

2019 CLIENT ORGANIZER - CHECKLIST

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

Personal Tax Information

- | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did your mailing address, email address or phone number change from last year?
If so, please indicate in the organizer. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your <u>marital status</u> change during the year? If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or a dependent receive an <u>Identity Protection</u> PIN (IP PIN) from the IRS or have you been a victim of identity theft? If so, enclose the IRS letter. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive other correspondence from the State or the Internal Revenue Service?
If yes, please enclose a copy. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay federal or state <u>estimated income taxes</u> for the 2019 tax year?
If so, please provide the amount and dates that you made the payments in the organizer. | <input type="checkbox"/> | <input type="checkbox"/> |
| Would you like your refund to be <u>directly deposited</u> into your account this year?
If so, please include a voided check or write the account and routing numbers in the organizer. If you provided this information to us in a prior year, update if there were changes. | <input type="checkbox"/> | <input type="checkbox"/> |

Income

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did you have any debts canceled or forgiven this year, such as home mortgage or student loans? If yes, please enclose any form 1099-C that you received. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you <u>inherit</u> an IRA during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you convert a Traditional IRA to a Roth during the year? If yes, enclose 1099-R. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any <u>distributions</u> from a retirement plan such as an IRA or 401k? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you <u>receive</u> alimony? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you dispose of any stock during the year? Please enclose detail from your broker. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you receive any awards, prizes, hobby income, gambling or lottery winnings?
If yes, please explain _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have any transactions involving virtual currencies (Bitcoin, etc)? | <input type="checkbox"/> | <input type="checkbox"/> |

Dependents and Education

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Were there any changes in dependents from the prior year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Full-time students over age 23 and others over age 18 generally cannot be claimed unless they lived with you and earned less than \$4,200. | | |
| Do you have documentation to substantiate that your dependent lived with you during the year, such as correspondence from their doctor's office or school? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have dependents who must file a tax return (earned \$2,200 investment income or \$12,200 from employment)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay for <u>child care</u> while you worked or looked for work? If yes, please provide the name, address & tax ID of the provider and the amount that was paid per child. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any <u>tuition</u> or other post-secondary educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, enclose form 1098-T. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any <u>student loan interest</u> this year? If so, include Form 1098-E. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any contributions to or withdrawals from an education savings or <u>529 Plan</u> account? If so, please provide year-end statements. | <input type="checkbox"/> | <input type="checkbox"/> |

Itemized Deductions

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Did you pay <u>personal property tax</u> on your vehicle? Fill in the amount in the organizer. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay out-of-pocket <u>medical expenses</u> in excess of 10% of your total income? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any noncash charitable contributions (clothes, furniture, etc.)?
If you gave >\$500 worth please provide a summary including donee, value and date of each donation. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received and receipts for real estate taxes paid. | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you donate a vehicle or boat during the year?
(If yes, enclose Form 1098-C or other written acknowledgement from donee organization.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you make any major purchases during the year (cars, boats, etc.)?
If yes, the sales tax on the item may be tax deductible, please include the invoice. | <input type="checkbox"/> | <input type="checkbox"/> |

Health Care Information

	Yes	No
Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did your <u>spouse</u> enroll in Marketplace coverage? (even if you file separately from your spouse we need to make note of this on your tax return)	<input type="checkbox"/>	<input type="checkbox"/>
Did you make contributions to or receive distributions from a Health savings account (HSA)? If so, please provide form 5498-SA and/or form 1099-SA.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for long-term care premiums? If so, let us know how much each paid.	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

Did you already make any <u>contributions to an IRA</u> account for the 2019 tax year? If yes, please indicate the type of IRA and the amount contributed.	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to make additional contributions to an IRA account for the 2019? If so, Let us know so that we can advise an amount to pay in before the April 15 due date.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make gifts of more than \$15,000 to any individual during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you <u>pay</u> any alimony during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you purchase a qualified plug-in electric vehicle or qualified fuel cell vehicle?	<input type="checkbox"/>	<input type="checkbox"/>

Home Owners (Not Applicable _____)

Did you sell, exchange, or purchase any real estate during the year? If yes, please enclose the settlement statement.	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year? If so, please describe:	<input type="checkbox"/>	<input type="checkbox"/>

Business and Rental Property Owners (Not Applicable _____)

Did you start a new business or purchase rental property during the year? If so, please provide a description.	<input type="checkbox"/>	<input type="checkbox"/>
Is your business registered with your county or city?	<input type="checkbox"/>	<input type="checkbox"/>
Did you acquire a new or additional interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes? If so, indicate in the organizer how many square feet were used exclusively for business, and total sq. ft.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have records supporting use of your car on the job?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide the # of miles used for business (besides commuting), and total miles driven during the year.		
If you were self-employed, did you pay for health insurance premiums for yourself and your family? If yes, provide the amount paid during the year.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay anyone \$600 or more for any services for your business?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you or will you send them a form 1099-MISC?	<input type="checkbox"/>	<input type="checkbox"/>
If you need help with this, please contact us.		

Foreign Accounts and Income from Foreign Sources (Not Applicable _____)

Did you work outside the country during the year? If so, please indicate the dates and locations.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign trust, business or rental activity? If so, let us know ASAP so that we can let you know what information will be needed.	<input type="checkbox"/>	<input type="checkbox"/>

2020 Projections

Do you expect a large fluctuation in income, deductions, or withholding next year? If so, please explain below or within the organizer, and if possible, provide your most recent 2020 paystubs.	<input type="checkbox"/>	<input type="checkbox"/>
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Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____ [1]
 Mark if you were married but living apart all year _____ [2]
 Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____ [3]

	Taxpayer	Spouse
Social security number	_____ [4]	_____ [5]
First name	_____ [6]	_____ [7]
Last name	_____ [8]	_____ [9]
Occupation	_____ [10]	_____ [11]
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____ [12]	_____ [14]
Mark if dependent of another taxpayer	_____ [15]	_____ [16]
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____ [17]	
Mark if legally blind	_____ [20]	_____ [21]
Date of birth	_____ [22]	_____ [24]
Date of death	_____ [26]	_____ [27]
Work/daytime telephone number/ext number	_____ [28] _____ [29]	_____ [30] _____ [31]
Home/evening telephone number	_____ [32]	_____ [33]
Do you authorize us to discuss your return with the IRS? (Y, N)	_____ [34]	

Present Mailing Address

Address _____ [38]
 Apartment number _____ [39]
 City, state postal code, zip code _____ [40] _____ [41] _____ [42]
 Foreign country name _____ [44]
 Foreign phone number _____ [47]
 In care of addressee _____ [48]

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name ^{49]}	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____ [50]
 Social security number of qualifying person _____ [51]

Dependent Codes

<p>*Basic</p> <p>1 = Child who lived with you</p> <p>2 = Child who did not live with you due to divorce/separation</p> <p>3 = Other dependent</p> <p>4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC)</p> <p>5 = Qualifying child for Earned Income Credit only</p> <p>6 = Children who lived with you, but do not qualify for Earned Income Credit</p> <p>7 = Children who lived with you, but do not qualify for Child Tax Credit</p> <p>8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit</p> <p>***Months</p> <p>77 = Reported on odd year return</p> <p>88 = Reported on even year return</p> <p>99 = Not reported on return</p>	<p>**Other</p> <p>1 = Student (Age 19 - 23)</p> <p>2 = Disabled dependent</p> <p>3 = Dependent who is both a student and disabled</p>
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Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse) [8]

Taxpayer email address [9]

Spouse email address [10]

Taxpayer

Spouse

Fax telephone number [11] [19]

Mobile telephone number [12] [20]

Mobile telephone #2 number [13] [21]

Pager number [14] [22]

Other: [15] [23]

Telephone number [16] [24]

Extension [17] [25]

Preferred method of contact: [18] [26]

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2 [18] [26]

NOTES/QUESTIONS:

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

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. __[1]

Primary account:

Financial institution routing transit number _____ [3]
 Name of financial institution _____ [4]
 Your account number _____ [5]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [6]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [7]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [8]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #1:

Financial institution routing transit number _____ [25]
 Name of financial institution _____ [26]
 Your account number _____ [27]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [28]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [29]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [30]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Secondary account #2:

Financial institution routing transit number _____ [31]
 Name of financial institution _____ [32]
 Your account number _____ [33]
 Type of account (1 = Savings, 2 = Checking, 3 = IRA*) __ [34]
 Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) __ [35]
 Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) __ [36]
 Enter the maximum dollar amount, or percentage of total refund Dollar _____ [15] or Percent (xxx.xx) _____ [16]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [17] or Percent (xxx.xx) _____ [18]
 Owner's name (First Last) _____ [38] _____ [39]
 Co-owner or beneficiary (First Last) _____ [40] _____ [41]
 Mark if the name listed above is a beneficiary __ [42]

Bond information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [21] or Percent (xxx.xx) _____ [22]
 Owner's name (First Last) _____ [43] _____ [44]
 Co-owner or beneficiary (First Last) _____ [45] _____ [46]
 Mark if the name listed above is a beneficiary __ [47]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing _____[1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension) _____[2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account _____[9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN) _____[7]

Spouse self-selected Personal Identification Number (PIN) _____[8]

NOTES/QUESTIONS:

Taxpayer -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [1]
Identification number _____ [2]
Issue date _____ [3]
Expiration date (mm/dd/yyyy) _____ [4]
Location of issuance (State issued only) _____ [5]
Document number (New York only) _____ [6]

Spouse -

Form of identification (1 = Driver's license, 2 = State issued identification card, 3 = No applicable identification, 4 = Identification not provided) _____ [9]
Identification number _____ [10]
Issue date _____ [11]
Expiration date (mm/dd/yyyy) _____ [12]
Location of issuance (State issued only) _____ [13]
Document number (New York only) _____ [14]

NOTES/QUESTIONS:

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

Refunded _____ [52]

Applied to 2020 estimated tax liability _____ [53]

Do you expect a considerable change in your 2020 income? (Y, N) _____ [54]

If yes, please explain any differences: _____ [55]

_____ [56]

_____ [57]

_____ [58]

Do you expect a considerable change in your deductions for 2020? (Y, N) _____ [59]

If yes, please explain any differences: _____ [60]

_____ [61]

_____ [62]

_____ [63]

Do you expect a considerable change in the amount of your 2020 withholding? (Y, N) _____ [64]

If yes, please explain any differences: _____ [65]

_____ [66]

_____ [67]

_____ [68]

Do you expect a change in the number of dependents claimed for 2020? (Y, N) _____ [69]

If yes, please explain any differences: _____ [70]

_____ [71]

_____ [72]

_____ [73]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes _____ [74]

2019 Federal Estimated Tax Payments

2018 overpayment applied to 2019 estimates + _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields. _____ [5]

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	_____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	6/17/19	_____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/16/19	_____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/15/20	_____ [12]	+ _____ [13]	_____	_____
Additional payment		_____ [14]	+ _____ [15]	_____	_____

***Method of 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:

Taxpayer/Spouse/Joint (T, S, J) _____ [1]

State postal code _____ [2]

Amount paid with 2018 return + _____ [3]

2018 overpayment applied to '19 estimates + _____ [4]

Treat calculated amounts as paid _____ [8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment _____ [9]	+ _____ [10]	
2nd quarter payment _____ [11]	+ _____ [12]	
3rd quarter payment _____ [13]	+ _____ [14]	
4th quarter payment _____ [15]	+ _____ [16]	
Additional payment _____ [17]	+ _____ [18]	

2019 City Estimated Tax Payments

City #1		City #2	
City name _____ [28]		City name _____ [50]	
Amount paid with 2018 return + _____ [31]		Amount paid with 2018 return + _____ [53]	
2018 overpayment applied to '19 estimates- _____ [32]		2018 overpayment applied to '19 estimates- _____ [54]	
Treat calculated amounts as paid _____ [36]		Treat calculated amounts as paid _____ [58]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [37]	+ _____ [38]	1st quarter payment _____ [59]	+ _____ [60]
2nd quarter payment _____ [39]	+ _____ [40]	2nd quarter payment _____ [61]	+ _____ [62]
3rd quarter payment _____ [41]	+ _____ [42]	3rd quarter payment _____ [63]	+ _____ [64]
4th quarter payment _____ [43]	+ _____ [44]	4th quarter payment _____ [65]	+ _____ [66]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3		City #4	
City name _____ [72]		City name _____ [94]	
Amount paid with 2018 return + _____ [75]		Amount paid with 2018 return + _____ [97]	
2018 overpayment applied to '19 estimates- _____ [76]		2018 overpayment applied to '19 estimates- _____ [98]	
Treat calculated amounts as paid _____ [80]		Treat calculated amounts as paid _____ [102]	

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment _____ [81]	+ _____ [82]	1st quarter payment _____ [103]	+ _____ [104]
2nd quarter payment _____ [83]	+ _____ [84]	2nd quarter payment _____ [105]	+ _____ [106]
3rd quarter payment _____ [85]	+ _____ [86]	3rd quarter payment _____ [107]	+ _____ [108]
4th quarter payment _____ [87]	+ _____ [88]	4th quarter payment _____ [109]	+ _____ [110]

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Interest Income

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

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

T/S/J	Type Code (**See codes below)	Interest Income ^[1]	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
	1	Payer						
		Amounts	+					
	2	Payer						
		Amounts	+					
	3	Payer						
		Amounts	+					
	4	Payer						
		Amounts	+					
	5	Payer						
		Amounts	+					
	6	Payer						
		Amounts	+					
	7	Payer						
		Amounts	+					
	8	Payer						
		Amounts	+					
	9	Payer						
		Amounts	+					
	10	Payer						
		Amounts	+					

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

Dividend Income

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

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

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

**Dividend Codes	
Blank = Other	3 = Nominee

	2019 Information	Prior Year Information
State and local income tax refunds	+ _____ [5]	

	T/S	Agreement Date		2019 Information	Prior Year Information
Alimony received	—	_____	+	_____ [3]	
	—	_____	+	_____ [3]	

	Taxpayer		Spouse	
Unemployment compensation	+ _____ [9]	+	_____ [10]	
Unemployment compensation federal withholding	+ _____ [9]	+	_____ [10]	
Unemployment compensation state withholding	+ _____ [9]	+	_____ [10]	
Unemployment compensation repaid	+ _____ [12]	+	_____ [13]	
Alaska Permanent Fund dividends	+ _____ [18]	+	_____ [19]	

	T/S/J	Self-Employment Income ? (Y, N)		2019 Information	Prior Year Information	
			Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships	+ _____ [15]		
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____
—	—	—	_____	+		_____

NOTES/QUESTIONS:

Social Security, Tier 1 Railroad Benefits

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

Taxpayer/Spouse (T, S) _____ [1]

State postal code _____ [2]

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)	+ _____ [8]	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Voluntary Federal Income Tax Withheld (Box 6)	+ _____ [10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____ [12]	
Prescription drug (Part D) premiums	+ _____ [14]	

Tier 1 Railroad Benefits

	2019 Information	Prior Year Information
If you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Portion of Tier 1 Paid in 2019 (Box 5)	+ _____ [22]	
Federal Income Tax Withheld (Box 10)	+ _____ [25]	
Medicare Premium Total (Box 11)	+ _____ [27]	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2019 or receive any prior year benefits in 2019. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

- _____ [40]
- _____ [41]
- _____ [42]
- _____ [43]
- _____ [44]

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	__ [1]	__ [2]
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)	__ [3]	__ [4]
Enter the total traditional IRA contributions made for use in 2019	+ _____ [5]	+ _____ [6]
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2019	+ _____ [11]	+ _____ [12]
Enter the nondeductible contribution amount made in 2020 for use in 2019	+ _____ [13]	+ _____ [14]
Traditional IRA basis	+ _____ [15]	+ _____ [16]
Value of all your traditional IRA's on December 31, 2019:		
_____	+ _____ [17]	+ _____ [18]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

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	__ [27]	__ [28]
Enter the total Roth IRA contributions made for use in 2019	+ _____ [29]	+ _____ [30]
Enter the amount a 2019 Roth IRA conversion should be adjusted by	+ _____ [37]	+ _____ [38]
Enter the total contribution Roth IRA basis on December 31, 2018	+ _____ [41]	+ _____ [42]
Enter the total Roth IRA contribution recharacterizations for 2019	+ _____ [43]	+ _____ [44]
Enter the Roth conversion IRA basis on December 31, 2018	+ _____ [45]	+ _____ [46]
Value of all your Roth IRA's on December 31, 2019:		
_____	+ _____ [47]	+ _____ [48]
_____	+	_____
_____	+	_____
_____	+	_____
_____	+	_____

NOTES/QUESTIONS:

Preparer use only

	2019 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____ [2]	
Employer identification number	_____ [3]	
Business name	_____ [5]	
Principal business/profession	_____ [6]	
Business code	_____ [12]	_____
Business address, if different from home address on Organizer Form ID: 1040		
Address	_____ [15]	
City/State/Zip	_____ [16] _____ [17] _____ [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_____ [19]	_____
If other:	_____ [21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_____ [22]	_____
If other enter explanation:	_____ [24]	

Enter an explanation if there was a change in determining your inventory:	_____ [25]	

Did you "materially participate" in this business? (Y, N)	_____ [26]	_____
If not, number of hours you did significantly participate	_____ [28]	_____
Mark if you began or acquired this business in 2019	_____ [30]	
Did you make any payments in 2019 that require you to file Form(s) 1099? (Y, N)	_____ [31]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____ [33]	_____
Mark if this business is considered related to qualified services as a minister or religious worker	_____ [35]	_____
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	_____ [37]	_____
Medical insurance premiums paid by this activity	+ _____ [40]	_____
Long-term care premiums paid by this activity	+ _____ [44]	_____
Amount of wages received as a statutory employee	+ _____ [47]	_____

Business Income

	2019 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [52]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Returns and allowances	+ _____ [55]	_____
Other income:		
_____	+ _____ [57]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____

Cost of Goods Sold

	2019 Information	Prior Year Information
Beginning inventory	+ _____ [59]	_____
Purchases	+ _____ [61]	_____
Labor:		
_____	+ _____ [63]	_____
_____	+ _____	_____
Materials	+ _____ [65]	_____
Other costs:		
_____	+ _____ [67]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Ending inventory	+ _____ [69]	_____

Control Totals +

Preparer use only

	2019 Information	Prior Year Information
Description _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) __[3]	State postal code _____	
Physical address: Street _____	[6]	
City, state, zip code _____ [7] ____ [8]	[9]	
Foreign country _____	[11]	
Foreign province/county _____	[12]	
Foreign postal code _____	[13]	
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) [14]		
Description of other type (Type code #8) _____	[15]	
Did you make any payments in 2019 that require you to file Form(s) 1099? (Y,N) _____	[16]	_____
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____	[18]	_____
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____	[20]	
Percentage of ownership if not 100% _____	[22]	
Business use percentage, if not 100% (Not vacation home percentage) _____	[24]	

Rent and Royalty Income

Rents and royalties	2019 Information	Prior Year Information
_____ + _____	[34]	_____
_____		_____

Rent and Royalty Expenses

	2019 Information	Percent if not 100%	Prior Year Information
Advertising + _____	[36]	_____ [37]	_____
Auto + _____	[39]	_____ [40]	_____
Travel + _____	[42]	_____ [43]	_____
Cleaning and maintenance + _____	[45]	_____ [46]	_____
Commissions: _____ + _____	[48]	_____ [50]	_____
_____ + _____			_____
Insurance: _____ + _____	[51]	_____ [53]	_____
_____ + _____			_____
Legal and professional fees + _____	[55]	_____ [56]	_____
Management fees: _____ + _____	[58]	_____ [60]	_____
_____ + _____			_____
Mortgage interest paid to banks, etc (Form 1098) _____ + _____	[61]	_____ [63]	_____
_____ + _____			_____
Other mortgage interest + _____	[64]	_____ [66]	_____
Qualified mortgage insurance premiums + _____	[67]	_____ [68]	_____
Other interest: _____ + _____	[70]	_____ [72]	_____
_____ + _____			_____
Repairs + _____	[73]	_____ [74]	_____
Supplies + _____	[76]	_____ [77]	_____
Taxes: _____ + _____	[79]	_____ [81]	_____
_____ + _____			_____
Utilities + _____	[82]	_____ [83]	_____
Depreciation + _____	[85]	_____ [86]	_____
Depletion + _____	[88]	_____ [89]	_____
Other expenses: _____ + _____	[91]	_____	_____
_____ + _____			_____
_____ + _____			_____
_____ + _____			_____
_____ + _____			_____

Control Totals +

Preparer use only
Description _____

Refinancing Points

Preparer - Enter on Screen Rent

	2019 Information	Prior Year Information	
Refinancing points paid -			
Recipient's/Lender's name _____	[93]		
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2019 _____	—		
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			
Refinancing points paid -			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2019 _____	—		
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			
Refinancing points paid -			
Recipient's/Lender's name _____			
Date of refinance _____			
Total # Payments _____			
Reported on 1098 in 2019 _____	—		
Total points paid _____			
Points deemed as paid in current year (Preparer use only) _____			

Vacation Home Information

	2019 Information	Prior Year Information
Number of days home was used personally _____	[6]	
Number of days home was rented _____	[8]	
Number of day home owned, if not 365 _____	[10]	
Carryover of disallowed operating expenses into 2019 + _____	[22]	
Carryover of disallowed depreciation expenses into 2019 + _____	[23]	

Passive and Other Information

Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Operating	+ [41]	+ [42]	+ [43]
Short-term capital		+ [44]	+ [45]
Long-term capital		+ [46]	+ [47]
28% rate capital		+ [48]	+ [49]
Section 1231 loss	+ [50]	+ [51]	+ [52]
Ordinary business gain/loss +	[53]	+ [54]	+ [55]
Section 179	+ [56]	+ [57]	+ [58]

Please provide copies of Schedules K-1 showing income from partnerships and S-corporations.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

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

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

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

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [6]
 Name of entity _____ [13]
 State postal code _____ [14]
 Type of entity (1 = Partnership, 2 = S Corporation, 3 = Foreign partnership, 4 = Publicly traded partnership) _____ [17]

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

Please provide all copies of Schedules K-1 showing income from estates and trusts.

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1T-3	Operating	[27]	[28]	[29]
	Short-term capital		[30]	[31]
	Long-term capital		[32]	[33]
	28% rate capital		[34]	[35]
	Section 1231 loss	[36]	[37]	[38]
	Ordinary business gain/loss	[39]	[40]	[41]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1T-3	Operating	[27]	[28]	[29]
	Short-term capital		[30]	[31]
	Long-term capital		[32]	[33]
	28% rate capital		[34]	[35]
	Section 1231 loss	[36]	[37]	[38]
	Ordinary business gain/loss	[39]	[40]	[41]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1T-3	Operating	[27]	[28]	[29]
	Short-term capital		[30]	[31]
	Long-term capital		[32]	[33]
	28% rate capital		[34]	[35]
	Section 1231 loss	[36]	[37]	[38]
	Ordinary business gain/loss	[39]	[40]	[41]

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Name of activity _____ [4]
 State postal code _____ [5]

	Preparer use only Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1T-3	Operating	[27]	[28]	[29]
	Short-term capital		[30]	[31]
	Long-term capital		[32]	[33]
	28% rate capital		[34]	[35]
	Section 1231 loss	[36]	[37]	[38]
	Ordinary business gain/loss	[39]	[40]	[41]

Description _____ [1]
 Taxpayer/Spouse/Joint (T, S, J) _____ [5]
 State postal code _____ [6]
 Mark if electing to pay tax on entire gain (No exclusion will be calculated and entire gain will be reported on Schedule D) _____ [7]
 Date former residence was acquired _____ [9]
 Date former residence was sold _____ [10]
 Selling price of former residence + _____ [11]
 Expenses related to the sale of your old home + _____ [12]
 Original cost of home sold including capital improvements + _____ [13]

Exclusion Information

Mark if meet use and ownership test without exceptions (2 years use within 5-year period preceding sale date) _____ [19]

	Taxpayer	Spouse
Reduced exclusion days: (Enter only days within 5-year period ending on sale date)		
Number of days each person used property as main home	_____ [21]	_____ [22]
Number of days each person owned property used as main home	_____ [23]	_____ [24]
Number of days between date of sale of the other home and date of sale of this home	_____ [25]	_____ [26]

Form 6252 - Current Year Installment Sale

Mortgage and other debts the buyer assumed + _____ [28]
 Total current year payments received + _____ [29]

Form 6252 - Related Party Installment Sale Information

Related party name _____ [30]
 Address _____ [31]
 City, State and Zip _____ [32] [33] _____ [34]
 Identifying number of related party _____ [35]
 Was the property sold as a marketable security? (Y, N) _____ [36]
 Enter date of second sale if more than 2 years after the first sale _____ [37]
 Indicate special conditions if applicable (1 = Sale/exchange, 2 = Involuntary conv, 3 = Death of seller, 4 = No tax avoidance) _____ [38]
 Selling price of property sold by a related party + _____ [40]

NOTES/QUESTIONS:

Alimony Paid:

T/S	Date*	2019 Information	Prior Year Information
		+ [4]	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		
		+	
	Recipient name and SSN		
	Address		
	City, state and zip code		

* Date of divorce/separation agreement

	2019 Information		Prior Year Information
	Taxpayer	Spouse	
Educator expenses:	+ [6]	+ [7]	
	+	+	
Other adjustments:	+ [9]	+ [10]	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	
	+	+	

NOTES/QUESTIONS:

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

TS	Qualified loan interest recipient/lender	2019 Interest Paid	Prior Year Information
—	_____	+ _____ [1]	<div style="border: 1px solid black; background-color: #e0e0e0; padding: 5px;"> _____ _____ _____ </div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

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) _____ [8]
 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 _____ [8]
 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)	+ _____ [8]	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____ [1]
 Payer name _____ [3]
 State postal code _____ [4]
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____ [6]
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____ [7]
 Final distribution _____ [8]

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____ [11]
 First name _____ [12]
 Last name _____ [13]

	2019 Information	Prior Year Information
Amount contributed in current year	+ _____ [14]	_____ _____ _____
Basis of this account at 12/31/18	+ _____ [17]	
Value of this account at 12/31/19	+ _____ [19]	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____ [24]	

Payments from Qualified Education Programs

	2019 Information	Prior Year Information
Gross distribution (Box 1)	+ _____ [30]	_____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	+ _____ [32]	
Basis (Box 3)	+ _____ [34]	
Trustee-to-trustee rollover (Box 4)	_____ [36]	
Trustee-to-trustee rollover amount if different than Box 1	+ _____ [37]	
Box 5 -		
Private QTP	_____ [39]	
State QTP	_____ [40]	
Coverdell ESA	_____ [41]	
Check if the recipient is not the designated beneficiary (Box 6)	_____ [42]	
Qualified education expenses	+ _____ [43]	
Elementary and secondary education expenses	+ _____ [45]	

NOTES/QUESTIONS:

Interest Expenses

T/S/J	2019 Interest Paid ^{2]}	2019 Points Paid	Type*	2019 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] _____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	
_____	+	+	+	+	

***Mortgage Types**

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2019 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4] _____	_____	_____	+	[5] _____
Address		_____		
City, state and zip code		_____		
_____	_____	_____	+	_____
Address		_____		
City, state and zip code		_____		

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name _____ [7]
 Street Address _____
 City/State/Zip code _____

Refinancing Points paid in 2019 -

Taxpayer/Spouse/Joint (T, S, J) _____ [11]
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2019 **(Preparer use only)** + _____ [12]
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2019 _____

Taxpayer/Spouse/Joint (T, S, J) _____
 Recipient/Lender name _____
 Total points paid at time of refinance _____
 Points deemed as paid in 2019 **(Preparer use only)** + _____
 Date of refinance _____
 Term of new loan (in months) _____
 Reported on Form 1098 in 2019 _____

T/S/J 2019 Information

Investment interest expense, other than on Schedule(s) K-1:					
[15] _____	+	_____	+	_____	[16] _____
_____	+	_____	+	_____	_____
_____	+	_____	+	_____	_____
_____	+	_____	+	_____	_____
_____	+	_____	+	_____	_____
_____	+	_____	+	_____	_____
_____	+	_____	+	_____	_____
_____	+	_____	+	_____	_____

Charitable Contributions

T/S/J

2019 Information

Prior Year Information

Contributions made by cash or check (including out-of-pocket expenses)

Any contribution of cash, a check or other monetary gift requires a written record of the contribution in order to claim the 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.

[2]	_____	+ _____	[3]	
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
[5]	Volunteer miles driven		[6]	
	Noncash items, such as: Goodwill/Salvation Army/clothing/household goods			
[8]	_____	+ _____	[9]	
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		

**Mark if qualifying disaster relief contribution made in 2018 for relief efforts in the California wildfire disaster area

Miscellaneous Deductions

T/S/J

2019 Information

Prior Year Information

Other expenses, not subject to the 2% AGI limit:

[12]	_____	+ _____	[13]	
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		
[15]	Gambling losses: (Enter only if you have gambling income)	+ _____	[16]	
—	_____	+ _____		
—	_____	+ _____		
—	_____	+ _____		

NOTES/QUESTIONS:

Complete this section if either of the following applies:

- You have home acquisition/improvement debt over \$750,000 for loans taken out in 2018 or later
- You have home acquisition/improvement debt over \$1,000,000 for loans taken out in 2017 or earlier

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home

	2019 Information	Prior Year Information
Description of loan/property _____	[2]	
Taxpayer/Spouse/Joint (T, S, J) _____	[3]	
Loan origination date _____	[4]	
If refinanced debt, date of initial loan _____	[5]	
Fair market value of home + _____	[6]	
Number of months loan was outstanding in 2019, if not 12 _____	[8]	
Number of months home was a qualifying home _____	[10]	
(If different from number of months loan was outstanding)		
Principal paid in 2019 + _____	[12]	
Interest paid during 2019 + _____	[14]	
Points reported on Form 1098 for 2019 + _____	[16]	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____	[19]	
Recipient SSN or EIN _____	[20]	
Recipient address _____	[21]	
Recipient city, state, zip code _____ [22] _____ [23] _____	[24]	
Grandfather debt as of 12/31/18 (or first day mortgage was outstanding) + _____	[25]	
Grandfather debt as of 12/31/19 (or last day mortgage was outstanding) + _____	[27]	
Home acquisition/improvement debt as of 12/31/18 (or first day mortgage was outstanding) _____	[29]	
Home acquisition/improvement debt as of 12/31/19 (or last day mortgage was outstanding) _____	[31]	
Home equity debt as of 12/31/18*** (or first day mortgage was outstanding) + _____	[33]	
Home equity debt as of 12/31/19*** (or last day mortgage was outstanding) + _____	[35]	
*** ONLY portion of loan proceeds used to buy, build, or improve qualified residence		
Average balance in 2019 of grandfather debt + _____	[38]	
Average balance in 2019 of home acquisition/improvement debt + _____	[40]	
Average balance for 2019 all types of debt + _____	[42]	

NOTES/QUESTIONS:

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) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

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) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

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) _____ [1]
 Donated property description _____ [4]
 Name of donee organization _____ [5]
 Address of donee organization _____ [6]
 City _____ [7]
 State postal code _____ [8]
 Zip code _____ [9]
 Date contributed _____ [10]
 Date acquired by donor _____ [11]
 How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____ [12]
 Donor's cost or basis _____ + _____ [13]
 Fair market value _____ + _____ [14]
 Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____ [15]
 If other: _____ [16]

Control Totals +

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

	2019 Information	Prior Year Information
Total area of home	_____ [14]	_____
Area used exclusively for business	_____ [16]	_____
Information for day-care facilities only:		
Total hours used for day-care during this year	_____ [18]	_____
Total hours used this year, if less than 8760	_____ [20]	_____
Special computation for certain day-care facilities:		
Area used regularly and exclusively for day-care business	_____ [22]	_____
Area used partly for day-care business	_____ [24]	_____

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:	+ _____ [29]	+ _____ [31]	_____
Mortgage insurance premiums	+ _____ [34]	+ _____ [35]	_____
Real estate taxes:	+ _____ [37]	+ _____ [39]	_____
Excess mortgage interest	+ _____ [42]	+ _____ [43]	_____
Insurance	+ _____ [48]	+ _____ [50]	_____
Rent	+ _____ [54]	+ _____ [55]	_____
Repairs & maintenance	+ _____ [57]	+ _____ [58]	_____
Utilities	+ _____ [60]	+ _____ [61]	_____
Other expenses, such as: Supplies & Security system	+ _____ [63]	+ _____ [64]	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
_____	+ _____	+ _____	_____
Excess casualty losses		+ _____ [66]	_____
Carryovers:			
Operating expenses		+ _____ [67]	_____
Casualty losses		+ _____ [68]	_____
Depreciation		+ _____ [70]	_____
Business expenses not from business use of home, such as:			
Travel, Supplies, Business telephone expenses		+ _____ [71]	_____
Depreciation		+ _____ [75]	_____

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession _____ [3]

Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	___ [60]	<input type="checkbox"/>	___ [62]	<input type="checkbox"/>	___ [64]	<input type="checkbox"/>	___ [66]	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	___ [68]	<input type="checkbox"/>	___ [70]	<input type="checkbox"/>	___ [72]	<input type="checkbox"/>	___ [74]	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	___ [76]	<input type="checkbox"/>	___ [78]	<input type="checkbox"/>	___ [80]	<input type="checkbox"/>	___ [82]	<input type="checkbox"/>
Is this evidence written? (Y, N)	___ [84]	<input type="checkbox"/>	___ [86]	<input type="checkbox"/>	___ [88]	<input type="checkbox"/>	___ [90]	<input type="checkbox"/>

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	_____ [32]	<input type="checkbox"/>	_____ [34]	<input type="checkbox"/>	_____ [36]	<input type="checkbox"/>	_____ [38]	<input type="checkbox"/>
Commuting miles	_____ [42]	<input type="checkbox"/>	_____ [44]	<input type="checkbox"/>	_____ [46]	<input type="checkbox"/>	_____ [48]	<input type="checkbox"/>
Business miles	_____ [52]	<input type="checkbox"/>	_____ [54]	<input type="checkbox"/>	_____ [56]	<input type="checkbox"/>	_____ [58]	<input type="checkbox"/>
Parking fees	+ _____ [92]	<input type="checkbox"/>	+ _____ [94]	<input type="checkbox"/>	+ _____ [96]	<input type="checkbox"/>	+ _____ [98]	<input type="checkbox"/>
Tolls	+ _____ [100]	<input type="checkbox"/>	+ _____ [102]	<input type="checkbox"/>	+ _____ [104]	<input type="checkbox"/>	+ _____ [106]	<input type="checkbox"/>
Gasoline	+ _____ [108]	<input type="checkbox"/>	+ _____ [110]	<input type="checkbox"/>	+ _____ [112]	<input type="checkbox"/>	+ _____ [114]	<input type="checkbox"/>
Oil	+ _____ [116]	<input type="checkbox"/>	+ _____ [118]	<input type="checkbox"/>	+ _____ [120]	<input type="checkbox"/>	+ _____ [122]	<input type="checkbox"/>
Repairs	+ _____ [124]	<input type="checkbox"/>	+ _____ [126]	<input type="checkbox"/>	+ _____ [128]	<input type="checkbox"/>	+ _____ [130]	<input type="checkbox"/>
Maintenance	+ _____ [132]	<input type="checkbox"/>	+ _____ [134]	<input type="checkbox"/>	+ _____ [136]	<input type="checkbox"/>	+ _____ [138]	<input type="checkbox"/>
Tires	+ _____ [140]	<input type="checkbox"/>	+ _____ [142]	<input type="checkbox"/>	+ _____ [144]	<input type="checkbox"/>	+ _____ [146]	<input type="checkbox"/>
Car washes	+ _____ [148]	<input type="checkbox"/>	+ _____ [150]	<input type="checkbox"/>	+ _____ [152]	<input type="checkbox"/>	+ _____ [154]	<input type="checkbox"/>
Insurance	+ _____ [156]	<input type="checkbox"/>	+ _____ [158]	<input type="checkbox"/>	+ _____ [160]	<input type="checkbox"/>	+ _____ [162]	<input type="checkbox"/>
Interest	+ _____ [164]	<input type="checkbox"/>	+ _____ [166]	<input type="checkbox"/>	+ _____ [168]	<input type="checkbox"/>	+ _____ [170]	<input type="checkbox"/>
Registration	+ _____ [172]	<input type="checkbox"/>	+ _____ [174]	<input type="checkbox"/>	+ _____ [176]	<input type="checkbox"/>	+ _____ [178]	<input type="checkbox"/>
Licenses	+ _____ [180]	<input type="checkbox"/>	+ _____ [182]	<input type="checkbox"/>	+ _____ [184]	<input type="checkbox"/>	+ _____ [186]	<input type="checkbox"/>
Property taxes	+ _____ [188]	<input type="checkbox"/>	+ _____ [190]	<input type="checkbox"/>	+ _____ [192]	<input type="checkbox"/>	+ _____ [194]	<input type="checkbox"/>
Other vehicle expenses	+ _____ [196]	<input type="checkbox"/>	+ _____ [198]	<input type="checkbox"/>	+ _____ [200]	<input type="checkbox"/>	+ _____ [202]	<input type="checkbox"/>
Vehicle rentals	+ _____ [204]	<input type="checkbox"/>	+ _____ [206]	<input type="checkbox"/>	+ _____ [208]	<input type="checkbox"/>	+ _____ [210]	<input type="checkbox"/>
Inclusion amt (Preparer only)	+ _____ [212]	<input type="checkbox"/>	+ _____ [214]	<input type="checkbox"/>	+ _____ [216]	<input type="checkbox"/>	+ _____ [218]	<input type="checkbox"/>
Depreciation	+ _____ [220]	<input type="checkbox"/>	+ _____ [222]	<input type="checkbox"/>	+ _____ [224]	<input type="checkbox"/>	+ _____ [226]	<input type="checkbox"/>

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2019 Monthly Premium Amount	Prior Year Information	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2019 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____ [1]
 Marketplace identifier (Box 1) _____ [6]
 Marketplace-assigned policy number (Box 2) _____ [7]
 Policy issuer's name (Box 3) _____ [2]

Part III Household Information -

	A. 2019 Monthly Premium Amount	Prior Year Information	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2019 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____ [12]	_____	+ _____ [25]	+ _____ [38]	_____
February	+ _____ [13]	_____	+ _____ [26]	+ _____ [39]	_____
March	+ _____ [14]	_____	+ _____ [27]	+ _____ [40]	_____
April	+ _____ [15]	_____	+ _____ [28]	+ _____ [41]	_____
May	+ _____ [16]	_____	+ _____ [29]	+ _____ [42]	_____
June	+ _____ [17]	_____	+ _____ [30]	+ _____ [43]	_____
July	+ _____ [18]	_____	+ _____ [31]	+ _____ [44]	_____
August	+ _____ [19]	_____	+ _____ [32]	+ _____ [45]	_____
September	+ _____ [20]	_____	+ _____ [33]	+ _____ [46]	_____
October	+ _____ [21]	_____	+ _____ [34]	+ _____ [47]	_____
November	+ _____ [22]	_____	+ _____ [35]	+ _____ [48]	_____
December	+ _____ [23]	_____	+ _____ [36]	+ _____ [49]	_____
Annual total	+ _____ [24]	_____	+ _____ [37]	+ _____ [50]	_____

Control Totals+

NOTES/QUESTIONS:

You are required to repay the First-Time Homebuyer credit if you claimed the credit in 2008. If the credit was claimed in 2009, 2010, or 2011, you do not have to repay the credit.

Principal residence address, if different from home address on Organizer Form ID: 1040

Address _____ [1]

City/State/Zip code _____ [2] ____ [3] _____ [4]

Date home acquired (After 4/8/08 and before 5/1/10) (For service members after 12/31/08 and before 5/1/11) _____ [5]

Purchase price of the home _____ [6]

Date the home was sold or ceased being used as principal residence _____ [13]

If you sold your home, enter the selling price _____ [14]

If you sold your home, enter the expense of sale _____ [15]

Were you and your spouse married on the purchase date? (Y, N) _____ [18]

If your home was transferred to your ex-spouse due to a divorce settlement,
enter his or her full name _____ [19]

If you own the principal residence with another person enter their name and allocation percentage

Other owner name _____ [22]

Allocation percentage _____

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.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2018 employer-provided dependent care benefits used during 2019 grace period	+ _____ [3]	+ _____ [4]
Employer-provided dependent care benefits that were forfeited in 2019	+ _____ [5]	+ _____ [6]
Total qualified expenses incurred in 2019		_____ [9]
Were you or your spouse a full time student or disabled? (Yes or No)	_____ [10]	_____ [11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____ [12]

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 + _____ [7]

Foreign province or state of provider _____

Foreign country and Foreign postal code of provider _____

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 _____

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 _____

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 _____

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 _____

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)	__	[1]
Were the costs incurred made to your main home located in the United States? (Y, N)	__	[2]
Were the costs incurred related to the construction of your main home located in the United States? (Y, N)	__	[3]
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+ _____	[5]
Enter the total amount of costs for exterior windows	+ _____	[7]
Enter the total amount of costs for exterior doors	+ _____	[9]
Enter the total amount of costs for qualified metal roofs	+ _____	[11]
Enter the total amount of costs for energy-efficient building property	+ _____	[6]
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+ _____	[8]
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+ _____	[10]
Enter the total amount of costs for qualified solar electric property	+ _____	[12]
Enter the total amount of costs for qualified solar water heating property	+ _____	[14]
Enter the total amount of costs for qualified small wind energy property	+ _____	[16]
Enter the total amount of costs for qualified geothermal heat pump property	+ _____	[13]
Enter the total amount of costs for qualified fuel cell property	+ _____	[15]
Enter the total amount of kilowatt capacity of the qualified fuel cell property	_____	[17]

NOTES/QUESTIONS:

Virginia General Information

Virginia city or county of residence on January 1, 2020; last lived in or business location _____ [1]
 Mark to indicate name has changed from last year (Resident and nonresident only) _____ [2]
 Mark to indicate filing status has changed from last year (Resident only) _____ [3]
 Mark to indicate address has changed from last year (Resident and nonresident only) _____ [4]
 Mark to indicate that a Virginia return was not filed last year (Resident only) _____ [5]

Use Tax

Consumer's Use Tax _____ [6]

Contributions

Amount of charitable contributions you wish to make to:

If you contributed to a public school foundation, provide the supporting information to your accountant

Virginia Nongame and Endangered Wildlife Program	[7]	Spay and Neuter Fund	[14]
Virginia Housing Program	[8]	Virginia Cancer Centers	[15]
Department for Aging and Rehabilitative Services	[9]	Federation of Food Banks	[16]
Virginia Arts Foundation	[10]	Chesapeake Bay Restoration Fund	[17]
Open Space Recreation and Conservation	[11]	Family and Children's Trust Fund (FACT)	[18]
Children of America Finding Hope	[12]	Virginia's State Forests Fund	[19]
Virginia Federation of Humane Societies	[13]	Virginia Military Family Relief Fund	[20]

Part-year Resident Information

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

	Spouse	Taxpayer
Part-year residency dates:		
From	_____ [21]	_____ [23]
To	_____ [22]	_____ [24]

Nonresident Information

State of residence (Nonresidents only) _____ [25]

NOTES/QUESTIONS:

