



PETER D. PRESCOTT, CPA, PFS
Masters in Taxation

Thank you for choosing to work with Prescott Tax & Wealth Management. Included in this packet is a map to our office, engagement letter, blank tax organizer and a financial planning worksheet.

The Tax Organizer will assist you in collecting and reporting information necessary for us to properly prepare your income tax return. Please complete the organizer sections as appropriate and provide supporting documentation where necessary. If your previous CPA has already mailed you a tax organizer, please use this instead since it will be partially completed for you.

Please provide us with the following additional information:

- Copy of your previous year's tax return
- Forms W-2 (wages, etc.)
- Form 1099 (interest, dividends, etc.)
- Schedule K-1 (income loss from partnerships, S Corporations, etc.)
- Form 1098 (mortgage interest) and property tax statement
- Form 1095 (health insurance marketplace statement)
- Brokerage statements from stocks, bonds, or other investment transactions
- Closing statements pertaining to real estate transactions
- All other supporting documents (schedules, checkbooks, etc.)
- Any tax notice received from the IRS or other taxing authorities

Completion of the organizer is not required. However, the more prepared you are helps us keep your fees lower. Please contact us if you need further assistance.

Sincerely,

Peter Prescott, CPA, PFS

Prescott Tax & Wealth Management
30950 Rancho Viejo Rd, Ste 100
San Juan Capistrano, CA 92675
(949) 248-9815
Peter@Prescott500.com



PETER D. PRESCOTT, CPA

Masters in Taxation

**CALENDAR YEAR 2020
INDIVIDUAL & TRUST
TAX ENGAGEMENT LETTER**

Thank you for engaging me to prepare your tax return. The purpose of this letter is to formalize our professional relationship.

1. You gave us information which we used to prepare the return. You warrant this information to be true and correct. You understand that we have not audited or otherwise verified the information which you have presented to us and you have not asked us to do so.
2. You have represented that you have adequate documentation to substantiate your tax positions as required under IRS rules.
3. You have represented to us that there are no unrecorded or unreported revenues or income, and that you did not engage in virtual currency transactions which are not reported.
4. You have represented to us that all expenses claimed by you were incurred and paid by you.
5. You understand that it is your responsibility that all items of income and expense are properly presented on the return.
6. You agree to contact us promptly in the event you receive any correspondence from any taxing authority, or if you are selected for an audit. You realize the importance of responding to any and all notices from any taxing authority.
7. You understand that you will be billed a tax return charge of \$549 that will include one state return, one federal return, one hour of preparation, all material costs, electronic filing, PDF copies of the return (if requested), complimentary email responses to quick questions that don't require research and computer processing charges. Additional preparation time and any time spent in any audit of your tax return will be billed at \$299 per hour. Additional state filings will be billed at \$90 for each additional state. CA Single Member Returns have a separate return cost of \$499. QuickBooks consulting by non-CPA staff will be billed at \$90 per hour. All fees above reflect a 3% cash discount for payment by cash or check. Payments by credit card will be billed at normal retail charges which are 3% higher. All fees are due upon completion of our work and payment is expected when we deliver your tax returns to you. If any invoices remain unpaid more than thirty days after the invoice date, interest will be charged at 1.5% per month from the invoice date and any collection fees and attorney fees incurred by us will be added to the invoice.
8. If an extension of time is required, any tax due with your return must be paid with the extension. Any amounts not paid by the filing deadline may be subject to interest and penalties.
9. You agree that you will review the returns (or work performed) to be sure they are accurate, before submitting them.
10. It is our policy to keep client files for 7 years after the date the tax returns associated with this engagement are filed. However, we do not keep original client documents. If applicable, we will return those to you at the completion of the services rendered under this engagement. When records are returned to you, it is your responsibility to retain and protect those records for possible future use, including potential examination by any government or regulatory agencies. By your signature below, you acknowledge and agree that we will delete electronic files and any hardcopy documents we may have related to this engagement after 7 years.

11. You understand that if you drop off your tax information/records after September 1st, you may be charged an additional \$299 late charge.
12. If there should be any disagreement between us with an estimated value equal or lesser to the small claims court limit, it will be settled in small claims court. Any dispute in excess of the small claims court limit that arises under or relates to this Agreement shall be resolved in a court in the County of Orange, State of California where our work is performed.
13. You understand my professional reputation as a CPA is very important to me and my practice. You agree if we have a disagreement regarding my services, fees, or other issues, you will work with me to resolve the disagreement. Specifically, if you have an unpaid balance due, you will not post any negative review of me or my firm on Yelp or any other social media platform. If you breach this term of our agreement, I and my firm will suffer economic damages and you agree to pay me \$1,000 as liquidated damages, and not as a penalty. You agree that I can charge this amount of liquidated damages which can be charged to your credit card on file with my firm. Additionally, you waive your privacy rights and agree that any information I have about you and your client situation with me can be posted by me in response to any posting you make about me.
14. We anticipate filing your tax returns electronically, if they qualify for electronic filing (e-filing). You must review and sign the returns before they can be transmitted. You also understand that you have the final responsibility to confirm the appropriate routing numbers and bank information have been used on the tax returns. Once the returns have been accepted by the IRS and the state of filing, we are not responsible for the length of time it takes for the tax authority to process your returns.
15. If you and/or your entity have a financial interest in, or signature authority over, any foreign accounts, you are responsible for providing our firm with all the information needed to prepare the Report of Foreign Bank and Financial Accounts (FBAR) required by the U.S. Department of the Treasury in order for the FBAR to be received by the October 15th extension deadline. The FBAR (FinCEN Form 114) must be filed electronically and we must receive a signed consent form (FinCEN Form 114a) from you prior to submitting the electronic filing. If the consent form is not received, we will not be able to file the FinCEN Form 114.
16. If you fall into one of the following categories or if you have any direct or indirect foreign interests, you may be required to file applicable IRS forms:
 - You are an individual or entity with ownership of foreign financial assets and meet specified criteria (Form 8938).
 - You are an officer, director or shareholder with respect to certain foreign corporations (Form 5471)
 - You are a foreign-owned U.S. corporation or foreign corporation engaged in a U.S. trade or business (Form 5472)
 - You are a transferor of property to a foreign corporation (Form 926)
 - You are a U.S. person with an interest in a foreign trust (Forms 3520 and 3520-A)
 - You are a U.S. person with interests in a foreign partnership (Form 8865)
17. We have the right to withdraw from this engagement, at our discretion, if you don't provide us with requested information in a timely manner, refuse to cooperate with our reasonable requests, or misrepresent any facts. Our withdrawal will release us from any obligation to complete your tax returns and will constitute completion of our engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of our withdrawal.

Read, Understood and Agreed to on ____/____/____:

Signature _____ **Printed Name:** _____

Directions to Peter Prescott's Office

30950 Rancho Viejo Rd, Suite 100, San Juan Capistrano, CA 92675

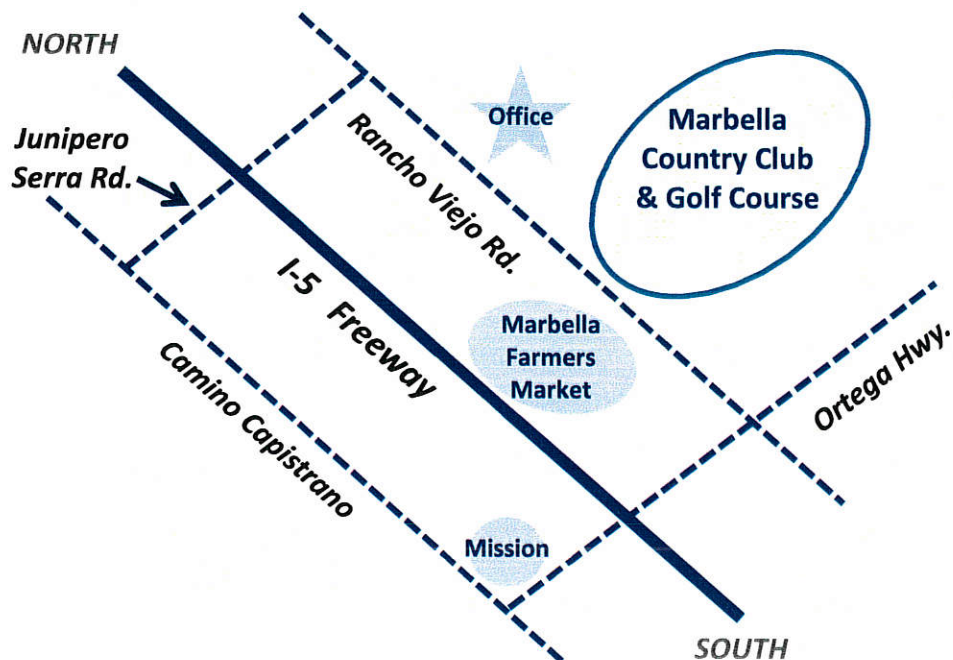
(949)-248-9815

From the South on Interstate 5 (I-5)

1. Exit at Ortega Highway (#74)
2. Turn Right from off ramp
3. Turn Left on Rancho Viejo Road
4. Go approximately .9 miles to Marbella Commerce Center
5. Turn right into parking lot at 30950 Rancho Viejo Road
6. Suite 100 (1st floor)

From the North on Interstate 5 (I-5)

1. Exit at Junipero Serra Road
2. Turn Left from off ramp and go to Rancho Viejo Road
3. Turn Right on Rancho Viejo Road
4. Go approximately .5 miles to Marbella Commerce Center
5. Turn Left into parking lot and make an immediate right.
6. Drive to southern most building.
7. Suite 100 (1st floor)



2019

1040

US

Client Information

1

PETER D. PRESCOTT, CPA, PFS

30950 Rancho Viejo RD #100

SAN JUAN CAPISTRANO CA 92675

Telephone number: (949) 248-9815

Fax number: (949) 661-5395

E-mail address: peter@prescott500.com

Tax Return Appointment

Date:

Time:

Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2019 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table).....		
	1=married filing separate and lived with spouse.....		
	Year spouse died, if qualifying widow(er) (2017 or 2018).....		
Taxpayer	First name and initial.....		Filing Status 1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)
	Last name.....		
	Title/suffix.....		
	Social security number.....		
	Occupation.....		
	Date of birth (m/d/y).....		
	Date of death (m/d/y).....		
	1=blind.....		
Spouse	First name and initial.....		
	Last name.....		
	Title/suffix.....		
	Social security number.....		
	Occupation.....		
	Date of birth (m/d/y).....		
	Date of death (m/d/y).....		
	1=blind.....		
Address	In care of.....		
	Street address.....		
	Apartment number.....		
	City.....		
	State.....		
	ZIP code.....		
Foreign Address	Region.....		
	Postal code.....		
	Country.....		

1

2019

1040

US/CA

Client Information (continued)

1 p2

Please add, change or delete information for 2019.

CLIENT INFORMATION

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

1 p2

2019	1040	US	Dependents	2
Please add, change or delete information for 2019.				
DEPENDENTS				
		Dependent	Dependent	Type of Dependent 1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying widow(er) only, not a dependent 5 = Earned income credit only, not a dependent Earned Income Credit 1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of: 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
First name				
Last name				
Title/suffix				
Date of birth (m/d/y)				
Date of death				
Date of adoption				
Social security number				
Relationship				
Months lived at home				
Type of dependent (see table)				
Earned income credit (see table)				
Claimed by: 1=taxpayer, 2=spouse				
		Dependent	Dependent	1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of: 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
First name				
Last name				
Title/suffix				
Date of birth (m/d/y)				
Date of death				
Date of adoption				
Social security number				
Relationship				
Months lived at home				
Type of dependent (see table)				
Earned income credit (see table)				
Claimed by: 1=taxpayer, 2=spouse				
		Dependent	Dependent	1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of: 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
First name				
Last name				
Title/suffix				
Date of birth (m/d/y)				
Date of death				
Date of adoption				
Social security number				
Relationship				
Months lived at home				
Type of dependent (see table)				
Earned income credit (see table)				
Claimed by: 1=taxpayer, 2=spouse				
		Dependent	Dependent	1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of: 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement NOTE: If your child is disabled, please provide one of the following forms of proof of disability: 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
First name				
Last name				
Title/suffix				
Date of birth (m/d/y)				
Date of death				
Date of adoption				
Social security number				
Relationship				
Months lived at home				
Type of dependent (see table)				
Earned income credit (see table)				
Claimed by: 1=taxpayer, 2=spouse				

2019	1040	US	Miscellaneous Questions
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If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

YES**NO****PERSONAL INFORMATION**☐☐

Did your marital status change during the year?

☐☐

Did your address change during the year?

☐☐

Could you be claimed as a dependent on another person's tax return for 2019?

DEPENDENTS☐☐

Were there any changes in dependents?

☐☐

Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2019?

☐☐

Did you have any children under age 19 or full-time students under age 24 at the end of 2019, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

HEALTH CARE COVERAGE☐☐

Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.

INCOME☐☐

Did you receive unreported tip income of \$20 or more in any month?

☐☐

Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse, or your dependents?

☐☐

Did you receive any disability income?

☐☐

Did you have any foreign income or pay any foreign taxes?

PURCHASES, SALES AND DEBT☐☐

Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?

☐☐

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?

☐☐

Did you buy or sell any stocks, bonds or other investment property in 2019?

☐☐

Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?

☐☐

Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?

☐☐

Did you have any debts cancelled or forgiven?

☐☐

Does anyone owe you money which has become uncollectible?

2019

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

YES

NO

RETIREMENT PLANS

- ☐ ☐ Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- ☐ ☐ Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
- ☐ ☐ Did you transfer or rollover any amount from one retirement plan to another retirement plan?

EDUCATION

- ☐ ☐ Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
- ☐ ☐ Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

- ☐ ☐ Did you incur a loss because of damaged or stolen property?
- ☐ ☐ Did you work out of town for part of the year?
- ☐ ☐ Did you use your car on the job (other than to and from work)?

ESTIMATED TAXES

- ☐ ☐ Did you apply an overpayment of 2018 taxes to your 2019 estimated tax (instead of being refunded)?
- ☐ ☐ If you have an overpayment of 2019 taxes, do you want the excess applied to your 2020 estimated tax (instead of being refunded)?
- ☐ ☐ Do you expect your 2020 taxable income and withholdings to be different from 2019?

MISCELLANEOUS

- ☐ ☐ Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- ☐ ☐ Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- ☐ ☐ May the IRS discuss your tax return with your preparer?
- ☐ ☐ Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2019

1040

US

Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

YES

NO

MISCELLANEOUS (continued)☐☐

Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

☐☐

Was your home rented out or used for business?

☐☐

Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

☐☐

Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?

☐☐

Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station?

☐☐

Did you engage the services of any household employees?

☐☐

Were you notified or audited by either the Internal Revenue Service or the State taxing agency?

☐☐

Did you or your spouse make any gifts to an individual that total more than \$15,000, or any gifts to a trust?

☐☐

Did your bank account information change within the last twelve months?

☐☐

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

2019

1040

US

Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2019, please check the appropriate box and provide additional information if necessary.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did your marital status change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Did your address change during the year?
<input type="checkbox"/>	<input type="checkbox"/>	Could you be claimed as a dependent on another person's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Were there any changes in dependents?
<input type="checkbox"/>	<input type="checkbox"/>	Did you and your dependents have health care coverage for the full-year?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive unreported tip income of \$20 or more in any month?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive any disability income?
<input type="checkbox"/>	<input type="checkbox"/>	Did you buy or sell any stocks, bonds or other investment property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
<input type="checkbox"/>	<input type="checkbox"/>	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
<input type="checkbox"/>	<input type="checkbox"/>	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Did you transfer or rollover any amount from one retirement plan to another?
<input type="checkbox"/>	<input type="checkbox"/>	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
<input type="checkbox"/>	<input type="checkbox"/>	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	May the IRS discuss your tax return with your preparer?
<input type="checkbox"/>	<input type="checkbox"/>	Was your home rented out or used for business?
<input type="checkbox"/>	<input type="checkbox"/>	Were you notified or audited by either the IRS or the State taxing agency?

2019 1040 US/CA Direct Deposit & Estimates (Form 1040 ES)**3, 6**

Please enter all pertinent 2019 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account.....

1=electronic payment of balance due.....

1=electronic payment of estimated tax.....

1=direct deposit CA refund to one account, 2=split deposit between two accounts.....

1=electronic payment of CA state tax balance due.....

1=electronic payment of CA estimated tax.....

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

2019 ESTIMATED TAX / 1040-ES (6)**Federal**

	Amount Paid	Date Paid	TS	2019 Voucher Amount
Overpayment applied from 2018.....				
1st quarter payment.....				
2nd quarter payment.....				
3rd quarter payment.....				
4th quarter payment.....				
Additional Estimated Tax Payments				
Paid with extension.....				
Former spouse SSN if joint estimates.....				

State

	Amount Paid	Date Paid	TS	2019 Voucher Amount
Overpayment applied from 2018.....				
1st quarter payment.....				
2nd quarter payment.....				
3rd quarter payment.....				
4th quarter payment.....				
Additional Estimated Tax Payments				
Paid with extension.....				

1**Type of Account**

1 = Savings
2 = Checking

2**Type of Investment**

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

3, 6

2019

1040

US

Direct Deposit & Estimates (Form 1040 ES) (cont.)

7.1

Please enter all pertinent 2019 information.

APPLICATION OF 2019 OVERPAYMENT (7.1)If you have an overpayment of 2019 taxes, do you want the excess refunded? ☐ or applied to 2020 estimate? ... ☐Other (please explain): _____

_____**2020 ESTIMATED TAX INFORMATION**Do you expect your 2020 taxable income to be different from 2019? Yes ☐ No ☐If "yes" explain any differences in income, deductions, dependents, etc.: _____

_____Do you expect your 2020 withholding to be different from 2019? Yes ☐ No ☐If "yes" explain any differences: _____

7.1

2019	1040	US/CA	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2019 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)	Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2018 Wages
		1=spouse		Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	SDI (Box 14)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2				Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/19	2018 Distribution
		Distribution code #1						Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE									
		1=spouse									

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2018 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

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

	2019 Amount	TS	2018 Amount
Total gambling losses	12		
Winnings not reported on Form W-2G	10		

10, 13.1, 13.2

2019	1040	US	Interest & Dividend Income	11, 12
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Please enter all pertinent 2019 amounts & attach all 1099-INT, 1099-OID and 1099-DIV forms.
Last year's amounts are provided for your reference.

INTEREST INCOME (11)

No.	Name of Payer (also enter SSN & address for seller-financed mortgage)	1=taxpayer 2=spouse	Interest Income			Tax-Exempt Interest		Early Withdrawal Penalty (Box 2)	2018 Interest
			Banks, S&Ls, C/Us, etc. (Box 1)	Seller- Financed Mtg. (Box 1)	U.S. Bonds, T-Bills (Box 3)	Total Municipal Bonds	In-state Municipal Bonds		

DIVIDEND INCOME (12)

No.	Name of Payer	1=taxpayer 2=spouse	Dividend Income					Tax-Exempt Interest		Foreign Tax Paid (Box 7)	2018 Dividends
			Total Ordinary Dividends (Box 1a)	Qualified Dividends (Box 1b)	Total Capital Gain Distrib. (Box 2a)	SubSection 199A (Box 5)	U.S. Bonds (% or amt.)	Total Municipal Bonds	In-state Muni-bonds (% or amt.)		

11, 12

2019	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2019 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5).....				
Medicare premiums paid (SSA-1099).....				
1=treat Medicare premiums paid as SE health ins. .				
Tier 1 RR retirement benefits (RRB-1099, box 5) . .				
1=lump-sum election for SS benefits.....				
Alimony received.....				
Taxable scholarships and fellowships.....				
Jury duty pay.....				
Household employee income not on W-2.....				
Excess minister's allowance.....				
Alaska permanent fund dividends.....				
Income from rental of personal property.....				
Income subject to S/E tax:				

Other income (1099-MISC, box 3, 8)				

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld.....				
State income tax withheld.....				
Local income tax withheld.....				

14.1

2019

1040

US

State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2019 information as appropriate.
Be sure to attach all 1099-G forms.

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

2019 1099-G Amount

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2019 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2018 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program.....			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Unemployment compensation:		
	Total received (Box 1).....		
	2019 Overpayment repaid.....		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund.....		
	Tax year for box 2 if not 2018 (Box 3).....		
	Federal income tax withheld (Box 4).....		
	RTAA payments (Box 5).....		
	Taxable grants:		
	Federal taxable amount (Box 6).....		
	State taxable amount, if different.....		
	Farm amounts:		
Agriculture payments (Box 7).....			
1=agriculture payments are from conservation reserve program.....			
Market gain (Box 9).....			
Number of farm.....			
1=box 2 is trade or business income (Box 8).....			
State income tax withheld (Box 11).....			

14.2

2019

1040

US

Education Distributions (ESA's and QTP's)

14.3

Please enter all pertinent 2019 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

ESA'S AND QTP'S (Form 1099-Q)

		2019 Amount	2018 Amount
No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5).....		
	ESA's only:		
2019 contributions to this ESA.....			
Value of this account at 12/31/19 (plus outstanding rollovers).....			
Basis in this ESA as of 12/31/18.....			
No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5).....		
	ESA's only:		
2019 contributions to this ESA.....			
Value of this account at 12/31/19 (plus outstanding rollovers).....			
Basis in this ESA as of 12/31/18.....			
No. <input type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....		
	Elementary & secondary education (net of nontaxable benefits).....		
	Form 1099-Q:		
	Gross distributions (Box 1).....		
	Earnings (Box 2).....		
	Basis (Box 3).....		
	Rollover: 1=nontaxable, 2=taxable (Box 4).....		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5).....		
	ESA's only:		
2019 contributions to this ESA.....			
Value of this account at 12/31/19 (plus outstanding rollovers).....			
Basis in this ESA as of 12/31/18.....			

14.3

2019

1040

US/CA

Business Income (Schedule C)

No.

16

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession	
Principal business code	
Business name, if different from Form 1040	
Business address, if different from Form 1040	
City, if different from Form 1040	
State, if different from Form 1040	
ZIP code, if different from Form 1040	
Foreign region	
Foreign postal code	
Foreign country	
Employer identification number	
Other accounting method	

Accounting method: 1=cash, 2=accrual		
Inventory method: 1=cost, 2=lower cost/market, 3=other		
1=change of inventory method		
1=spouse, 2=joint		
1=first Schedule C filed for this business		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no		
1=not subject to self-employment tax		
1=did not "materially participate"		
1=personal services is not a material income producing factor		
1=investment		
1=minister's Schedule C		
1=single member limited liability company		
1=trader in financial instruments or commodities		
CA FTB Form 3805V:		
1=eligible small business		
Qualified new business year: 1=1st, 2=2nd, 3=3rd		
Principle business code (SIC 1987)		

INCOME

	2019 Amount	2018 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

Inventory at beginning of the year		
Purchases		
Cost of items for personal use		
Cost of labor		
Materials and supplies		
Other costs:		

Inventory at end of the year		

16

2019**1040****US/CA****Business Income (Schedule C) (cont.)**No. **16** p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2019 Amount	2018 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Entertainment expenses in full.....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

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

16 p2

Series: 52 Capital Gains & Losses (Schedule D)

2019

1040

US

Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2019, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from
the purchase and sale of your home.

SALE OF HOME (17)

Description of property (Box 3).....	
Date acquired (m/d/y).....	
Date sold (m/d/y) (Box 1).....	
Sales price (Box 2).....	
1=sale of home.....	
1=owned and used property as main home for at least 2 of 5 years before sale.....	
1=first-time homebuyer credit was previously taken on this home.....	
1=business use in year of sale.....	
Number of days after December 31, 2008 that home was not used as principal residence.....	

Adjusted Basis

Original cost.....	
Improvements:	
.....	
.....	
.....	
Adjusted basis.....	

Expenses of Sale (Commissions, advertising fees, legal fees, and loan charges paid by the seller)

.....	
.....	
.....	
Total expenses of sale.....	

Reduced Exclusion

Please complete the following information if due to a change in health, place of employment, or unforeseen circumstances you either:
a) Did not meet the ownership and use tests *, or **b)** Excluded gain on the sale of another home after May 6, 1997.

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	
1=sale due to change in health, employment or unforeseen circumstances.....	
Days used as main home - taxpayer.....	
Days used as main home - spouse.....	
Days property owned - taxpayer.....	
Days property owned - spouse.....	

MOVING EXPENSES (27) (If you are a member of the Armed Forces and moved due to a permanent change in station)

1=spouse, 2=joint.....	
1=armed forces move due to permanent change of station.....	
Miles from old home to new work place.....	
Miles from old home to old work place.....	
Expenses for transportation and storage of household goods and personal effects.....	
Lodging and travel (excluding meals):	
Lodging and travel (excluding automobile).....	
Parking fees and tolls.....	
Gas and oil.....	
Miles driven to new home.....	

(* owned and used property as main home for at least 2 of 5 years before sale)

17, 27

2019

1040

US/CA

Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2019 Amount	2018 Amount
Description of property.....		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....		
City.....		
State.....		
ZIP code.....		
Type of property (see table)....		
Other type of property.....		
Number of days rented.....		

Percentage of ownership
if not 100% (.xxxx).....

Percentage of tenant occupancy
if not 100% (.xxxx).....

1=spouse, 2=joint.....

1=qualified joint venture.....

1=nonpassive activity,
2=passive royalty.....

1=did not actively participate... ..

1=real estate professional.....

1=rental other than real estate.....

1=investment.....

1=single member limited
liability company.....

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

CA FTB Form 3805V:

1=eligible small business.....

Qualified new business year: 1, 2 or 3.....

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

INCOME

	2019 Amount	2018 Amount
Rents or royalties received.....		

DIRECT EXPENSES

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

Advertising.....		
Association dues.....		
Auto and travel (not entered elsewhere).....		
Cleaning and maintenance.....		
Commissions.....		
Gardening.....		
Insurance.....		
Legal and professional fees.....		
Licenses and permits.....		
Management fees.....		
Miscellaneous.....		
Mortgage interest (paid to banks, etc.).....		
Qualified mortgage insurance premiums.....		
Excess mortgage interest.....		
Other interest (not entered elsewhere).....		
Painting and decorating.....		
Pest control.....		
Plumbing and electrical.....		
Repairs.....		
Supplies.....		
Taxes - real estate.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Utilities.....		
Wages and salaries.....		
Other:		

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

18

2019**1040****US****Partnership and S corporation Information****20.1,20.2**

Please add, change or delete 2019 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

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

S CORPORATION INFORMATION (20.2)

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

20.1,20.2

2019**1040****US****Estate or Trust and REMIC Information****20.3,20.4**

Please add, change or delete 2019 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

20.3,20.4

Series: 61 Asset Disposition List

Asset Acquisition List

2019

1040

US

Vehicle Expenses

No.

22 p3

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2019 Amount	2018 Amount
Description of vehicle.....		
1=no evidence to support your deduction.....		
1=no written evidence to support your deduction.....		
1=vehicle is available for off-duty personal use.....		
1=no other vehicle is available for personal use.....		
1=vehicle used primarily by more than 5% owner.....		
Number of months of business use if changed from 100% personal use.....		

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....		
Business mileage.....		
Commuting mileage (for the tax year).....		
Average daily round-trip commute.....		

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....		
Gasoline, lube, oil.....		
Repairs.....		
Tires.....		
Insurance.....		
Miscellaneous.....		
Auto license (other than personal property taxes).....		
Personal property taxes (based on car's value).....		
Interest (car loan) (for Schedule C, E & F).....		
Vehicle rent or lease payments.....		
Inclusion amount (enter as positive).....		
Value of employer-provided vehicle on Form W-2 (2106).....		

22 p3

2019	1040	US	Adjustments to Income	24
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Please enter all pertinent 2019 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

2019 Amount

2018 Amount

Taxpayer

Spouse

Taxpayer

Spouse

IRA contributions you made or expect to make
(1=maximum) (\$6,000/\$7,000 if 50 or older)

Contributions made to date

1=covered by plan, 2=not covered.

2019 payments from 1/1/20 to 4/15/20.

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to
make (1=maximum) (\$6,000/\$7,000 if 50 or older)

Contributions made to date

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you
made or expect to make (1=maximum)

Money purchase (25%/1.25) contributions you
made or expect to make (1=maximum)

Defined benefit contributions you expect to make

Self-employed SEP (25%/1.25) contributions you
made or expect to make (1=maximum)

Plan contribution rate if not .25 (.xxxx)

Individual 401k: SE elective deferrals (except Roth) (1=max.)

Individual 401k: SE designated Roth contributions (1=max.)

SIMPLE contributions:

Self-employed SIMPLE contributions you
made or expect to make (1=maximum)

Employer matching rate if not .03 (.xxxx)

1=nonelective contributions (2%)

Contributions made to date

ADJUSTMENTS TO INCOME

Self-employed health insurance:

Total premiums (excluding long-term care)

Long-term care premiums

Student loan interest paid (1098-E, box 1)

Educator expenses (kindergarten thru grade 12)

Jury duty pay given to employer

Expenses from rental of personal property

Other adjustments to income:

Alimony paid:

Taxpayer

Spouse

Recipient's first name

Recipient's last name

Recipient's SSN

Amount paid

2018 amt:

2018 amt:

24

2019

1040

US

Itemized Deductions

25

Please enter all pertinent 2019 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

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

	2019 Amount	TS	2018 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2019 estimates are automatic.)

State income taxes - 1/19 payment on 2018 state estimate			
State income taxes - paid with 2018 state return extension			
State income taxes - paid with 2018 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/19 payment on 2018 city/local estimate			
City/local income taxes - paid with 2018 city/local extension			
City/local income taxes - paid with 2018 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2019 purchases			
Use taxes paid with 2018 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:

Real estate taxes - held for investment:

Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..

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Foreign income taxes

-------	--	--	--

Other taxes:

-------	--	--	--

25

2019	1040	US	Itemized Deductions (continued)	25 p2
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Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

Home mortgage int. (Box 1) and points (Box 2) reported on Form 1098:

2019 Amount

TS

2018 Amount

Home mortgage interest not reported on Form 1098:

Payee's name	
Payee's SSN or FEIN ..	
Payee's street address ..	
Payee's city	
Payee's state	
Payee's ZIP code	
Payee's region	
Payee's postal code	
Payee's country	
Amount paid	

Points not reported on Form 1098:

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

Investment interest (interest on margin accounts):

Passive interest

NOTE: Points paid on loans other than to buy, build, or improve your main home are deductible over the life of the mortgage. For these types of loans also provide the dates and lives of the loans.

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

Churches, schools, hospitals, and other charitable organizations (60% limitation):

Contributions by cash or check:

Volunteer expenses (out-of-pocket)			
Number of charitable miles			

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

Contributions by cash or check:

Volunteer expenses (out-of-pocket)			
Number of charitable miles			

25 p2

2019	1040	US/CA	Itemized Deductions (continued)	25 p3
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Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

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

50% limitation (see above):

2019 Amount

TS

2018 Amount

30% limitation (see above):

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

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

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

Union and professional dues.....

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

Investment expense:

Tax return preparation fee.....

Safe deposit box rental.....

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

Federal only:

State only:

25 p3

2019

1040

US

Noncash Contributions (Form 8283)

26

If your total noncash contributions are in excess of \$500 in 2019, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input style="width: 40px;" type="text"/>	Vehicle	Name of charitable organization (donee)	
		Street address	
		City	
		State	
		ZIP code	
		1=spouse, 2=joint.	
		Property description (other than vehicle)	
		Identification number (VIN)	
		Year (yyyy)	
		Make and model	
	Condition and mileage		
	Date of contribution (m/d/y)		
	Date acquired by donor (m/y)		
	How acquired by donor (Table 1 or describe)		
	Donor's cost or basis		
Fair market value			
Method used to determine FMV (Table 2 or describe)			

No. <input style="width: 40px;" type="text"/>	Vehicle	Name of charitable organization (donee)	
		Street address	
		City	
		State	
		ZIP code	
		1=spouse, 2=joint.	
		Property description (other than vehicle)	
		Identification number (VIN)	
		Year (yyyy)	
		Make and model	
	Condition and mileage		
	Date of contribution (m/d/y)		
	Date acquired by donor (m/y)		
	How acquired by donor (Table 1 or describe)		
	Donor's cost or basis		
Fair market value			
Method used to determine FMV (Table 2 or describe)			

1

How Property was Acquired

- | | |
|--------------|-----------------|
| 1 = Purchase | 3 = Inheritance |
| 2 = Gift | 4 = Exchange |

2

Method Used to Determine FMV

- | | |
|-----------------------|----------------------|
| 1 = Appraisal | 3 = Catalog |
| 2 = Thrift shop value | 4 = Comparable sales |

For other methods, see IRS Pub. 561.

26

2019

1040

US

Business Use of Home (Form 8829)

No.

29

Please enter 2019 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2019 Amount	2018 Amount
Form		
Number of form (e.g., enter 2 for Schedule C number 2)		
Business use area (square footage)		
Total area of home (square footage)		
Total hours facility used (for daycare facilities only)		
Total hours available (if not 8,760)		
Area of home included above used exclusively for daycare business, if any (sq ft)		
% (.xx) or amount of gross income from home if not 100% (-1 if none)		
% (.xx) or amount of expenses from home if not 100% (-1 if none)		

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home.
They benefit both the business and personal parts of your home.

Mortgage interest		
Real estate taxes		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess real estate taxes		
Other indirect expenses:		

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include
painting or repairs made to specific areas or rooms used for business.

Mortgage interest		
Real estate taxes		
Casualty losses		
Insurance		
Miscellaneous		
Rent		
Repairs and maintenance		
Utilities		
Excess mortgage interest		
Excess real estate taxes		
Excess casualty losses		
Allowable casualty losses		
Other direct expenses:		

29

2019

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....

--

Form.....

Number of form (1=first Schedule C, 2=second, etc.).....

1=spouse.....

1=performance artist, 2=handicapped, 3=fee-basis government official.....

1=minister's expenses.....

EMPLOYEE BUSINESS EXPENSES

Meal and entertainment expenses.....

Reimbursements for meals and entertainment not on W-2, box 1.....

1=Department of Transportation (80% meal allowance).....

Local transportation (bus, taxi, train, etc.).....

Travel expenses while away from home overnight.....

Reimbursements not included on Form W-2, box 1.....

Other business expenses:

2019 Amount

2018 Amount

2019 Amount	2018 Amount

30

2019

1040

US

Health Savings Accounts (8889)

32.1

Please enter all pertinent 2019 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2019, a high deductible health plan is one with an annual deductible that is not less than \$1,350 for self-only coverage or \$2,700 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,750 for self-only coverage or \$13,500 for family coverage.

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage.				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare.				
Contributions made to date				

HSA DISTRIBUTIONS

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

32.1

2019

1040

US/CA

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2019 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

2019 Amount

2018 Amount

Taxpayer

Spouse

Taxpayer

Spouse

Dependent care expenses incurred but not paid in 2019...

Employer-provided benefits forfeited in 2019.....

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input type="text"/>	First name.....		
	Last name.....		
	Title or suffix.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2019.....		2018 amt:
	1=disabled.....		
	1=spouse, 2=joint.....		

No. <input type="text"/>	First name.....		
	Last name.....		
	Title or suffix.....		
	Date of birth (m/d/y).....		
	Social security number.....		
	Qualified dependent care expenses incurred and paid in 2019.....		2018 amt:
	1=disabled.....		
	1=spouse, 2=joint.....		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider.....		
	Street address.....		
	City.....		
	State.....		
	ZIP code.....		
	Address where care provided (if different):		
	Street address.....		
	City, state, ZIP code.....		
	Telephone number.....		
	Identification number (SSN or EIN).....		
	1=organization is tax-exempt.....		
	1=care provider is a person.....		
	Foreign region.....		
	Foreign postal code.....		
	Foreign country.....		
Amount paid to care provider in 2019.....		2018 amt:	
1=spouse, 2=joint.....			

33.1,33.2

2019

1040

US

Education Credits / Tuition Deduction

No.

38

Please complete the information below if you paid qualified education expenses in 2019 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse.....

First name.....

Last name.....

Social security number.....

Number of years hope credit claimed.....

Number of prior years AOC claimed.....

1=student was NOT enrolled at least half-time for at least one academic period that began in 2019 (or the first 3 months of 2020 if the qualified expenses were made in 2019) at an eligible institution in a qualified program.

1=student completed first four years of post-secondary education before 2019.

1=student was convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance.....

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name.....

Street address.....

City.....

State.....

ZIP code.....

1=2019 Form 1098-T was NOT received.....

1=2019 Form 1098-T received with Box 2 & 7 completed.....

1=2018 Form 1098-T received with Box 2 & 7 completed.....

Federal ID number from Form 1098-T.....

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name.....

Street address.....

City.....

State.....

ZIP code.....

1=2019 Form 1098-T was NOT received.....

1=2019 Form 1098-T received with Box 2 & 7 completed.....

1=2018 Form 1098-T received with Box 2 & 7 completed.....

Federal ID number from Form 1098-T.....

QUALIFIED EDUCATION EXPENSES

Qualified tuition & fees paid in 2019 (net of refund or assistance, & not entered elsewhere).....

Books & supplies required to be purchased from institution.....

Books & supplies not entered above.....

Amount of prior year refund or assistance *.....

2019 Amount

2018 Amount

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

38

2019

1040

US

Parent's Election to Report Child's Inc.

No.

44

Please enter all pertinent 2019 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name.....	
Last name.....	
Social security number.....	
Date of birth (m/d/y).....	
1=nontaxable to federal.....	
1=nontaxable to state.....	

INTEREST INCOME (Form 1099-INT)

Banks, credit unions, etc. (Box 1):

2019 Amount

2018 Amount

U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):

Tax-exempt interest:

Total municipal bonds.....

In-state municipal bonds.....

Adjustments:

Nominee distribution.....

Accrued interest.....

Tax-exempt interest (1099-INT in error).....

OID adjustment.....

ABP adjustment.....

Foreign:

1=interest in or authority over foreign account.....

Name of foreign country.....

1=grantor/transferor or received distribution from foreign trust.....

Post 8/7/86 private activity bond interest (included above) (6251).....

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a):

Qualified dividends (Box 1b).....

Total capital gain distributions (Box 2a):

Unrecaptured section 1250 gain (Box 2b).....

Section 1202 gain (Box 2c).....

Collectibles (28%) gain (Box 2d).....

Nontaxable distributions (Box 3).....

Tax-exempt interest:

Total municipal bonds.....

In-state municipal bonds.....

Nominee distributions:

Ordinary dividends.....

Qualified dividends.....

Capital gain distributions.....

Alaska permanent fund dividends included above.....

44

2019

1040

US

Report of Foreign Bank and Financial Accounts

82.1

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2019 Amount	2018 Amount
Canadian province or Mexican state		
Other type of filer		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Spouse:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Taxpayer:		
Title		
Spouse:		
Title		

82.1

2019

1040

US

Report of Foreign Bank & Fin. Accts.

No.

82.1 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

INFORMATION ON FINANCIAL ACCOUNTS

	2019 Amount	2018 Amount
1=spouse.....		
Type of account: 1=bank account, 2=securities account, or specify.....		
Maximum value of account (-1 if unknown).....		
Financial institution:		
Name of institution (Line 1) (mandatory).....		
Name of institution (Line 2).....		
Mailing address.....		
Account number.....		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Accounts owned jointly:		
Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)...		
Principal joint owner:		
Taxpayer identification number, if not joint filer.....		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.....		
Last name.....		
First name.....		
Middle initial.....		
Address.....		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Accounts where filer has no financial interest:		
Last name or org. name (mandatory).....		
First name.....		
Middle initial.....		
Taxpayer identification number.....		
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown.....		
Address.....		
City.....		
State.....		
ZIP/postal code.....		
Country (if not US).....		
Filer's title.....		

82.1 p2

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