

## Questions

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

	Yes	No
<b>Personal Information</b>		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependent Information</b>		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Purchases, Sales and Debt Information</b>		
Did you sell, exchange, or purchase any real estate during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance a principal residence or second home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Income Information</b>		
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any disability income during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any awards, prizes, hobby income, gambling or lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect a large fluctuation in income, deductions, or withholding next year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have any sales or other exchanges of virtual currencies, or used virtual currencies to pay for goods or services, or you are holding virtual currencies as an investment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Retirement Information</b>		
Did you receive any Social Security benefits during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Education Information</b>		
Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses	<input type="checkbox"/>	<input type="checkbox"/>
Did anyone in your family receive a scholarship of any kind during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>

### Health Care Information

- Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage for your family?
- 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?

### Itemized Deduction Information

- Did you incur a casualty or theft loss or any condemnation awards during the year?
- If yes, did the loss occur in a Federally declared disaster area?
- Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?
- Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)?
- Did you pay real estate 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 major purchases during the year (cars, boats, etc.)?

### Miscellaneous Information

- Did you make gifts of more than \$15,000 to any individual?
- Did you utilize an area of your home for business purposes?
- Did you engage in any bartering transactions?
- Did you retire or change jobs this year?
- Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?
- Did you pay any individual as a household employee during the year?
- Did you make energy efficient improvements to your main home this year?
- Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?
- 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: \_\_\_\_\_
- At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

**Personal Information**

1

**Taxpayer**

**Spouse**

Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (Y, N)	___	___
Are you a dependent of another taxpayer?(Y, N)	___	___
Are you legally blind?(Y, N)	___	___
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number	_____	_____
Home/evening telephone number	_____	_____
Email address	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N)	___	___

**Present Mailing Address**

Address \_\_\_\_\_

Apartment number \_\_\_\_\_

City, state postal code, zip code \_\_\_\_\_

Foreign country name \_\_\_\_\_

Foreign phone number \_\_\_\_\_

In care of addressee \_\_\_\_\_

**Dependent Information**

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home
_____	_____	_____	_____	_____	___
_____	_____	_____	_____	_____	___
_____	_____	_____	_____	_____	___
_____	_____	_____	_____	_____	___

Name of child who lived with you but is not your dependent \_\_\_\_\_

Social security number of qualifying person \_\_\_\_\_

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.

Primary account:

Financial institution routing transit number \_\_\_\_\_  
Name of financial institution \_\_\_\_\_  
Your account number \_\_\_\_\_  
Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #1:

Financial institution routing transit number \_\_\_\_\_  
Name of financial institution \_\_\_\_\_  
Your account number \_\_\_\_\_  
Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

Secondary account #2:

Financial institution routing transit number \_\_\_\_\_  
Name of financial institution \_\_\_\_\_  
Your account number \_\_\_\_\_  
Type of account (1 = Savings, 2 = Checking, 3 = IRA\*) \_\_\_\_\_  
Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) \_\_\_\_\_  
Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) \_\_\_\_\_  
Enter the maximum dollar amount, or percentage of total refund Dollar \_\_\_\_\_ or Percent (xxx.xx) \_\_\_\_\_

## Estimated Taxes

3

If you have an overpayment of 2019 taxes, do you want the excess:

Refunded \_\_\_\_\_

Applied to 2020 estimated tax liability \_\_\_\_\_

Do you expect a considerable change in your 2020 income? (Y, N) \_\_\_\_\_

If yes, please explain any differences:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you expect a considerable change in your deductions for 2020? (Y, N) \_\_\_\_\_

If yes, please explain any differences:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you expect a considerable change in the amount of your 2020 withholding? (Y, N) \_\_\_\_\_

If yes, please explain any differences:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you expect a change in the number of dependents claimed for 2020? (Y, N) \_\_\_\_\_

If yes, please explain any differences:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes \_\_\_\_\_

## 2019 Federal Estimated Tax Payments

2018 overpayment applied to 2019 estimates \_\_\_\_\_

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. \_\_\_\_\_

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	4/15/19	_____	_____	_____	_____
2nd quarter payment	6/17/19	_____	_____	_____	_____
3rd quarter payment	9/16/19	_____	_____	_____	_____
4th quarter payment	1/15/20	_____	_____	_____	_____
Additional payment		_____	_____	_____	_____

**\*Method of payment indicated in prior year**

EFW = Electronic funds withdrawal      EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

**NOTES/QUESTIONS:**

**This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

	<b>2019 Information</b>	<b>Prior Year Information</b>
Deposit or Custodial account (D= Deposit, C = Custodial)	—	[Redacted Area]
Type of Account:		
Bank	—	
Securities	—	
Other	_____	
Maximum value of account	_____	
Account number or other designation	_____	
Financial institution	_____	
Address of financial institution	_____	
City, state, zip code	_____	
Foreign country code/name	_____	
For addresses in Mexico, enter state	_____	
Foreign province/county	_____	
Foreign postal code	_____	
Account jointly owned with spouse	—	
Account opened during the tax year	—	
Account closed during the tax year	—	
Information is reported for a financial account which is:	—	
<p style="font-size: small;">2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest</p>		

**Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account**

Taxpayer identification number of account holder/joint owner \_\_\_\_\_

Foreign identification number of account holder/joint owner (If no Taxpayer identification number) \_\_\_\_\_

Last name or organization name of account holder/joint owner \_\_\_\_\_

First name and middle initial of account holder/joint owner \_\_\_\_\_

Address and apartment \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Foreign country code/name \_\_\_\_\_

    For addresses in Mexico, enter state \_\_\_\_\_

Foreign postal code \_\_\_\_\_

Number of joint owners (Not including taxpayer, if applicable) \_\_\_\_\_

Filer's title with this owner (If applicable) \_\_\_\_\_

**NOTES/QUESTIONS:**

**2019 State Estimated Tax Payments**

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Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

State postal code \_\_\_\_\_

Amount paid with 2018 return \_\_\_\_\_

2018 overpayment applied to '19 estimates \_\_\_\_\_

	<b>Date Paid</b>	<b>Amount Paid</b>	<b>Calculated Amount</b>
1st quarter payment	_____	_____	<div style="border: 1px solid black; padding: 5px;">           _____            _____            _____            _____            _____         </div>
2nd quarter payment	_____	_____	
3rd quarter payment	_____	_____	
4th quarter payment	_____	_____	
Additional payment	_____	_____	

**2019 City Estimated Tax Payments**

**City #1**

City name \_\_\_\_\_

Amount paid with 2018 return \_\_\_\_\_

2018 overpayment applied to '19 estimates \_\_\_\_\_

Treat calculated amounts as paid \_\_\_\_\_

**City #2**

City name \_\_\_\_\_

Amount paid with 2018 return \_\_\_\_\_

2018 overpayment applied to '19 estimates \_\_\_\_\_

Treat calculated amounts as paid \_\_\_\_\_

	<b>Date Paid</b>	<b>Amount Paid</b>
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____

	<b>Date Paid</b>	<b>Amount Paid</b>
1st quarter payment	_____	_____
2nd quarter payment	_____	_____
3rd quarter payment	_____	_____
4th quarter payment	_____	_____







**Other Income**

State and local income tax refunds	<b>2019 Information</b>	<b>Prior Year Information</b>
	_____	<div style="border: 1px solid black; height: 15px; width: 100%; background-color: #cccccc;"></div>

Alimony received	<b>T/S</b>	<b>Agreement Date</b>	<b>2019 Information</b>	<b>Prior Year Information</b>
	—	_____	_____	<div style="border: 1px solid black; height: 15px; width: 100%; background-color: #cccccc;"></div>
	—	_____	_____	<div style="border: 1px solid black; height: 15px; width: 100%; background-color: #cccccc;"></div>

	<b>Taxpayer</b>	<b>Spouse</b>	
Unemployment compensation	_____	_____	<div style="border: 1px solid black; height: 40px; width: 100%; background-color: #cccccc;"></div>
Unemployment compensation federal withholding	_____	_____	
Unemployment compensation state withholding	_____	_____	
Unemployment compensation repaid	_____	_____	
Alaska Permanent Fund dividends	_____	_____	

<b>T/S/J</b>	<b>Self- Employment Income ? (Y, N)</b>		<b>2019 Information</b>	<b>Prior Year Information</b>
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Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships

—	—		_____ [15]	<div style="border: 1px solid black; height: 140px; width: 100%; background-color: #cccccc;"></div>
—	—		_____	
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—	—		_____	

**NOTES/QUESTIONS:**

**Pension, Annuity, and IRA Distributions #1**

Please provide all Forms 1099-R.

2019 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Name of payer \_\_\_\_\_

State postal code \_\_\_\_\_

Gross distributions received (Box 1) \_\_\_\_\_

Taxable amount received (Box 2a) \_\_\_\_\_

Federal withholding (Box 4) \_\_\_\_\_

Distribution code (Box 7) \_\_\_\_\_

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_

State withholding (Box 12) \_\_\_\_\_

Local withholding (Box 15) \_\_\_\_\_

Amount of rollover \_\_\_\_\_

Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pension, Annuity, and IRA Distributions #2**

Please provide all Forms 1099-R.

2019 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Name of payer \_\_\_\_\_

State postal code \_\_\_\_\_

Gross distributions received (Box 1) \_\_\_\_\_

Taxable amount received (Box 2a) \_\_\_\_\_

Federal withholding (Box 4) \_\_\_\_\_

Distribution code (Box 7) \_\_\_\_\_

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_

State withholding (Box 12) \_\_\_\_\_

Local withholding (Box 15) \_\_\_\_\_

Amount of rollover \_\_\_\_\_

Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pension, Annuity, and IRA Distributions #3**

Please provide all Forms 1099-R.

2019 Information

Prior Year Information

Taxpayer/Spouse (T, S) \_\_\_\_\_

Name of payer \_\_\_\_\_

State postal code \_\_\_\_\_

Gross distributions received (Box 1) \_\_\_\_\_

Taxable amount received (Box 2a) \_\_\_\_\_

Federal withholding (Box 4) \_\_\_\_\_

Distribution code (Box 7) \_\_\_\_\_

Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_\_\_\_

State withholding (Box 12) \_\_\_\_\_

Local withholding (Box 15) \_\_\_\_\_

Amount of rollover \_\_\_\_\_

Mark if distribution was due to a pre-retirement age disability \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**NOTES/QUESTIONS:**

Please provide a copy of Form(s) SSA-1099

**Taxpayer Social Security Benefits**

**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)**

\_\_\_\_\_

\_\_\_\_\_

Voluntary Federal Income Tax Withheld **(Box 6)**

\_\_\_\_\_

\_\_\_\_\_

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

\_\_\_\_\_

\_\_\_\_\_

Prescription drug (Part D) premiums

\_\_\_\_\_

\_\_\_\_\_

**Spouse Social Security Benefits**

**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)**

\_\_\_\_\_

\_\_\_\_\_

Voluntary Federal Income Tax Withheld **(Box 6)**

\_\_\_\_\_

\_\_\_\_\_

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

\_\_\_\_\_

\_\_\_\_\_

Prescription drug (Part D) premiums

\_\_\_\_\_

\_\_\_\_\_

**NOTES/QUESTIONS:**

**Traditional IRA**

**Taxpayer**

**Spouse**

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

—

—

Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

—

—

Enter the total traditional IRA contributions made for use in 2019

\_\_\_\_\_

\_\_\_\_\_

**Taxpayer**

**Spouse**

Enter the nondeductible contribution amount made for use in 2019

\_\_\_\_\_

\_\_\_\_\_

Enter the nondeductible contribution amount made in 2020 for use in 2019

\_\_\_\_\_

\_\_\_\_\_

Traditional IRA basis

\_\_\_\_\_

\_\_\_\_\_

Value of all your traditional IRA's on December 31, 2019:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Roth IRA**

**Please provide copies of any 1998 through 2018 Form 8606 not prepared by this office**

**Taxpayer**

**Spouse**

Mark if you want to contribute the maximum Roth IRA contribution

—

—

Enter the total Roth IRA contributions made for use in 2019

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Enter the Roth conversion IRA basis on December 31, 2018

\_\_\_\_\_

\_\_\_\_\_

Value of all your Roth IRA's on December 31, 2019:

\_\_\_\_\_  
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**NOTES/QUESTIONS:**

	2019 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	
Employer identification number	_____	
Business name	_____	
Principal business/profession	_____	
Business code	_____	
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____	
City/State/Zip	_____	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____	
If other:	_____	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____	
If other enter explanation:	_____	
_____		
_____		
Enter an explanation if there was a change in determining your inventory:		
_____		
_____		
Did you "materially participate" in this business? (Y, N)	_____	
If not, number of hours you did significantly participate	_____	
Mark if you began or acquired this business in 2019	_____	
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)	_____	
Mark if this business is considered related to qualified services as a minister or religious worker	_____	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____	
Medical insurance premiums paid by this activity	_____	
Long-term care premiums paid by this activity	_____	
Amount of wages received as a statutory employee	_____	

**Business Income**

	2019 Information	Prior Year Information
Gross receipts and sales		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Returns and allowances	_____	
Other income:		
_____	_____	
_____	_____	
_____	_____	

**Cost of Goods Sold**

	2019 Information	Prior Year Information
Beginning inventory	_____	
Purchases	_____	
Labor:		
_____	_____	
_____	_____	
Materials	_____	
Other costs:		
_____	_____	
_____	_____	
_____	_____	
Ending inventory	_____	

Principal business or profession \_\_\_\_\_

2019 Information

Prior Year Information

Advertising

Car and truck expenses

Commissions and fees

Contract labor

Depletion

Depreciation

Employee benefit programs (Include Small Employer Health Ins Premiums credit):

\_\_\_\_\_  
\_\_\_\_\_

Insurance (Other than health):

\_\_\_\_\_  
\_\_\_\_\_

Interest:

Mortgage (Paid to banks, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Other:

\_\_\_\_\_  
\_\_\_\_\_

Legal and professional services

Office expense

Pension and profit sharing:

\_\_\_\_\_  
\_\_\_\_\_

Rent or lease:

Vehicles, machinery, and equipment

Other business property

Repairs and maintenance

Supplies

Taxes and licenses:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Travel and meals:

Travel

Meals (Enter 100% subject to 50% limitation)

Meals (Enter 100% subject to DOT 80% limit)

Utilities

Wages (Less employment credit):

\_\_\_\_\_  
\_\_\_\_\_

Other expenses:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Vertical column for Prior Year Information with multiple horizontal lines for data entry.

## Rent and Royalty Property - General Information

	2019 Information	Prior Year Information
Description _____		
Taxpayer/Spouse/Joint (T, S, J) __[3]	State postal code _____	
Physical address: Street _____		
City, state, zip code _____ [7] ____ [8]		
Foreign country _____		
Foreign province/county _____		
Foreign postal code _____		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty)		
Description of other type (Type code #8) _____		
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) _____		
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____		
Percentage of ownership if not 100% _____		
Business use percentage, if not 100% (Not vacation home percentage) _____		

### Rent and Royalty Income

Rents and royalties	2019 Information	Prior Year Information
_____	_____	
_____	_____	

### Rent and Royalty Expenses

	2019 Information	Percent if not 100%	Prior Year Information
Advertising	_____	_____	
Auto	_____	_____	
Travel	_____	_____	
Cleaning and maintenance	_____	_____	
Commissions:	_____	_____	
_____	_____	_____	
_____	_____	_____	
Insurance:	_____	_____	
_____	_____	_____	
_____	_____	_____	
Legal and professional fees	_____	_____	
Management fees:	_____	_____	
_____	_____	_____	
_____	_____	_____	
Mortgage interest paid to banks, etc (Form 1098)	_____	_____	
_____	_____	_____	
_____	_____	_____	
Other mortgage interest	_____	_____	
Qualified mortgage insurance premiums	_____	_____	
Other interest:	_____	_____	
_____	_____	_____	
_____	_____	_____	
Repairs	_____	_____	
Supplies	_____	_____	
Taxes:	_____	_____	
_____	_____	_____	
_____	_____	_____	
Utilities	_____	_____	
Depreciation	_____	_____	
Depletion	_____	_____	
Other expenses:	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	



**Student Loan Interest Paid**

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
—	_____	_____	_____
—	_____	_____	
—	_____	_____	
—	_____	_____	

**NOTES/QUESTIONS:**

**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.

**Preparer - Enter on Screen Educate2**

Taxpayer/Spouse (T, S) \_\_\_\_\_

Education Code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) \_\_\_\_\_

Student's social security number \_\_\_\_\_

Student's first name \_\_\_\_\_

Student's last name \_\_\_\_\_

**Institution Information**

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number \_\_\_\_\_

Institution's name \_\_\_\_\_

Institution's street address \_\_\_\_\_

Institution's city, state, zip code \_\_\_\_\_

**Tuition Paid and Related Information**

Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2019. Enter the amount actually paid during 2019.

	2019 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	_____	
Field no longer applicable	_____	
Educational institution changed its reporting method for 2019 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
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 - March 2020 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
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 2019

**NOTES/QUESTIONS:**

**Schedule A - Medical and Dental Expenses**

T/S/J	2019 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Medical insurance premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.</small>		
_____	_____	
_____	_____	
_____	_____	
Long-term care premiums you paid: <small>Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)</small>		
_____	_____	
_____	_____	
Prescription medicines and drugs:		
_____	_____	
_____	_____	
Miles driven for medical items	_____	

**Schedule A - Tax Expenses**

T/S/J	2019 Information	Prior Year Information
State/local income taxes paid:		
_____	_____	
_____	_____	
_____	_____	
_____	_____	
2018 state and local income taxes paid in 2019:		
_____	_____	
_____	_____	
Real estate taxes paid:		
_____	_____	
_____	_____	
Personal property taxes:		
_____	_____	
Other taxes, such as: foreign taxes and State disability taxes		
_____	_____	
_____	_____	
Sales tax paid on major purchases:		
_____	_____	
_____	_____	
Sales tax paid on actual expenses:		
_____	_____	
_____	_____	
_____	_____	



### Charitable Contributions

T/S/J	2019 Information	Prior Year Information
<p><b>Contributions made by cash or check (including out-of-pocket expenses)</b>                      Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the contribution on your return.                      Individual contributions of \$250 or more must be accompanied by a written acknowledgment from the charity to claim the contribution on your return.</p>		
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
Volunteer miles driven	_____	
Noncash items, such as: Goodwill/Salvation Army/clothing/household goods	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	

### Miscellaneous Deductions

T/S/J	2019 Information	Prior Year Information
<p><b>Other expenses, not subject to the 2% AGI limit:</b></p>		
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
—	_____	
<p><b>Gambling losses: (Enter only if you have gambling income)</b></p>		
—	_____	
—	_____	
—	_____	
—	_____	

**NOTES/QUESTIONS:**

**Noncash Contributions Exceeding \$500**

20

**For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Donated property description \_\_\_\_\_

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

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

City \_\_\_\_\_

State postal code \_\_\_\_\_

Zip code \_\_\_\_\_

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

Date acquired by donor \_\_\_\_\_

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_

Donor's cost or basis \_\_\_\_\_

Fair market value \_\_\_\_\_

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_

If other: \_\_\_\_\_

**Noncash Contributions Exceeding \$500****For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Donated property description \_\_\_\_\_

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

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

City \_\_\_\_\_

State postal code \_\_\_\_\_

Zip code \_\_\_\_\_

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

Date acquired by donor \_\_\_\_\_

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_

Donor's cost or basis \_\_\_\_\_

Fair market value \_\_\_\_\_

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_

If other: \_\_\_\_\_

**Noncash Contributions Exceeding \$500****For donated securities, include the company name and number of shares in the donated property description, below**

Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_

Donated property description \_\_\_\_\_

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

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

City \_\_\_\_\_

State postal code \_\_\_\_\_

Zip code \_\_\_\_\_

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

Date acquired by donor \_\_\_\_\_

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) \_\_\_\_\_

Donor's cost or basis \_\_\_\_\_

Fair market value \_\_\_\_\_

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) \_\_\_\_\_

If other: \_\_\_\_\_

Principal business or profession \_\_\_\_\_  
 Taxpayer/Spouse/Joint (T, S, J) \_\_\_\_\_  
 State postal code \_\_\_\_\_

**Business Use of Home**

	2019 Information	Prior Year Information
Total area of home	_____	
Area used exclusively for business	_____	
Information for day-care facilities only:		
Total hours used for day-care during this year	_____	
Total hours used this year, if less than 8760	_____	
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____	
Area used partly for day-care business	_____	

**List as direct expenses any expenses which are attributable only to the business part of your home.  
 List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.**

	2019 Information		Prior Year Information
	Direct Expenses	Indirect Expenses	
Mortgage interest:	_____	_____	
Mortgage insurance premiums	_____	_____	
Real estate taxes:	_____	_____	
Excess mortgage interest	_____	_____	
Insurance	_____	_____	
Rent	_____	_____	
Repairs & maintenance	_____	_____	
Utilities	_____	_____	
Other expenses, such as: Supplies & Security system	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

**NOTES/QUESTIONS:**





# Child and Dependent Care Expenses

Please enter all amounts paid in 2019 for the care of one or more dependents which enables you to work or attend school. Indicate the amount of dependent care expenses paid for each qualifying dependent.

	Taxpayer	Spouse
2018 employer-provided dependent care benefits used during 2019 grace period	_____	_____
Employer-provided dependent care benefits that were forfeited in 2019	_____	_____
Total qualified expenses incurred in 2019	_____	_____
Were you or your spouse a full time student or disabled? (Yes or No)	_____	_____
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)	_____	_____

---

Business name of provider	_____	_____
First and last name of provider	_____	_____
Street address of provider	_____	_____
City, State and Zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)	_____	_____
Amount paid to care provider in 2019	_____	_____
Foreign province or state of provider	_____	_____
Foreign country and Foreign postal code of provider	_____	_____

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Business name of provider	_____	_____
First and last name of provider	_____	_____
Street address of provider	_____	_____
City, State and Zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)	_____	_____
Amount paid to care provider in 2019	_____	_____
Foreign province or state of provider	_____	_____
Foreign country and Foreign postal code of provider	_____	_____

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Business name of provider	_____	_____
First and last name of provider	_____	_____
Street address of provider	_____	_____
City, State and Zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)	_____	_____
Amount paid to care provider in 2019	_____	_____
Foreign province or state of provider	_____	_____
Foreign country and Foreign postal code of provider	_____	_____

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Business name of provider	_____	_____
First and last name of provider	_____	_____
Street address of provider	_____	_____
City, State and Zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)	_____	_____
Amount paid to care provider in 2019	_____	_____
Foreign province or state of provider	_____	_____
Foreign country and Foreign postal code of provider	_____	_____

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Business name of provider	_____	_____
First and last name of provider	_____	_____
Street address of provider	_____	_____
City, State and Zip code	_____	_____
Social security number OR Employer identification number	_____	_____
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN)	_____	_____
Amount paid to care provider in 2019	_____	_____
Foreign province or state of provider	_____	_____
Foreign country and Foreign postal code of provider	_____	_____

**Colorado Use Tax**

Purchases subject to state sales or use tax \_\_\_\_\_  
 Special district code \_\_\_\_\_  
 Purchases subject to special district sales or use tax if less than the total purchase \_\_\_\_\_

**Contributions**

**Amount of charitable contributions you wish to make to:**

Nongame and Endangered Wildlife Fund \_\_\_\_\_  
 Domestic Abuse Fund \_\_\_\_\_  
 Homeless Prevention Activities Fund \_\_\_\_\_  
 Western Slope Military Veterans Cemetery Fund \_\_\_\_\_  
 Pet Overpopulation Fund \_\_\_\_\_  
 Military Family Relief Fund \_\_\_\_\_  
 American Red Cross Colorado Disaster Response, Readiness, and Preparedness Fund \_\_\_\_\_  
 Habitat for Humanity of Colorado Fund \_\_\_\_\_  
 Special Olympics of Colorado \_\_\_\_\_  
 Colorado Healthy Rivers Fund \_\_\_\_\_  
 Alzheimer's Association Fund \_\_\_\_\_  
 Colorado Cancer Fund \_\_\_\_\_  
 Make-A-Wish Foundation of Colorado Fund \_\_\_\_\_  
 Unwanted Horse Fund \_\_\_\_\_  
 Urban Peak Housing and Support Fund \_\_\_\_\_  
 Family Caregiver Support Fund \_\_\_\_\_  
 Young American Center for Financial Education Fund \_\_\_\_\_  
 Colorado Nonprofit Fund \_\_\_\_\_  
 Charitable organization Secretary of State registration number \_\_\_\_\_  
 Name of registered organization \_\_\_\_\_

**Part-year Resident and Nonresident Information**

**If you were a part-year resident during the tax year, enter the dates you lived in Colorado**

	Taxpayer	Spouse
Residency status (if taxpayer and spouse are different):		
Resident	_____	_____
Nonresident	_____	_____
Part-year resident	_____	_____
Military nonresident	_____	_____
Part-year residency dates:		
From	_____	_____
To	_____	_____

**NOTES/QUESTIONS:**