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2020 TAX ORGANIZER

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This tax organizer has been prepared for your use in gathering the information needed for your 2020 tax return.

To save you time, selected information from your 2019 tax return has been entered in this organizer. Please line through any information that does not apply to your 2020 tax return.

In some cases, 2019 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER



HERSMAN SERLES ALMOND, LLC

Welcome to the 2021 tax filing season! Enclosed are the following documents:

TAX ORGANIZER

Please enter your 2020 tax information in the enclosed Tax Organizer. It has been designed to assist you in collecting data and helps us work more efficiently as well as keep preparation fees as low as possible. Please contact us if you want an electronic copy of your organizer.

- Provide us your tax documents: W-2's, 1099's, 1098's, K-1's, tax statements from your investment accounts, cost basis of capital assets sold (such as stock sales), etc. Do not provide receipts, cancelled checks, paid bills, etc. This information should be summarized and entered on the applicable pages of the Organizer.
- Please answer all the questions on the first few pages of the organizer. If you do not answer the questions, we will have to call you. These will draw our attention to any tax related events that need to be reported to the IRS, and potentially eliminate unnecessary letters from the IRS later.
- If you have been a victim of Tax Identity Theft, the IRS will annually (for seven years) issue you a new Identity Protection PIN (IP PIN) for use in the current tax filing year. This IP PIN is required to file your tax return electronically. Please provide a copy of the IRS notice of your IP PIN.
- You may mail your Organizer and tax documents or, scan and email them to your tax professional via our secure file exchange service. Go to <https://www.cpahsa.com> select "Secure File Share" from the upper right corner of the home page and enter your tax professional's email address. Hit "Send a File" and follow the prompts for uploading the documents.

AGREEMENT TO PROVIDE SERVICES

The enclosed agreement to provide services (engagement letter) defines the services we will provide you, how they will be invoiced, and the terms and conditions of our work together. Please review the letter, **sign and date the last page, and return it with your completed Organizer.**

IMPORTANT REMINDERS

- **Your personal income tax return is due Thursday, April 15, 2021.** We can extend the time to file your return, but this does not extend the time to pay your taxes. All taxes must be paid by April 15, 2021 to avoid penalties and interest.
- **Avoid the April rush!** We want to give you and your tax return the highest quality service possible and have it completed in time to file before the due date. Please provide your completed tax Organizer and documents to us by March 15th 2021 to avoid late filing penalties.
- **Foreign Bank Accounts** with combined amounts over \$10,000 on any day of the year require additional filing requirements. The penalty for not filing timely is up to \$10,000 or for willful failure to file up to \$100,000 or 50% of the bank account balances. Please be sure to draw our attention to any Foreign Bank Accounts that meet these criteria.

We value our relationship with you and appreciate the opportunity to serve your tax preparation, financial and estate planning needs. We wish you a healthy, joyful and successful New Year.

Hersman Serles Almond, LLC

Hersman Serles Almond, LLC
Accountants and Consultants
(425) 822-6557

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2020 TAX ORGANIZER

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I (We) have submitted this information for the sole purpose of preparing my (our) tax return(s). Each item can be substantiated by receipts, canceled checks or other documents. This information is true, correct and complete to the best of my (our) knowledge.

| | |
|---------------------------|-------------|
| Taxpayer Signature | Date |
| Spouse Signature | Date |



HERSMAN SERLES ALMOND, LLC

Dear Client:

Agreement to Provide Tax Services

We appreciate the opportunity to provide tax services to you. This engagement letter (“Agreement”) and enclosed privacy policy statement are intended to confirm the nature and scope of tax services that Hersman Serles Almond, LLC (“HSA” or “we”) will provide to you with respect to the preparation of your 2020 individual income tax returns.

Scope of Services

We will prepare your 2020 Federal and state of residence (based on domicile) individual income tax returns from information you provide. We will prepare other state/local returns as determined to be necessary. We will not audit or otherwise verify the accuracy or completeness of the data you submit, although we may need to ask you for clarification of some of the information. You should retain all the documents, cancelled checks and other data that form the basis of your income and deductions.

Your individual tax returns will generally be prepared based on data and information provided by you or other sources. In preparing the tax returns, we are relying on you to understand and comply with the requirements for documentation of your income and deductions. Tax returns may be examined by taxing authorities. If an examination occurs, such documentation may be requested to support items and positions reported on the tax returns. Penalties may apply for failure to maintain adequate documentation. Ultimately, the taxpayer has the final responsibility for the tax returns and, therefore, you should review them carefully before filing to confirm that they are true, correct, and complete. In the event your tax returns are selected for review by the taxing authorities, we will be available upon request to represent you. Please note that it is your responsibility to keep copies of your tax returns and records for future reference or use.

Additional Services

This letter serves as your approval to engage HSA to perform additional services through 2021, as may be requested by you, including, but not limited to, estimated tax payments, tax planning and consultation.

Foreign Bank Accounts

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 necessary to prepare the form required by the U.S. Department of the Treasury. In addition, the IRS requires information reporting under applicable IRC sections and related regulations, and the respective IRS tax forms are due when your income tax return is due. Failure to timely file the appropriate forms with the U.S. Department of the Treasury and the IRS may result in substantial monetary penalties. By your signature below, you accept responsibility for informing us if you believe that you may have foreign reporting requirements and you agree to timely provide us with the information necessary to prepare the form(s). We assume no liability for penalties associated with the failure to file, or untimely filing of any of these forms.

Electronic Transmission

This Agreement may be transmitted in electronic format and shall not be denied legal effect solely because it was formed or transmitted, in whole or in part, by electronic record; however, this Agreement must then remain capable of being retained and accurately reproduced, from time to time, by electronic record by the parties to this Agreement and all other persons or entities required by law. An electronically transmitted signature to this Agreement will be deemed an acceptable original for purposes of consummating this Agreement and binding the party providing such electronic signature.

Documentation Retention Policy

At the conclusion of this engagement, we will return to you all original records you supplied to us and any other records we deem to be part of your accounting system. Your individual records are the primary records for your tax returns and comprise the backup and support for the results of this engagement. Our records and files, including our engagement documentations, whether kept on paper or electronic media, are our property and are not a substitute for your own records. Our firm policy calls for us to destroy our engagement files and all pertinent engagement documentation after a retention period of seven years (or longer, if required by law or regulation), after which time these items will no longer be available. We are under no obligation to notify you that our records relating to your returns are to be destroyed. We reserve the right to modify the retention period without notifying you. Catastrophic events or physical deterioration may result in our firm's records being unavailable before the expiration of the above retention period.

**The following questions pertain to the 2020 tax year.
For any question answered **Yes**, include supporting detail or documents.**

If you or your spouse were victims of identity theft, please provide your **2020** identity protection (IP PIN) provided by the IRS.

Taxpayer IP PIN _____ Spouse IP PIN _____

Y N

Personal Information:

- Are you married or are you in a domestic partnership, civil union, or other state-defined relationship?
- If Yes, do you and your spouse want to file separate returns?
- Can you or your spouse be claimed as a dependent by another taxpayer?
- Did you or your spouse serve in the military or were you or your spouse on active duty the year?

Dependents:

- Were there any changes in dependents from the prior year?
Note: Include non-child dependents for whom you provided more than half the support.
- Did you or your spouse pay for childcare while you or your spouse worked?
- Do you have any children under age 18 with unearned income more than \$1,100?
- Do you have children age 18, or student children ages 19-23, who did not provide more than half of their cost of support with earned income and unearned income of more than \$1,100?
- Did you adopt a child or begin adoption proceedings?
- Are any of your dependents non-U.S. citizens or non-U.S. residents?

Healthcare:

- Did you obtain healthcare coverage through the Washington State Marketplace?
If Yes, include all **Forms 1095-A**.
- Did you or your spouse have any transactions pertaining to a health savings account (HSA) or medical savings account (MSA)? If you received a distribution include all **Forms 1099-SA**.
- Did you or your spouse receive any distributions from long-term care insurance contracts? If yes, include **Form 1099-LTC**.

Education:

- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? Include **1098-T**.
- Did you or your spouse pay any student loan interest? If yes, please provide tax **Form 1098-E**.
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)? If Yes, include **Forms 1099-Q**.

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to charity?
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- If you made cash donations to charity and are not itemizing deductions, please enter amount contributed \$ _____.
- Did you or your spouse incur any casualty or theft losses or losses attributable to federally declared disaster?
- Did you or your spouse make any large purchases, such as motor vehicles and boats? Provide copy of invoice.
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric vehicle?
- Did you or your spouse install residential energy equipment such as solar or fuel cell property?
- Did you or your spouse install any energy efficiency improvement or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?

Investments:

- Did you or your spouse have any debts canceled, forgiven or refinanced?
- Did you or your spouse sell an existing or start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?
- Did you or your spouse sell, exchange, or purchase any real estate? If Yes, include **copies of Settlement Statements**.
- Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?
- Did you or your spouse engage in any put or call transactions? If Yes, provide the transaction details.
- Did you or your spouse sell any securities not reported on Form 1099-B?

Y N

Retirement:

- Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?
- Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?
- Did you/spouse turn age 72 and have money in an IRA or other retirement account without taking any distribution?

Personal Residence:

- Did your address change? If Yes, provide the new address _____
- Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?
- Are your total mortgages on your first and/or second residence greater than \$750,000.
If Yes, provide all Mortgage tax **Forms 1098**.
- Did you or your mortgagee receive mortgage assistance payments? If Yes, include all **Forms 1098-MA**.

Sale of Home:

- Did you sell your home? If Yes, include **Form 1099-S** and the settlement statement.
- Did you or your spouse own and occupy this home as your principal residence for at least two years of the five-year period prior to the sale?
- Did you or your spouse ever rent out the property or use any portion of the home for business purposes?
- Have you or your spouse sold a principal residence within the last two years?

Gifts:

- Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total value in excess of \$15,000 to any individual?
- Did you or your spouse make any gifts to a trust for any amount?
- Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?
- Did you or your spouse forgive any indebtedness to any individual, trust or entity?

Foreign Matters:

- Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?
- Were you or your spouse a grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?
- Did you or your spouse create or transfer money or property to a foreign trust?
- Did you or your spouse own any foreign financial assets?
- Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?
- Did you or your spouse own more than 10% in any foreign partnership or corporation?

Miscellaneous:

- Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,200 during the year for domestic services performed in or around your home to individuals who could be considered household employees?
- Did you or your spouse engage in any bartering transactions?
- Were you or your spouse notified by the IRS or other taxing authority of changes in prior year returns? **Provide copy of notice.**
- For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors or trustees die or move?
- Did you or your spouse sell or exchange Bitcoin or other cryptocurrencies or engage in any sales or exchanges denominated in Bitcoin or other cryptocurrencies?
- Did you or your spouse receive an economic impart payment? If yes, amount received \$_____.
Did you have to repay any portion of this payment? If yes, amount repaid \$_____.



Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Are you a U.S. citizen or Green Card holder? Yes No

Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

| TS | State | City | Code | PIN |
|----|-------|------|------|-----|
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Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2



Dependents and Wages

Dependent Information:

| | First Name and Initial | Last Name | Social Security Number | Date of Birth (Mo/Da/Yr) | Date of Death (Mo/Da/Yr) | Relationship to Taxpayer |
|---|------------------------|-----------|------------------------|--------------------------|--------------------------|--------------------------|
| A | | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |
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| H | | | | | | |

Did dependent have income over \$4,300?



| | Months Lived in Your Home | X if Disabled | Yes or No | Identity Protection PIN |
|---|---------------------------|---------------|-----------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
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Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

| TS | Employer's Name | Taxable Wages | Tax Withheld | | | | |
|----|-----------------|---------------|--------------|-------------|----------|-------|-------|
| | | | Federal | FICA/TIER 1 | Medicare | State | Local |
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Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return

Do not electronically file the state return(s)

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

| | | | |
|---|--|--------------------------|--------------------------|
| Would you like to use a randomly generated PIN? | | Yes | No |
| Taxpayer | | <input type="checkbox"/> | <input type="checkbox"/> |
| Spouse | | <input type="checkbox"/> | <input type="checkbox"/> |

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2019, your account information may already be included below.

| | | | | |
|---|--------------------------|--------------------------|------------|-----------|
| Would you like any refunds owed to you directly deposited? | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | | | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | | | | |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | | | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | | | | |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. | | | | |
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? | <input type="checkbox"/> | <input type="checkbox"/> | | |

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

| | | | | |
|---|--------------------------|--------------------------|------------|-----------|
| Would you like any refunds owed to you directly deposited? | <input type="checkbox"/> | <input type="checkbox"/> | Yes | No |
| Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | | | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | | | | |
| Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If Yes, what amount would you like withdrawn, if not the entire balance due? _____ | | | | |
| If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr) | | | | |
| The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments. | | | | |
| Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available? | <input type="checkbox"/> | <input type="checkbox"/> | | |

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2020

Interest Income

5A

Interest Information:

Include copies of all Forms 1099-INT or other documents for interest received

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

| TSJ | Name of Payer | Interest Income | U.S. Bonds and Obligations | Code | Tax-Exempt Interest | 2019 Interest Amount |
|--------------|---------------|-----------------|----------------------------|------|---------------------|----------------------|
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| Total | | | | | | |

Seller-Financed Mortgage Interest Information:

| Name of Individual from Whom Mortgage Interest Was Received | Identification Number of Individual | 2020 Interest Amount | 2019 Interest Amount |
|---|-------------------------------------|----------------------|----------------------|
| | | | |

| Address of Individual from Whom Mortgage Interest Was Received |
|--|
| |

Enter Any Additional Information:

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Note: List all items sold during the year on Form 7.



Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

| TSJ | Name of Payer | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|--------------|---------------|---------------------------------------|----------------------------------|--|--|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
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| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |
| Total | | | | | |

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

| Code | Tax-Exempt Interest | 2019 Gross Dividends Amount |
|--------------|------------------------|-----------------------------------|
| A | | |
| B | | |
| C | | |
| D | | |
| E | | |
| F | | |
| G | | |
| H | | |
| I | | |
| J | | |
| K | | |
| L | | |
| M | | |
| N | | |
| Total | | |

Enter Any Additional Information:

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Note: List all items sold during the year on Form 7.



2020

Brokerage Statement Details

5EA

| | TSJ | Payer Name | Account No. | Information Included (X or ✓) |
|---|-----|------------|-------------|-------------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |
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| O | | | | |
| P | | | | |
| Q | | | | |
| R | | | | |
| S | | | | |
| T | | | | |

| | Interest Income | U.S. Bonds and Obligations | Code | Tax-Exempt Interest | Box 1a Total Ordinary Dividends | Box 1b Qualified Dividends | Box 2a Total Capital Gain Distribution | U.S. Bond Interest Amount or Percent in Box 1a |
|---|-----------------|----------------------------|------|---------------------|---------------------------------|----------------------------|--|--|
| A | | | | | | | | |
| B | | | | | | | | |
| C | | | | | | | | |
| D | | | | | | | | |
| E | | | | | | | | |
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Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



2020

Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state, ZIP or postal code, and country _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2020:

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you dispose of this business? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what was the disposition date? _____ (Mo/Da/Yr) | | |
| Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you involved in the operations of this business on a regular, continuous and substantial basis? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you prepared or will you prepare all required Forms 1099? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

| 2020 Amount | 2019 Amount |
|-------------|-------------|
| | |

Health insurance premiums paid for yourself and your dependents _____

Income:

Include all Forms 1099-K

Payment card and third party transactions:

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

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Other Income:

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Other gross receipts or sales _____
 Less returns and allowances _____

Cost of Goods Sold:

| 2020 Amount | 2019 Amount |
|-------------|-------------|
| | |
| | |
| | |
| | |

Beginning inventory _____
 Purchases less cost of items withdrawn for personal use _____
 Cost of labor (do not include amounts paid to yourself) _____
 Materials and supplies _____
 Other costs of goods sold: _____

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Ending inventory _____



2020

Business Expenses and Property & Equipment

6A

Name of Business: _____

Principal Business or Profession: _____

Expenses:

- Advertising
- Car and truck expenses
- Parking fees and tolls
- Commissions and fees
- Contract labor
- Employee benefit programs and health insurance (other than pension and profit-sharing plans)
- Insurance (other than health)
- Interest - mortgage (paid to banks, etc.)
- Interest - other
- Legal and professional fees
- Office expense
- Pension and profit-sharing plans
- Rent or lease - vehicles, machinery and equipment
- Rent or lease - other business property
- Repairs and maintenance
- Supplies (not included in Cost of Goods Sold)
- Taxes and licenses
- Travel
- Meals
- Entertainment (deductible only on some state returns)
- Utilities
- Wages
- Dependent care benefits

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
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Other Expenses:

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
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Property and Equipment: Include a list if more space is needed

| X if not new | Acquisitions - Description | Date Acquired (Mo/Da/Yr) | Cost |
|--------------|----------------------------|--------------------------|------|
| | | | |
| | | | |
| | | | |

| Dispositions - Description | Date Acquired (Mo/Da/Yr) | Cost | Date Sold (Mo/Da/Yr) | Selling Price |
|----------------------------|--------------------------|------|----------------------|---------------|
| | | | | |
| | | | | |
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Business Expenses - Vehicle and Other Listed Property

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2020:

| | | |
|---|--------------------------|--------------------------|
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have evidence to support the business use percentage claimed on listed property? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | | |
|--|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

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

Was your vehicle available for use during off-duty hours?

| Vehicle 1 | |
|--|-------------|
| Description of vehicle | |
| Date placed in service (Mo/Da/Yr) | |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was your vehicle available for use during off-duty hours? | |
| 2020 Miles | 2019 Miles |
| | |
| | |
| | |
| 2020 Amount | 2019 Amount |
| | |
| | |
| | |
| | |
| | |

| Vehicle 2 | |
|--|-------------|
| Description of vehicle | |
| Date placed in service (Mo/Da/Yr) | |
| Do you (or your spouse) have another vehicle available for your personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was your vehicle available for use during off-duty hours? | |
| 2020 Miles | 2019 Miles |
| | |
| | |
| | |
| 2020 Amount | 2019 Amount |
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Mileage:

Total miles

Total business miles

Total commuting miles for the year ..

Actual Expenses:

Gasoline, oil, repairs, insurance, etc . .

Interest

Taxes

Fair market value of leased vehicle ..

Vehicle rentals/leases



Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

| | Yes | No |
|--|--------------------------|--------------------------|
| Mutual fund transactions | <input type="checkbox"/> | <input type="checkbox"/> |
| Exchange of any securities or investments for something other than cash | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of inherited property | <input type="checkbox"/> | <input type="checkbox"/> |
| Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale | <input type="checkbox"/> | <input type="checkbox"/> |
| Commodity sales, short sales or straddles | <input type="checkbox"/> | <input type="checkbox"/> |
| Reinvestment of the proceeds of gains in a qualified opportunity fund | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any investments in qualified opportunity funds | <input type="checkbox"/> | <input type="checkbox"/> |
| Debts that became uncollectible | <input type="checkbox"/> | <input type="checkbox"/> |
| Securities that became worthless | <input type="checkbox"/> | <input type="checkbox"/> |
| Sale of any property where you will receive payments in future years | <input type="checkbox"/> | <input type="checkbox"/> |

| TSJ | Kind of Property and Description | Quantity | Date Acquired (Mo/Da/Yr) | Date Sold (Mo/Da/Yr) |
|-----|----------------------------------|----------|--------------------------|----------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

| | Gross Sales Price (Less Commissions) | Cost or Other Basis | Federal Tax Withheld | State Tax Withheld |
|---|--------------------------------------|---------------------|----------------------|--------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | | | | |
| F | | | | |
| G | | | | |
| H | | | | |

Installment Sales: Do not include interest received in principal amount

| TSJ | Property Description | Date Sold (Mo/Da/Yr) | 2020 Principal Received | 2019 Principal Received |
|-----|----------------------|----------------------|-------------------------|-------------------------|
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Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA): Include all copies of Forms 1099-R and 5498.

TS

IRA Questions for 2020:

- Are you covered by an employer's retirement plan?
- If no, is your spouse covered by an employer's retirement plan?
- Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?
- If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?
- Did you use any IRA as security for a loan this year?
- Did you have any transactions with any IRA during the year?
- If Yes, explain. _____

| Yes | No |
|-----|----|
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IRA Values, Rollovers, and Distributions:

- Total value of all traditional IRAs on December 31, 2020
- Note: This information or Form 5498 is required if you received a distribution during the year.
- Outstanding rollovers on December 31, 2020
- Total distributions converted to Roth IRAs
- Total retirement plans converted to Roth IRAs

Contributions:

- IRA:
- Contributions in 2020 for the 2020 tax return
- Contributions in 2021 for the 2020 tax return
- Amount for 2020 you choose to be treated as nondeductible
- Roth IRA:
- Contributions made for the 2020 tax year

Distributions: Include all Forms 1099-R and any nontaxable distribution details

| Name of Payer | 2020 Gross Distributions | Taxable Amount | Federal Tax Withheld | State Tax Withheld | Is this a Rollover? | 2019 Gross Distributions |
|---------------|--------------------------|----------------|----------------------|--------------------|---------------------|--------------------------|
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Rental and Royalty Income

Location of Property: _____

TSJ

Type of property

Have you prepared or will you prepare all required Forms 1099? Yes No

Ownership percentage if not 100%

How many days was this property rented at fair market value?

How many days was this property used personally (including use by family members)?

| 2020 | 2019 |
|------|------|
| | |
| | |
| | |

Income:

Rents received

Royalties received

| 2020 Amount | 2019 Amount |
|-------------|-------------|
| | |
| | |

Payment card and third party transactions: Include all Forms 1099-K

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
| | | |
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Miscellaneous income: Include all Forms 1099-MISC

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
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Other income:

| Description | 2020 Amount | 2019 Amount |
|-------------|-------------|-------------|
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2020

Rental and Royalty Expenses

10A

Location of Property: _____

Expenses:

- Advertising
- Auto and travel
- Cleaning and maintenance
- Commissions
- Insurance
- Legal and other professional fees
- Management fees
- Mortgage interest paid to banks, etc.
- Mortgage interest paid to individuals
- Other interest
- Repairs
- Supplies
- Taxes
- Utilities
- Dependent care benefits
- Employee benefits
- Other Expenses:

| 2020 Amount | 2019 Amount |
|-------------|-------------|
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| Description | 2020 Amount | 2019 Amount |
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2020

Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID Number | Health Insurance Paid by Entity |
|-----|-------------|--------------------|---------------------------------|
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S Corporation Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID Number | Health Insurance Paid by Entity |
|-----|-------------|--------------------|---------------------------------|
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Estate and Trust Income: Include all Schedules K-1

| TSJ | Entity Name | Employer ID Number |
|-----|-------------|--------------------|
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Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

| TSJ | Entity Name | Employer ID Number |
|-----|-------------|--------------------|
| | | |
| | | |



Miscellaneous Income, Adjustments and Alimony

Include Forms: W-2G, 1099-MISC, 1099-NEC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC, and 1099-G

Miscellaneous Income and Adjustments:

| | TSJ _____ | | TSJ _____ | |
|--|-------------|-------------|-------------|-------------|
| | 2020 Amount | 2019 Amount | 2020 Amount | 2019 Amount |
| Unemployment compensation received | | | | |
| Unemployment compensation repaid in 2020 | | | | |
| Social security benefits received | | | | |
| Social security benefits repaid in 2020 | | | | |
| Medicare premiums withheld | | | | |
| Tier 1 railroad retirement benefits received | | | | |
| Tier 1 railroad retirement benefits repaid in 2020 | | | | |
| Total lump sum social security received | | | | |
| Lump sum taxable social security | | | | |
| Other federal withholding | | | | |
| Other state withholding | | | | |

State and Local Income Tax Refunds:

| TSJ | State | City | Tax Year | Income Tax Refund | |
|-----|-------|------|----------|-------------------|-------|
| | | | | State | Local |
| | | | | | |
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Other Income:

| TSJ | Nature and Source | 2020 Amount | 2019 Amount |
|-----|-------------------|-------------|-------------|
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| | | | |

Alimony Paid or Received:

| TSJ | Recipient's Name | Recipient's Social Security Number | Date of Original Divorce or Separation (Mo/Da/Yr) | Date Divorce or Separation Agreement Modified (Mo/Da/Yr) | Alimony Received? | 2020 Amount | 2019 Amount |
|-----|------------------|------------------------------------|---|--|-------------------|-------------|-------------|
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Miscellaneous Adjustments

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

| TS | 2020 Amount | 2019 Amount |
|----|-------------|-------------|
| | | |
| | | |

Health Savings Accounts (HSAs)

| TS | Description | 2020 Amount | 2019 Amount |
|----|--|-------------|-------------|
| | Contributions made for 2020 | | |
| | Distributions received from all HSAs in 2020 | | |

What type of coverage applies to your high deductible health plan? Self only Family

Were any HSA contributions listed above also shown on your Form W-2?

Were all distributions from your HSA for unreimbursed medical expenses?

Did you or your spouse enroll in Medicare?

If Yes, what month did you enroll?

What month did your spouse enroll?

| Yes | No |
|-----|----|
| | |
| | |
| | |

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

| TSJ | Nature and Source | 2020 Amount | 2019 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
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| | | | |



Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

Prescription medicines and drugs

Total medical insurance premiums paid *

Long-term care expenses

Total insurance reimbursement

Number of miles traveled for medical care

Lodging

Doctors, dentists, etc.

Hospitals

Lab fees

Eyeglasses and contacts

| TSJ | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|
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| 2020 Amount | 2019 Amount |
|-------------|-------------|
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Taxpayer long-term care insurance premiums paid

Spouse long-term care insurance premiums paid

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

| TSJ | Description | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|-------------|
| | | | |
| | | | |
| | | | |

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes)

General sales taxes paid on specified items

| TSJ | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|
| | | |
| | | |

Itemize real estate taxes by state.

| TSJ | Real Estate Taxes | 2020 Amount | 2019 Amount |
|-----|-------------------|-------------|-------------|
| | | | |
| | | | |
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Other Taxes Paid:

| TSJ | Description | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|-------------|
| | | | |
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If you purchased or sold your home in 2020, did you include any taxes from your closing statement in the amounts above? Yes No



Mortgage Questions for 2020:

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you refinance your home? (If Yes, enclose the closing statement.) | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, how many years is your new mortgage loan? _____ | | |
| Did you purchase a new home or sell your former home during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enclose the closing statements from the purchase and sale of your new and former homes. | | |
| If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home? | <input type="checkbox"/> | <input type="checkbox"/> |

Home Mortgage Interest Paid To Financial Institutions:

| TSJ | Paid To | Did You Receive Form 1098? | | 2020 Amount | 2019 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
| | | | | | |

Other Home Mortgage Interest Paid:

| TSJ | Paid To | | ID Number | 2020 Amount | 2019 Amount |
|-----|---------|---------|-----------|-------------|-------------|
| | Name | Address | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Deductible Points:

| TSJ | Paid To | Did You Receive Form 1098? | | 2020 Amount | 2019 Amount |
|-----|---------|----------------------------|----|-------------|-------------|
| | | Yes | No | | |
| | | | | | |
| | | | | | |
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Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

| TSJ | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|
| | | |
| | | |
| | | |

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

| TSJ | Paid To | 2020 Amount | 2019 Amount |
|-----|---------|-------------|-------------|
| | | | |
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Itemized Deductions - Contributions

Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

| TSJ | Organization or Description of Contribution | 2020 Amount | 2019 Amount |
|-----|---|-------------|-------------|
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| TSJ | Conservation Real Property | 2020 Amount | 2019 Amount |
|-----|----------------------------|-------------|-------------|
| | 100% limit | | |
| | 50% limit | | |

| TSJ | Description | 2020 Miles | 2019 Miles |
|-----|---|------------|------------|
| | Number of miles traveled performing volunteer work for qualified charitable organizations | | |

Noncash Contributions Totaling \$500 or Less: Include all documentation.

| TSJ | Description of Donated Property | 2020 Amount | 2019 Amount |
|-----|---------------------------------|-------------|-------------|
| | | | |
| | | | |

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

| TSJ | Property Description | Date Acquired | Date of Donation | Cost or Basis |
|-----|----------------------|---------------|------------------|---------------|
| A | | | | |
| B | | | | |
| C | | | | |

| Fair Market Value (FMV) | Method Used to Determine FMV | Other Method Description | Method of Acquisition |
|-------------------------|------------------------------|--------------------------|-----------------------|
| | | | |
| | | | |
| | | | |

- 1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value
 2 - Catalog 4 - Other (Describe)

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

| | Donee Organization Name | Donee Organization Address |
|---|-------------------------|----------------------------|
| A | | |
| B | | |
| C | | |



Itemized Deductions - Miscellaneous

* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscellaneous Itemized Deductions:

- Union and professional dues *
- Tax preparation fee *
- Professional subscriptions *
- Hobby expense (To extent of income) *
- Safe deposit box *
- Uniforms and protective clothing *
- Work tools *
- Gambling losses
- Estate taxes

| TSJ | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|
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Other Itemized Deductions:

Examples:

- Certain legal and accounting fees *
- Employment agency fees *
- Impairment-related work expense of a disabled person
- Investment expenses *
- Certain educational expenses *
- Repayment of amounts under a claim of right
- Custodial fees *
- Amortizable bond premium

| TSJ | Description | 2020 Amount | 2019 Amount |
|-----|-------------|-------------|-------------|
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Casualty or Theft Loss:

TSJ _____
 Property description _____

Which of the following describes the type of property that sustained the casualty or theft loss?

- Personal use
 Business use
 Income producing
 Employee Use
 Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? Yes No

Date acquired (Mo/Da/Yr) _____

Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis

Fair market value before casualty

Fair market value after casualty

Cost of replacement

Insurance reimbursement



Federal Tax Payments

Refund Application:

If you have an overpayment of 2020 taxes, do you want the excess:

Refunded Yes No
 Applied to your 2021 estimated tax liability Yes No

Federal Estimated Tax Payments:

2020 1st Quarter Estimate (Due 07-15-2020)
 2020 2nd Quarter Estimate (Due 07-15-2020)
 2020 3rd Quarter Estimate (Due 09-15-2020)
 2020 4th Quarter Estimate (Due 01-15-2021)

| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
|------------|--------------------------------------|-------------|
| | | |
| | | |
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| | | |

2019 overpayment applied to 2020 estimate

Tax Planning Information for Tax Year 2021:

Do you expect any of the following to occur in 2021?

| | Yes | No |
|---|--------------------------|--------------------------|
| A change in your marital status | <input type="checkbox"/> | <input type="checkbox"/> |
| A change in the number of your dependents | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your income | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in your withholding | <input type="checkbox"/> | <input type="checkbox"/> |
| A substantial change in deductions | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered Yes to any of the above questions, provide details.

| |
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2020

State and City Tax Payments

20A

State and City Estimated Tax Payments:

| TSJ _____ State/City _____ | | |
|-------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2020 1st Quarter Estimate
 2020 2nd Quarter Estimate
 2020 3rd Quarter Estimate
 2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you
 want the excess applied to your 2021 estimated tax liability? Yes No

2019 overpayment applied to 2020 estimate
 Balance of prior year(s)' tax paid in 2020 plus
 amount paid with 2019 extensions
 Estimated tax payments for 2019 paid in 2020

State and City Estimated Tax Payments:

| TSJ _____ State/City _____ | | |
|-------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
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2020 1st Quarter Estimate
 2020 2nd Quarter Estimate
 2020 3rd Quarter Estimate
 2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you
 want the excess applied to your 2021 estimated tax liability? Yes No

2019 overpayment applied to 2020 estimate
 Balance of prior year(s)' tax paid in 2020 plus
 amount paid with 2019 extensions
 Estimated tax payments for 2019 paid in 2020

State and City Estimated Tax Payments:

| TSJ _____ State/City _____ | | |
|-------------------------------|--|-------------|
| Amount Due | Date Paid if Not Date Due (Mo/Da/Yr) | Amount Paid |
| | | |
| | | |
| | | |
| | | |

2020 1st Quarter Estimate
 2020 2nd Quarter Estimate
 2020 3rd Quarter Estimate
 2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you
 want the excess applied to your 2021 estimated tax liability? Yes No

2019 overpayment applied to 2020 estimate
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 Estimated tax payments for 2019 paid in 2020

HERSMAN SERLES ALMOND, LLC PRIVACY POLICY

Hersman Serles Almond, LLC, like all providers of personal financial services, are required by law to inform their clients of their policies regarding privacy of client information. CPA's have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

Types of nonpublic personal information we collect:

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

Parties to whom we disclose information:

Hersman Serles Almond, LLC does not disclose any nonpublic personal information about our clients or former clients to anyone, except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

Protecting the confidentiality and security of current and former clients' information:

Hersman Serles Almond, LLC retains records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic and procedural safeguards that comply with our professional standards.

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Please call if you have any questions, because your privacy, our professional ethics and the ability to provide you with quality financial services are very important to us.