U.S. Department of Education?		

# **Health Care Information**

Did you have qualifying health care coverage, such as employer-sponsored coverage

	or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-you received.  Did you make any contributions to a Health savings account (HSA) or Archer MSA? Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?  Did you pay long-term care premiums for yourself or your family?	C	00 00
Ite	emized Deduction Information		
	Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C		
	or other written acknowledgement from the donee organization.		
	Did you pay any real esate taxes for your primary home and/or second home? Did you pay any mortgage interest on an existing home loan? If yes, attach any		
	Form(s) 1098 you received.		
	Did you incur interest expenses associated with any investment accounts you held? Did you make any out-of-state purchases (by telephone, internet, mail, or in person)		
	for which the seller did not collect state sales or use tax?		
M	iscellaneous Information		
	Did you make gifts of more than \$15,000 to any individual?		
	Did you make energy efficient improvements to your main home this year?  Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a		
	foreign country?		
	Do you have any foreign financial accounts, foreign financial assets, or hold	_	_
	interest in a foreign entity?  Did you receive correspondence from the State or the IRS?  If yes, explain:		

Filing (Markal) status code (-1 - seeps 2 - Nearner Mary parts 2 - Name filing reparent, 4 - weast of hourshoot, 5 - Qualitying advance(-1);  Mark if you were married but lines pouse does not have an Individual Taxpayer Identification Number (ITIN)  JIN Spouse  Spouse  Taxpayer  Mark if you were married but lines pouse does not have an Individual Taxpayer Identification Number (ITIN)  JIN Spouse  Taxpayer  JIN JIN Spouse  Spouse  Spouse  Taxpayer were married but lines and the section campaign fund? (1 - vex, 7 - No., 8 - No., 9 - No., 9 - No. 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19	Form ID: 1040			Perso	nal Informati	on				1
Mark if your nonresident alien spouse does not have an Individual Taxpayer (entification Number (ITIN)  Social security number  Taxpayer  14   16   16   17   18st name	Filing (Marital)	) status code (1	. = Single, 2 = Married fil	ing joint, 3 = Married fili	ng separate, 4 = Head o	of household	, 5 = Qualifying widow(	er))		[1]
Social security number   14   5    5    5    5    5    5    5	Mark if you we	ere married bu	it living apart all ye	ear						[2]
Social security number    4	Mark if your n	onresident alie	en spouse does no	t have an Individu	al Taxpayer Ident	ification N	Number (ITIN)			[3]
First Name(9)					Taxpayer				Spouse	
Last name Occupation   161		number /				[4]	_			[5]
Occupation   110   111			-							
Designate \$3.00 to the presidential electron campaign fund? (1 - Yest, 2 - No., 3 - Bush). [12]  Mark if legally blind Ark if dependent of another taxpayer   1281										
Mark if dependent of another taxpayer	•	00 to the proci	dontial alaction ca	ampaign fund2/4	Van 2. Na 2. Diambi					
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? \( \text{TV, NLT} \)  Mark if legally blin	_			iiiipaigii iuiiu! (1 =	res, 2 = No, 3 = Blank <u>)</u>					
Mark if legally blind   [20]   [21]   [24]   [24]   [25]	•			e 18 or 19 - 23 ful	I-time student?(y					[10]
Date of death			.a, _ oapport a	50 10 0. 10 10						[21]
Work/daytime telephone number   [28]   [29]   [36]   [31]     Home/evening telephone number   [32]   [33]   [33]     Do you authorize us to discuss your return with the IRS? (v, N)   [34]   [34]     Present Mailing Address   [38]   [38]   [39]     Apartment number   [39]   [39]   [39]     City, state postal code, zip code   [40]   [41]   [42]     Foreign country name   [40]   [41]   [42]     Foreign country name   [40]   [41]   [42]     In care of addressee   [48]   [49]   [49]     In care of addressee   [48]   [49]   [49]     First Name <sup>40</sup>   Last Name   Date of Birth   Social Security No.   Relationship   Nomths**Dep   Expendent     First Name <sup>40</sup>   Last Name   Date of Birth   Social Security No.   Relationship   Nomths**Dep   Nom					_					
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Address   [48]   [49]   [41]   [42]	Do you author	rize us to discu	ss your return wit	h the IRS? (Y, N)	_	[34]				
Address   [48]   [49]   [41]   [42]				Presen	t Mailing Add	ress				
Apartment number City, state postal code, zip code Foreign country name    (a4)	Address									[38]
Foreign country name Foreign phone number In care of addressee  Dependent Information  (*Please refer to Dependent Codes located at the bottom) First Namé <sup>49</sup> Last Name Date of Birth Social Security No. Relationship  Name of child who lived with you but is not your dependent Social security number of qualifying person  Dependent Codes  *Basic 1 = Child who lived with you due to divorce/separation 2 = Child who lived with you due to divorce/separation 3 = Other dependents, but do not qualify for Credit for Other Dependents (ODC) 5 = Qualifying child for Earned Income Credit 7 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Reported on even year return 99 = Not reported on return		mber								
Foreign phone number Incare of addressee    First Name49    Last Name   Date of Birth   Social Security No.   Relationship   Social Security No.   Social Securi	City, state pos	stal code, zip co	ode				[40]	[41]		[42]
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## **Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions	s) (Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address		[9]
Spouse email address		[10]
	Taxpayer	Spouse
Fax telephone number	[11]	[19]
Mobile telephone number	[12]	[20]
Mobile telephone #2 number	[13]	[21]
Pager number	[14]	[22]
Other:	[15]	[23]
Telephone number	[16]	[24
Extension	[17]	[25]
Preferred method of contact:	<del></del>	
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[26]

Form ID: Bank

## **Direct Deposit/Electronic Funds Withdrawal Information**

3

like

Form ID: Bank

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and ar	e correct.				[1]
Primary account:					
Financial institution routing transit number					[3]
Name of financial institution					[4]
Your account number					<u>[</u> 5]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)					[6]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the					[7]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United St					[8]
Enter the maximum dollar amount, or percentage of total refund Dollar		[9]	or F	Percent (xxx.xx)	[10]
Secondary account #1:					
Financial institution routing transit number					[25]
Name of financial institution					[26]
Your account number					[27]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)					[28]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the	he account)				[29]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United St	ates)				[30]
Enter the maximum dollar amount, or percentage of total refund Dollar		[11]	or F	Percent (xxx.xx)	
Secondary account #2:					
Financial institution routing transit number					[31]
Name of financial institution					[32]
Your account number					[33]
Type of account (1 = Savings, 2 = Checking, 3 = IRA*)					[34]
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the	he account)				[35]
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United St					[36]
Enter the maximum dollar amount, or percentage of total refund Dollar		[15]	or F	Percent (xxx.xx)	[16]
*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits v	will be accept	ted by the	bank (	or financial institution	
Refund - U.S. Series I Savings Bond Pu	ırchases	s			
A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registe to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if appli Please note you may enter only one name per registration (with exception of married f name, do not use nicknames.	cable, ple	ase con	nple	te the following	information.
Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you wo	uld like us	ed to pu	ırcha	ise bonds	
The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be	e registered i	n both nan	nes lis	ted on the return.	
To register the bonds separately, leave these fields blank and use the fields provided below.					
Enter either a dollar amount or percent, but not both	ar	[13]	or	Percent (xxx.xx)	[14]
Bond information for someone other than taxpayer and spouse, if married filing jointly Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bond	<b>S</b> r	[17]	or	Percent (xxx.xx)	[18]
Owner's name (First Last)	[38]				
Co-owner or beneficiary (First Last)	[40]				[41]
Mark if the name listed above is a beneficiary					[42]
Bond information for someone other than taxpayer and spouse, if married filing jointly					
Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bond	<b>S</b> r	[21]	or	Percent (xxx.xx)	[22]
Owner's name (First Last)	[43]				
Co-owner or beneficiary (First Last)	[45] [45]				
Mark if the name listed above is a beneficiary	[]	-			[47]

Form ID: Est	Esti	mated Taxes		8		
If you have an overpayment of 2019 taxes, do you want the excess:						
Refunded	yment of 2019 taxes, do you want the exce	:55.		[52]		
Applied to 2020	estimated tax liability			[53]		
Do you expect a cons	derable change in your 2020 income? (Y, N)			[54]		
If yes, please explain	iny differences:					
				[55]		
				[56] [57]		
				[57] [58]		
Do you expect a cons	derable change in your deductions for 202	0? (Y, N)		[59]		
If yes, please explain	ny differences:					
				[60]		
				[61]		
				[62]		
Do vou expect a cons	 derable change in the amount of your 2020	O withholding? (Y. N)		[63] [64]		
If yes, please explain						
				[65]		
				[66]		
				[67]		
Do you expect a chai	ge in the number of dependents claimed fo	or 20202 (v. NI)		[68]		
If yes, please explain	· · · · · · · · · · · · · · · · · · ·	) 2020: (t, N)		[69]		
,,	,,			[70]		
				[71]		
				[72]		
Mark if you use the	ectronic Federal Tax Payment System (EFT)	DC) to now your actimated tayon		[73]		
iviark ii you use tile t	ectronic rederal rax Payment System (EFT)	PS) to pay your estimated taxes		[74]		
	2040 F. I. I.					
	2019 Federal	Estimated Tax Payments		_		
2018 overpayment a	plied to 2019 estimates		+	[1]		
	alculated amounts on the dates due indica	ted below. Skip the remaining fi	elds.	[5]		
	nents were not made on the date due or w	vere for an amount other than th	e calculated amount belo	w, please enter		
the actual date and a	nount paid.					
	Date Due Date Paid if After Date Due	e Amount Paid	Calculated Amount	Method*		
1st quarter payment	4/15/19[6]	+[7]				
2nd quarter paymen	6/17/19[8]	+[9]				
3rd quarter payment	9/16/19[10]	+[11]				
4th quarter payment	1/15/20 [12]	+[13] _				
Additional payment	[14]	+[15]				
	*Method of pay	ment indicated in prior year				
EFW = Electronic funds withdrawal EFTPS = Electronic Federal Tax Payment System						
	Voucher = Form 1040-ES estimated tax p	ayment voucher				
NOTES/QUESTIC	NS:					
.10123/ Q023110						

Control Totals+

Form ID: Est

Form ID: St Pmt	2019 State Estimated Tax Payments 9			
Taxpayer/Spouse/Joint (τ, s, J)  State postal code			[1] [2]	
Amount paid with 2018 return 2018 overpayment applied to '19 estimates Treat calculated amounts as paid			[3] [4] [8]	
Date Paid		Amount Paid	Calculated Amount	
1st quarter payment [9]		+[10]		
2nd quarter payment[11]		+[12]		
3rd quarter payment[13]		+[14]		
4th quarter payment[15]		+[16]		
Additional payment[17]		+[18]		
	2019 City Estim	ated Tax Payments		
City #1		City #2		
City name	[28]	City name	[50]	
Amount paid with 2018 return +	[31]	Amount paid with 2018 return +	[53]	
2018 overpayment applied to '19 estimates	[32]	2018 overpayment applied to '19 estimates _	[54]	
Treat calculated amounts as paid	[36]	Treat calculated amounts as paid	[58]	
	Amount Paid	Date Paid	Amount Paid	
1st quarter payment[37] +		1st quarter payment[59] +		
2nd quarter payment[39] +		2nd quarter payment		
3rd quarter payment[41] +		3rd quarter payment		
4th quarter payment[43] +	[44]	4th quarter payment[65] + _	[66]	
Calculated Amount		Calculated Amount		
· · · · · · · · · · · · · · · · · · ·				
· · · · · · · · · · · · · · · · · · ·				
4th quarter payment		4th quarter payment		
City #3		City #4		
City name	[72]	City name	[94]	
Amount paid with 2018 return +	[75]	Amount paid with 2018 return +	[97]	
2018 overpayment applied to '19 estimates		2018 overpayment applied to '19 estimates	[98]	
Treat calculated amounts as paid	[80]	Treat calculated amounts as paid	[102]	
	Amount Paid	Date Paid	Amount Paid	
	[82]		[104]	
2nd quarter payment		2nd quarter payment[105] +		
3rd quarter payment[85] +		3rd quarter payment [107] +		
4th quarter payment[87] +	[88]	4th quarter payment[109] +_	[110]	
Calculated Amount		Calculated Amount	<del></del> 1	
1st quarter payment		1st quarter payment		
2nd quarter payment		2nd quarter payment		
3rd quarter payment		3rd quarter payment		
4th quarter payment		4th quarter payment		

Form ID: SumRep	Income Summary	10

Below is a list of the forms as reported in last year's tax return. Please provide copies of all of the forms you received. To indicate which forms are attached, enter a "1" for attached in the field provided next to the Description. To indicate which forms are not applicable, enter a "2" for not applicable (N/A) in the field provided next to the Description. Otherwise, leave this field blank.

Form	T/S/J	Description	1 = Attached 2 = N/A
			<u> </u>
			<u> </u>
			<u> </u>
			<u> </u>
			<u> </u>
			<u> </u>
			<u> </u>
			<del></del>
	_ <u>_</u>		

	Form ID: SumRep

Form ID: W2

# Wages and Salaries #1

Please pr	rovide all copies of Form W-2. 2019 Information	Prior Year Information
Taynayor/Snouso /T s)		
Taxpayer/Spouse (τ, s)	<u>-</u>	
Employer name		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military,	, 3 = Farming / Fishing, 4 = National Guard)	[5]
Mark if this is your current employer	<u>_</u> l	[6]
Federal wages and salaries (Box 1)	+	10]
Federal tax withheld (Box 2)	+	[12]
Social security wages (Box 3) (If different than federal wages)	+	14]
Social security tax withheld (Box 4)	+	16]
Medicare wages (Box 5) (If different than federal wages)	+	[18]
Medicare tax withheld (Box 6)	+	[21]
SS tips (Box 7)	+	[23]
Allocated tips (Box 8)	+	[25]
Dependent care benefits (Box 10)	+	[27]
Box 13 -		
Statutory employee	<u>_</u>	[29]
Retirement plan		[30]
Third-party sick pay		[31]
State postal code (Box 15)		[32]
State wages (Box 16) (If different than federal wages)	+	[34]
State tax withheld (Box 17)	+	[36]
Local wages (Box 18)	+	[38]
Local tax withheld (Box 19)	+	[40]
Name of locality (Box 20)		[43]
	Control Totals +	

# Wages and Salaries #2

riease proviu	2019 Informatio	n	Prior Year Information
Taxpayer/Spouse (T, S)		[1]	
Employer name		[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Fa	rming / Fishing, 4 = National Guard)	[5]	
Mark if this your current employer		 _[6]	
Federal wages and salaries (Box 1)	+	[10]	
Federal tax withheld (Box 2)	+	[12]	
Social security wages (Box 3) (If different than federal wages)	+	[14]	
Social security tax withheld (Box 4)	+	[16]	
Medicare wages (Box 5) (If different than federal wages)	+	[18]	
Medicare tax withheld (Box 6)	+	[21]	
SS tips (Box 7)	+	[23]	
Allocated tips (Box 8)	+	[25]	
Dependent care benefits (Box 10)	+	[27]	
Box 13 -			
Statutory employee		[29]	
Retirement plan		[30]	
Third-party sick pay		[31]	
State postal code (Box 15)		[32]	
State wages (Box 16) (If different than federal wages)	+	[34]	
State tax withheld (Box 17)	+	[36]	
Local wages (Box 18)	+	[38]	
Local tax withheld (Box 19)	+	[40]	
Name of locality (Box 20)		[43]	

Control Totals +	
	_

#### Please provide copies of all Form 1099-INT or other statements reporting interest income.

Form ID: B-1

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/J	Type Code (*	*See coo	des below)	Interest [1] Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer						T 150	
			Amounts	+						
		2	Payer							
			Amounts	+						
		3 _	Payer			T			T 18	
			Amounts	+						
		4	Payer			T	1		ı s	
			Amounts	+						
		5 _	Payer	1		T	1		T (8	
			Amounts	+						
		6	Payer			T			I ®	
			Amounts	+						
		7	Payer			T	1		I I	
			Amounts	+						
		8	Payer			<u> </u>	T T		I II	
			Amounts	+						
		9 _	Payer	1		T	T		I I	
			Amounts	+						
		10—	Payer	ı		<u> </u>	T		I IS	
			Amounts	+						

	**Interest Codes	
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond

Control Totals +	Form ID: B-1
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Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type Code	e e (**:	See codes below)	Ordinary [2] Dividends	Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
		1	Payer											
		1	Amounts +											
		2	Payer									<u>,                                    </u>		
		_	Amounts +											
		3	Payer									1		
		,	Amounts +											
		4	Payer											T
		7	Amounts +											
		5	Payer							ı				
			Amounts +											
		6	Payer							ı				
			Amounts +											
		7	Payer		Т									
			Amounts +											
		8	Payer		Т									1
			Amounts +											
		9	Payer		T					1				
			Amounts +											
		10	Payer		T					1	T	Т		
			Amounts											

	**Dividend Codes
Blank = Other	3 = Nominee

	Control Totals +		Form ID: B-2
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Form ID: D		, Securities, and Oth			17
Did you have Did you have Did you exch	e any securities become worthless during 2 e any debts become uncollectible during 20 e any commodity sales, short sales, or strac nange any securities or investments for sor	O19? (Y, N) ddles? (Y, N) nething other than cash? ('	Y, N)		[9 [1 [1 [1
Did you rece	eive, sell, send, exchange, or otherwise acq	uire any financial interest	in any virtual cu	rrency? (Y, N)	[3
T/S/J	Description of Property[1]	Date Acquired	Date Sold	Gross Sales Price (Less expenses of sale)	Cost or Other Bas
_		<del></del>		+	+
				+	+
_				+	+
		<u> </u>		+	+
		<del></del>		+	+
				+	+
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				+	+
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				+	+
		<u> </u>		+	+
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			_	+	+
				+	+

Control Totals+

Form ID: D

Form ID: S	5A-109
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•	-

Social Security, Tier 1 Ra		25
Please provide a copy of Form(s) S		
Taxpayer/Spouse (T, s) State postal code	<sup>[1]</sup> [2]	
Social Security Be	enefits	
	2019 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2019 (Box 3 minus Box 4) (Box 5)	+[8]	
Voluntary Federal Income Tax Withheld (Box 6)	+[10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+[12]	
Prescription drug (Part D) premiums	+[14]	
Tier 1 Railroad Be	enefits	
	2019 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2019 (Box 5)	+[22]	
Federal Income Tax Withheld (Box 10)	+[25]	
Medicare Premium Total (Box 11)	+[27]	
Additional Information Abou	ıt Benefits Received	
		St. 1 2222
Additional information about the benefits received not reported above. For eacherits in 2019. This information will be reported in the SSA-1099 DESCRIPTI		
		[40] [41]
		<sup>[41]</sup>
		[43]
		[44]
NOTES/QUESTIONS:		

Form ID: IRA Traditional IR	Α		26
	Taxpayer	Sp	ouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement			
plan? (Y, N)	<u></u> [:	.]	[2]
Do you want to contribute the maximum allowable traditional IRA contribution			
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	_[3	]	[4]
Enter the total traditional IRA contributions made for use in 2019	+[i	·] +	[6]
	Taxpayer	Sp	ouse
Enter the nondeductible contribution amount made for use in 2019		.1] +	[12]
Enter the nondeductible contribution amount made in 2020 for use in 2019	· · · · · · · · · · · · · · · · · · ·	.3] +	[14]
Traditional IRA basis		.5] +	[16]
Value of all your traditional IRA's on December 31, 2019:			
	+[:	.7] +	[18]
	+	+	
	+	+	
	+	+	
	+	+	
Roth IRA			
Please provide copies of any 1998 through 2018 I			
Mad 16 and a second the second the second to the Board	Taxpayer	•	ouse
Mark if you want to contribute the maximum Roth IRA contribution	_[;		_[28]
Enter the total Roth IRA contributions made for use in 2019		9] +	
Enter the amount a 2019 Roth IRA conversion should be adjusted by Enter the total contribution Roth IRA basis on December 31, 2018		+	
Enter the total Roth IRA contribution recharacterizations for 2019	+[		[42] [44]
Enter the Roth conversion IRA basis on December 31, 2018		.5] + .5] +	[44] [46]
Value of all your Roth IRA's on December 31, 2019:	'!'		[40]
	+ [4	7] +	[48]
	+	· ·	
	+	+	
	+	+	
	+	+	

Form ID: Income		Other Income		18
State and local income tax refund	S	+_	<b>2019 Information</b> [5]	Prior Year Information
Alimony received	T/S	Agreement Date  + +	<b>2019 Information</b> [3]	Prior Year Information
		Taxpayer	Spouse	
Unemployment compensation Unemployment compensation fed Unemployment compensation sta Unemployment compensation rep Alaska Permanent Fund dividends	deral withholding + ate withholding + paid +	[9] + [9] + [9] + [12] +	[10] [10] [10] [10] [13] [19]	
Self- Employment Income ? T/S/J (Y, N)			2019 Information	Prior Year Information
	me, such as: Commission		es, Taxable scholarships [15]	
		+		
		+_		
<u> </u>		+		
<del>_</del>				
<u> </u>		+		
		+_		
		+		
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<del>-</del>				
<del>-</del>	_			
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		+		
		+		
		+		
		+		
		+		
<u> </u>		+ <u></u>		

	Control Totals +	Form ID: Income

Form ID: Rent Rent and	Royalty Property - 0	General Informati	on	31
Preparer use only		2019 Informat	ion	Prior Year Information
Description			[2]	
Taxpayer/Spouse/Joint (T, S, J)[3]		State postal code	[5]	
Physical address: Street			[6]	
	[	[8]		
Foreign country			[11]	
Foreign province/county Foreign postal code				
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Co		If rental 8-Other 9-Dersonal	[13]	
Description of other type (Type code #8)	ininercial, 3-Land, 0-Noyalty, 7-3e	ii-lental, 6-Other, 5-Fersona	[15]	
Did you make any payments in 2019 that require you	u to file Form(s) 1099? (Y,N)		[16]	
If "Yes", did you or will you file all required Forms			[18]	
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only	) (Use Rent-2 for type 3)	<u>-</u>	[20]	
Percentage of ownership if not 100%			[22]	
Business use percentage, if not 100% (Not vacation h	nome percentage)		[24]	
	Rent and Royalty I	Income		
Rents and royalties	2019 Info	ormation		Prior Year Information
	+	[34]		
	Rent and Royalty E	xpenses		
	2019 Info	ormation Percent if	not 100%	Prior Year Information
Advertising		[36]	[37]	
Auto		[39]	[40]	
Travel	+	[42]	[43]	
Cleaning and maintenance Commissions:	+	[45]	[46]	
COMMISSIONS.	1	[40]	[EO]	
-	+ +	[48]	[50]	
Insurance:	·			
	+	[51]	[53]	
	+			
Legal and professional fees	+	[55]	[56]	
Management fees:				
	+	[58]	[60]	
NA - 1	+			
Mortgage interest paid to banks, etc (Form 1098)		(cal	[60]	
	+	[61]	[63]	
Other mortgage interest	<sup>+</sup>	[64]	[66]	
Qualified mortgage insurance premiums	+	[64] [67]	[68]	
Other interest:	·		[00]	
	+	[70]	[72]	
	+			
Repairs	+	[73]	[74]	
Supplies	+	[76]	[77]	
Taxes:				
		[79]	[81]	
Utilities		[82]	[83]	
	•	[02]	ردی	p

Control Totals+

Depreciation

Other expenses:

Depletion

[85]

[88]

[91]

[83]

[86]

[89]

Form ID: Rent

Preparer use only		
- 4	2019 Information	Prior Year Information
Taxpayer/Spouse/Joint (τ, s, J)	[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession		
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 1040	f	
Address City/State/Zip [16]	[15]	
City/State/Zip [16] Accounting method (1 = Cash, 2 = Accrual, 3 = Other)		
If other:	[19]	_
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	[21]	
If other enter explanation:	[22]	-
ii other effect explanation.	[24]	
·	[27]	
Enter an explanation if there was a change in determining your inventory:		
Enter an explanation in there was a shange in accermining your inventory.	[25]	
	,,	
Did you "materially participate" in this business? (Y, N)	[26]	
If not, number of hours you did significantly participate	[28]	_
Mark if you began or acquired this business in 2019	[30]	
Did you make any payments in 2019 that require you to file Form(s) 1099? (Y, N		
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[33]	_
Mark if this business is considered related to qualified services as a minister of		_
Did you receive wages as a statutory employee or as a minister? (1 = Statutory em		
Medical insurance premiums paid by this activity	+[40]	
Long-term care premiums paid by this activity	+[44]	
Amount of wages received as a statutory employee	+[47]	
Business Incor	me	
Business Incor		Drior Voor Information
	me 2019 Information	Prior Year Information
Gross receipts and sales	2019 Information	Prior Year Information
	<b>2019 Information</b> + [52]	Prior Year Information
	2019 Information +[52] +	Prior Year Information
	<b>2019 Information</b> + [52]	Prior Year Information
Gross receipts and sales	2019 Information +	Prior Year Information
Gross receipts and sales  Returns and allowances	2019 Information +[52] +	Prior Year Information
Gross receipts and sales	2019 Information  +[52] + + + [55]	Prior Year Information
Gross receipts and sales  Returns and allowances	2019 Information  +[52] + + +[55] +[57]	Prior Year Information
Gross receipts and sales  Returns and allowances	2019 Information  +[52] + + + [55]	Prior Year Information
Gross receipts and sales  Returns and allowances	2019 Information  +[52] + + +[55] +[57]	Prior Year Information
Returns and allowances Other income:	2019 Information  +[52] + +[55]  +[57] + +	Prior Year Information
Gross receipts and sales  Returns and allowances	2019 Information  +[52] + +[55]  +[57] +[Sold	
Returns and allowances Other income:  Cost of Goods 9	2019 Information  +[52] + +[55] +[57] + + Sold  2019 Information	Prior Year Information  Prior Year Information
Gross receipts and sales  Returns and allowances Other income:  Cost of Goods 9	2019 Information  +[52] + +[55] +[57] + Sold  2019 Information +[59]	
Gross receipts and sales  Returns and allowances Other income:  Beginning inventory Purchases	2019 Information  +[52] + +[55] +[57] + + Sold  2019 Information	
Gross receipts and sales  Returns and allowances Other income:  Cost of Goods 9	2019 Information  +	
Gross receipts and sales  Returns and allowances Other income:  Beginning inventory Purchases	2019 Information  +	
Gross receipts and sales  Returns and allowances Other income:  Cost of Goods 9  Beginning inventory Purchases Labor:	2019 Information  +	
Gross receipts and sales  Returns and allowances Other income:  Cost of Goods S  Beginning inventory Purchases Labor:  Materials	2019 Information  +	
Gross receipts and sales  Returns and allowances Other income:  Cost of Goods 9  Beginning inventory Purchases Labor:	2019 Information  +	
Gross receipts and sales  Returns and allowances Other income:  Cost of Goods S  Beginning inventory Purchases Labor:  Materials	2019 Information  +	
Gross receipts and sales  Returns and allowances Other income:  Cost of Goods S  Beginning inventory Purchases Labor:  Materials	2019 Information  +	
Gross receipts and sales  Returns and allowances Other income:  Cost of Goods S  Beginning inventory Purchases Labor:  Materials	2019 Information  +	
Gross receipts and sales  Returns and allowances Other income:  Cost of Goods S  Beginning inventory Purchases Labor:  Materials	2019 Information  +	

Form	ID:	C-2

# Schedule C - Expenses

7	
,	

Principal business or profession		
	2019 Information	Prior Year Information
Advertising	+[6]	
Car and truck expenses	+ [8]	
Commissions and fees	+ [10	D]
Contract labor	+[12	2]
Depletion	+[14	L]
Depreciation	+[16	5]
Employee benefit programs (Include Small Employer Health Ins		
		3]
Insurance (Other than health):	+	
·		n .
		<sup>1</sup>
Interest:		
Mortgage (Paid to banks, etc.)		
	+	2]
	+	-
	+	
Other:	<del></del>	
	+[24	ı) <u> </u>
	+	
Legal and professional services	+[26	5]
Office expense	+[29	)]
Pension and profit sharing:		
-		.]
Rent or lease:	+	
Vehicles, machinery, and equipment	+ [33	11
Other business property		.,
Repairs and maintenance	+[35 +[37	
Supplies	+ [39	
Taxes and licenses:		•
	+[41	1]
	+	
	+	
	+	
-	<u> </u>	
Travel and meals:		
Travel	+[43	
Meals (Enter 100% subject to 50% limitation)	+[45	
Meals (Enter 100% subject to DOT 80% limit) Utilities	+[47	
Wages (Less employment credit):	+[51	
wages (Less employment eleatr).	+ [53	ıı
-		
Other expenses:		
·	+	5]
	+	
	+	
-	+	
	+	
	+	
	<del></del>	
-		
<del></del>		
Control Totals+		Form ID: C-2

orm ID: K1-1		Partnerships and	S Corporations		38
	Please provide	copies of Schedules K-1 showin	g income from partnerships	and S-corporations.	
	Spouse/Joint (T, S, J) identification number ntity				[2] [6] [13
tate posta					[14
		n, 3 = Foreign partnership, 4 = Publicly trade	ad partnershin)		[17
ypc or cir		i, 3 – Foreign partnersing, 4 – Fublicity trade	ca partite strip)		
	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT	
Enter	Operating	[18]	[19]	[20]	
on K1-7	Short-term capital	[20]	[21]	[22]	
	Long-term capital		[23]	[24]	
	28% rate capital		[25]	[26]	
	Section 1231 loss	[27]	[28]	[29]	
	Ordinary business gain/los		[31]	[32]	
	Other losses - 1040 Sch 1	[33]	[34]	[35]	
	Section 179			[38]	
	Section 179	[36]	[37]	[36]	
ype of en	tity (1 = Partnership, 2 = S Corporation  Preparer use only	n, 3 = Foreign partnership, 4 = Publicly trade	ed partnership)		[17
	Carryovers	Pre-TCJA Regular	Regular	AMT	
Enter	Operating	[18]	[19]	[20]	
on K1-7	Short-term capital		[21]	[22]	
	Long-term capital		[23]	[24]	
	28% rate capital		[25]	[26]	
	Section 1231 loss	[27]	[28]	[29]	
	Ordinary business gain/los	S [30]	[31]	[32]	
	Other losses - 1040 Sch 1	[33]	[34]	[35]	
	Section 179	[36]	[37]	[38]	
	0 /1-1-1				
	Spouse/Joint (T, S, J)				_[2]
	identification number				[6]
Name of e	-				[13
tate posta			al and a subtal		[14
ype or en	LILY (1 = Partnership, 2 = S Corporation	n, 3 = Foreign partnership, 4 = Publicly trade	ed partnership)		[17
	— Preparer use only ———				

	Carryovers	Pre-TCJA Regular	Regular	AMT
Enter	Operating	[18]	[19]	[20]
on K1-7	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/los	SS [30]	[31]	[32]
	Other losses - 1040 Sch 1	[33]	[34]	[35]
	Section 179	[36]	[37]	[38]

	Form ID: V1 1
	LOUIN ID: VT-T

Form ID: Educate2	Student Loan Interest Paid	53

Complete this section if you paid interest on a qualified student loan in 2019 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2019. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender		2019 Interest Paid	Prior Year Information
_		+		[1]
		+		
		+		
_		+		

Form ID: Educ3

## **Education Credits and Tuition and Fees Deduction**

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

54

Preparer - Enter on Screen Educate2		
Taxpayer/Spouse (T, S) Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees D Student's social security number Student's first name Student's last name	eduction)	[8] 
Institution Inform	ation	
Enter information from each institution on a separate page, including the co	mplete address and federal ide	entification number of the institu
Institution's federal identification number Institution's name Institution's street address Institution's city, state, zip code		[8]
Tuition Paid and Related	Information	
Amounts reported in Box 1 may not reflect the actual amo Enter the amount actually paid	-	<del>2</del> 2019.
	2019 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+[8]	
Field no longer applicable  Educational institution changed its reporting method for 2019 (Box 3)		
Adjustments made for a prior year (Box 4)	<del>-</del>	
Scholarships or grants (Box 5)		
Adjustments to scholarships or grants for a prior year (Box 6)		
Box 1 or 2 includes amounts for an academic period beginning January - Mar	ch 2020 (Box 7)	
At least half-time student (Box 8)	·	
Graduate student (Box 9) (1=Yes, 2=No)	<del>_</del>	
Insurance contract reimbursement/refund (Box 10)		
Non-Institution expenses (Books and fees not paid directly to the educational institution)		
American Opportunity Tax Credit (AOTC) disqualifier  1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post	-secondary education before $\frac{1}{2019}$	
NOTES/QUESTIONS:		

Control Totals +	Form ID: Educ3

Form	ID:	10	199	C

## **Qualified Education Programs**

Qualified Education		
Please provide all copies of	Form 1099Q	
Taxpayer/Spouse (T, S)	[1]	
Payer name	[3]	
State postal code	[6]	
Type of account (1= Private QTP, 2 = State QTP, 3 = ESA)	(·) [6]	
Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither)	[7]	
Final distribution	[8]	
Contributions and	Basis	
Beneficiary's Information (if not taxpayer or spouse)		
Social security number	[11]	
First name	[11] [12]	
Last name	[13]	
	, ,,	
	2019 Information	<b>Prior Year Information</b>
Amount contributed in current year	+[14]	
Basis of this account at 12/31/18	+ [17]	
Value of this account at 12/31/19	+ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)		
Payments from Qualified Ed	ucation Programs	
	2019 Information	Prior Year Information
Gross distribution (Box 1)	+[30]	
Earnings (Box 2)	+[32]	
Basis (Box 3)	+[34]	
Trustee-to-trustee rollover (Box 4)	[36]	
Trustee-to-trustee rollover amount if different than Box 1	+[37]	
Box 5 -		
Private QTP	[39]	
State QTP	[40]	
Coverdell ESA	[41]	
Check if the recipient is not the designated beneficiary (Box 6)	[42]	
Qualified education expenses	+[43]	
Elementary and secondary education expenses	+[45]	

T/S/J

**Prior Year Information** 

# **Schedule A - Medical and Dental Expenses**

Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees,

2019 Information

		+		
		+		
39]			[40]	
	les tax paid on actual expenses:			
		+		
6]	-	+	[37]	
Sa	les tax paid on major purchases:			
		+		
		+		
0]		+	[31]	
Ot	her taxes, such as: foreign taxes and State disability taxes			
		+		
7]		+	[28]	
Pe	ersonal property taxes:			
		+	<del></del>	
-				
1]		+	[25]	
Re	eal estate taxes paid:			
	-	+		
•	-			
.]		+	[22]	
20	018 state and local income taxes paid in 2019:			
	-	+		-
				-
		_	[13]	-
3]		+	[19]	
	ate/local income taxes paid:		'	
		2019	Information	Prior Year Informa
	Scriedule A	I av Evhelises		
	Schodulo A	- Tax Expenses		
3] M	iles driven for medical items		[14]	
0]		+	[11]	
Pr	escription medicines and drugs:		_	
		+	[8]	
	self-employed business (Sch C, Sch F, Sch K-1, etc.)			
	ing-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amo	unts entered elsewhere, suc	ch as amounts paid for voi	ur
Lo	ng-term care premiums you paid:			-
	-			
			[3]	
•			[5]	
	Do not include pre-tax amounts paid by an employer-sponsored plan or amo self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums en		ch as amounts paid for you	ur .
	edical insurance premiums you paid:			
		+		
		+		
	-		,	
		+		

	Interest Expense	es		58
<b>/S/J</b> Home mortgage interest: From Form 1098	2019 Interest Paid <sub>2</sub> ]	2010	2019 Type* Mortgage Premiums	Ins. Prior Year Inform Paid
[1]	++		++	
	++		+	_
-:-	++		+	_
			+	_
_	_++			_
_	<u>_</u> '		· - ;	_
_	+ + +		+	_
	*D4====== T-===			
	*Mortgage Type			
Blank = Used to buy, build or improve main/qualif	ieu seconu nome 1 – N	iot useu to buy	,, build, illiprove lic	one or investment
Payee's Name Other, such as: Home mortgage interest paid	to individuals	+	9 Information	Prior Year Informati
Address			[2]	
City, state and zip code				
		+		
Address				
City, state and zip code				
C/L Name and address of other nersen who ressive	d Form 1000 for jointly li	iabla martaaa	intorest veu neid	
S/J Name and address of other person who receive Payer's/Borrower's name				-
Street Address			[7]	
Refinancing Points paid in 2019 - Taxpayer/Spouse/Joint (T, S, J)				
Recipient/Lender name				
Total points paid at time of refinance				
Points deemed as paid in 2019 (Preparer use	only)	+	[12]	
Points deemed as paid in 2019 (Preparer use Date of refinance	only)	+	[12]	
Points deemed as paid in 2019 <b>(Preparer use</b> Date of refinance Term of new loan (in months)	only)	+	[12]	
Points deemed as paid in 2019 (Preparer use Date of refinance	only)	+	[12]	
Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019	only)	+	[12]	
Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019 Taxpayer/Spouse/Joint (T, S, J)	only)	+	[12]  	
Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019  Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name	only)	+	[12]  	
Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019 Taxpayer/Spouse/Joint (T, S, J)		+	[12]	
Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019  Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer use Date of refinance		+	[12] 	
Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019  Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months)		+	[12]	
Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019  Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer use Date of refinance		+	[12]	
Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019  Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019		+		
Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019  Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019	only)	+	[12]	
Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019  Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019  T/S/J Investment interest expense, other than on Sch	only) nedule(s) K-1:		9 Information	
Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019  Taxpayer/Spouse/Joint (T, S, J) Recipient/Lender name Total points paid at time of refinance Points deemed as paid in 2019 (Preparer use Date of refinance Term of new loan (in months) Reported on Form 1098 in 2019	only) nedule(s) K-1:	+		

Control Totals +	Form ID: A-2

+ + + + +

Form ID: A-3

/J	2019 Information	1	Prior Year Informatio
	Contributions made by cash or check (including out-of-pocket expenses)  Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the		
[2]	+	[3]	
,	+		
	+		
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	+		
	+		
	+		
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	+		
5]	Volunteer miles driven	[6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods		
8]	+	[9]	
	+		
	+		
	+		
	+		
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	+ + + +		
	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area		
	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  Miscellaneous Deductions		Duise Vees Information
	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  Miscellaneous Deductions  2019 Information		Prior Year Informatio
	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Miscellaneous Deductions  2019 Information Other expenses, not subject to the 2% AGI limit:	1	
	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Miscellaneous Deductions  2019 Information Other expenses, not subject to the 2% AGI limit:  +	<b>1</b> [13]	
	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Miscellaneous Deductions  2019 Information  Other expenses, not subject to the 2% AGI limit:  + + + +	<b>1</b> [13]	
	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Miscellaneous Deductions  2019 Information  Other expenses, not subject to the 2% AGI limit:  + + + + + + + + + + + + + + + + + + +	<b>1</b> [13]	
	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Miscellaneous Deductions  2019 Information  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire	<b>1</b> [13]	
	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Miscellaneous Deductions  2019 Information  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire disaster area  **The contribution made in 2018 for relief efforts in the California wildfire	<b>1</b> [13]	
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12]	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Definition of the California wildfire disaster area  **Definiti	1 [13]	
12]	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Disaster area  **Disast	1 [13]	
12]	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Definition of the Cali	1 [13]	
<b>/J</b> 12]	**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area  **Disaster area  **Disast	1 [13]	

Control Totals+

# ACA - Health Insurance Marketplace Statement #1

		Please	provide all Forms 1095-A		
Taxpayer/Spouse (T,S)	)		•		[1]
Marketplace identifie					(6]
Marketplace-assigned		2)		_	[7]
Policy issuer's name (I		•			[2]
Part III Household Inf			-		
	A. 2019 Monthly	Prior	B. 2019 Monthly	C. 2019 Monthly	Prior
	Premium Amount	Year Information	Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	Advance Payment	Year Information
January	+ [12]		+[25]	+ [38]	
February	+ [13]		+[26]	+ [39]	
March	+ [14]		+ [27]	+ [40]	
April	+ [15]		+ [28]	+ [41]	
May	+ [16]		+ [29]	+ [42]	
June	+ [17]		+ [30]	+ [43]	
July	+ [18]		+ [31]	+ [44]	
August	+ [19]		+ [32]	+ [45]	
September	+ [20]		+ [33]	+ [46]	
October	+ [21]		+ [34]	+[47]	
November	+[22]		+[35]	+[48]	
December	+[23]		+[36]	+[49]	
Annual total	+[24]		+[37]	+[50]	
			Control Totals +		
	AC	A - Health Ins	urance Marketplace Stater	ment #2	
		Please	provide all Forms 1095-A		
Taxpayer/Spouse (T,S	)	Please	provide all Forms 1095-A		[1]
Taxpayer/Spouse (T,S) Marketplace identifie		Please	provide all Forms 1095-A		[1] [6]
	(Box 1)		provide all Forms 1095-A		[6]
Marketplace identifie	r (Box 1) policy number (Box 2		provide all Forms 1095-A		[6]
Marketplace identified Marketplace-assigned	r (Box 1) policy number (Box 2 Box 3)		provide all Forms 1095-A		[6] [7]
Marketplace identified Marketplace-assigned Policy issuer's name (I	r (Box 1) policy number (Box 2 Box 3) formation - A. 2019 Monthly	2) Prior	B. 2019 Monthly	C. 2019 Monthly	[6] [7] [2] Prior
Marketplace identified Marketplace-assigned Policy issuer's name (I	r (Box 1)   policy number (Box 2   Box 3)   formation -	2)		C. 2019 Monthly Advance Payment	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I	r (Box 1) policy number (Box 2 Box 3) formation - A. 2019 Monthly Premium	Prior Year	B. 2019 Monthly Premium Amount of Second	C. 2019 Monthly Advance Payment	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf	r (Box 1) policy number (Box 2) Box 3) ormation - A. 2019 Monthly Premium Amount	Prior Year	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2019 Monthly Advance Payment of Premium Tax Credit	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf	r (Box 1) policy number (Box 2) Box 3) cormation - A. 2019 Monthly Premium Amount +[12]	Prior Year	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP) +[25]	C. 2019 Monthly Advance Payment of Premium Tax Credit +[38]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf  January February	(Box 1)   policy number (Box 2)   policy number (Box 2	Prior Year	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26]	C. 2019 Monthly Advance Payment of Premium Tax Credit +[38] +[39]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf  January February March	(Box 1)   policy number (Box 2)   policy number (Box 2	Prior Year	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27]	C. 2019 Monthly Advance Payment of Premium Tax Credit +[38] +[40]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf  January February March April	(Box 1)   policy number (Box 2)   policy number (Box 2	Prior Year	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28]	C. 2019 Monthly Advance Payment of Premium Tax Credit +[38] +[39] +[40] +[41]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf  January February March April May	(Box 1)   policy number (Box 2)   policy number (Box 2)   Box 3)   pormation -   A. 2019 Monthly Premium Amount	Prior Year	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[29]	C. 2019 Monthly Advance Payment of Premium Tax Credit  +[38] +[39] +[40] +[41] +[42]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf  January February March April May June July August	(Box 1)   policy number (Box 2)   policy number (Box 2	Prior Year	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[29] +[30]	C. 2019 Monthly Advance Payment of Premium Tax Credit  +[38] +[39] +[40] +[41] +[42] +[43]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf  January February March April May June July August September	(Box 1)   policy number (Box 2)   policy number (Box 2	Prior Year	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33]	C. 2019 Monthly Advance Payment of Premium Tax Credit  +[38] +[40] +[41] +[42] +[43] +[44]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf  January February March April May June July August September October	(Box 1)   policy number (Box 2)   policy number (Box 2	Prior Year	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32]	C. 2019 Monthly Advance Payment of Premium Tax Credit  +	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf  January February March April May June July August September October November	(Box 1)   policy number (Box 2)   policy number (Box 2	Prior Year	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33]	C. 2019 Monthly Advance Payment of Premium Tax Credit  +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf  January February March April May June July August September October November December	(Box 1)   policy number (Box 2)   policy number (Box 2	Prior Year	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[29] +[30] +[31] +[32] +[33] +[34]	C. 2019 Monthly Advance Payment of Premium Tax Credit  +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf  January February March April May June July August September October November	(Box 1)   policy number (Box 2)   policy number (Box 2	Prior Year	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[30] +[31] +[32] +[33] +[34] +[35]	C. 2019 Monthly Advance Payment of Premium Tax Credit  +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf  January February March April May June July August September October November December	(Box 1)   policy number (Box 2)   policy number (Box 2	Prior Year	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[30] +[31] +[32] +[33] +[34] +[35] +[35] +[37]	C. 2019 Monthly Advance Payment of Premium Tax Credit  +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48] +[49]	[6] [7] [2] Prior Year
Marketplace identified Marketplace-assigned Policy issuer's name (I Part III Household Inf  January February March April May June July August September October November December	(Box 1)   policy number (Box 2)   policy number (Box 2	Prior Year	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)  +[25] +[26] +[27] +[28] +[30] +[31] +[32] +[33] +[34] +[35] +[36]	C. 2019 Monthly Advance Payment of Premium Tax Credit  +[38] +[39] +[40] +[41] +[42] +[43] +[44] +[45] +[46] +[47] +[48] +[49]	[6] [7] [2] Prior Year

	Form ID: 1095A

# **Medical and Health Savings Account Contributions**

## Please provide all Forms 5498-SA.

	2019 Information	<b>Prior Year Information</b>		
Taxpayer/Spouse (T, S)	[1]			
Name of Trustee	[4]			
State postal code	[2]			
Indicate type of health or medical savings account:				
HSA	[6]			
Archer MSA	[7]			
MA (Medicare Advantage) MSA	[9]			
Total HSA/MSA contributions made				
for 2019 (Enter all amounts contributed, including through employer cafeteria plans)	+[10]			
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Onl	y, 2 = Family)[12]			
Number of months in qualified high deductible health plan in 2019	[13]			
Mark if you want to contribute the maximum allowable health or				
medical savings account contribution amount	[14]			
Total HSA/MSA contribution to be made for 2019	+[15]			
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+[16]			
Excess contributions for 2018 taken as constructive contributions for 2019	+[19]			
Rollover contribution (Form 5498-SA, Box 4)	+[21]			
Complete this section if your account is an Archer MSA or MA MSA				
Amount of annual deductible	+ [24]			
Enter compensation from employer maintaining high deductible health plan	+ [27]			
If self-employed, enter earned income from business				
under which plan was established	+[31]			
Complete this section if your account is an HSA				
Was the high deductible health plan in effect for December 2019? $(Y, N)$	[33]			

# **Health, Medical Savings Account Distributions**

Please provide all For	ms 1099		
		2019 Information	Prior Year Information
Taxpayer/Spouse (T, S)		_[1]	
Name of Trustee		[4]	
State postal code		[2]	
Gross distributions received (Box 1)	+	[7]	
Earnings on excess contributions (Box 2)	+	[9]	
Distribution code (Box 3)		[11]	
Fair Market Value on date of death (Box 4)	+	[12]	
Box 5 -			
HSA		[13]	
Archer MSA		[14]	
MA MSA		[15]	
All distributions were used to pay unreimbursed qualified medical expenses		[17]	
If some distributions were used to pay for other than qualified medical expe	enses,	_	_
enter the unreimbursed qualified medical expenses for 2019	+	[19]	
Withdrawal of excess contributions by the due date of the return	+	[21]	
Amount of distribution rolled over for 2019	+	[23]	
If the distribution is due to the death of the account holder,			
enter the qualified decedent medical expenses paid by the taxpayer	+	[26]	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/18	+	[27]	
For HSA accounts:			
Was the high deductible health plan coverage started in 2018 and			
in effect for the month of December 2018? (Y, N)		[29]	
Was the high deductible health plan coverage ended before 12/31/19?	Y, N)	[30]	
Long Term Care (LTC) Se	rvice a	and Contracts	
Please provide all Forr	ns 1099	-LTC.	

Please p	rovide all Forms 1099-LTC.		
·	2019 Info	ormation	Prior Year Information
Name of the insured chronically ill individual		[39]	
Social security number of insured		[40]	
Gross long-term care (LTC) benefits paid (Box 1)	+	[42]	
Accelerated death benefits paid (Box 2)	+	[44]	
Check one (Box 3)			
Per diem		[46]	
Reimbursed amount		 [47]	
Qualified contract (Box 4)		[48]	
Check, if applicable (Box 5)			
Chronically ill		[49]	
Terminally ill		 [50]	
Are there other individuals who received LTC payments durin	g 2019? (Y, N)	 [52]	
If the insured is terminally ill, were payments received on acc	ount of terminal illness? (Y, N)	 [53]	
Number of days during the long-term care period		[54]	
Cost incurred for qualified long-term care services during the		_	
long-term care period	+	[55]	

Form ID: WI Wisconsin Gene	ral Information			
City of residence Village of residence Town of residence County of residence School district Mark if divorce decree Enter rent paid: Heat included Heat not included				
Use 1	ax			
Mark if not subject to Use Tax  Cor  Sales and use tax on out-of-state purchases Sales and use tax on out-of-state purchases Sales and use tax on out-of-state purchases	unty Purchases [10]			
Contributions				
Cancer research Endangered resources Military family relief Multiple sclerosis  Amount of charitable contrib  [11]  [12]  [13]  [14]	Red Cross WI disaster relief [15] Second Harvest / Feeding America [16] Special Olympics Wisconsin [17] Veterans trust fund [18]			
Part-year Resident and	Nonresident Information			
Residency code  Residence  Blank = Both spouses have the same residency status (Defa 1 = Taxpayer nonresident, spouse resident 2 = Taxpayer resident, spouse nonresident 3 = Taxpayer part-year, spouse nonresident				
If you were a part-year resident during the t	ax year, enter the dates you lived in Wisconsin			
Part-year residency dates: From To State of residency (Nonresidents only) Country of residency (Nonresidents only) Nonresident aliens: Taxpayer or Spouse is a U.S. citizen or a resident alien Resident of:  IL[29]	Taxpayer Spouse  [20] [22] [21] [23] [24] [25] [26] [27]  IN [30] KY [31] MI [32]			