



2020 Tax Organizer

Note:

This is a blank organizer. You may write N/A on any pages that do not apply. For areas where you received official tax documents you may simply put a reference name and write, "See Tax Doc" in lieu of filling in numbers. Do not be overly concerned if it is challenging for you this year as we will meet and fill in anything that is missing.

Future organizers are much easier as they are customized to you, include fewer pages, and contain comparative information from the prior year returns.

You may download our full blank organizer with forms covering specialized areas at <http://www.tlongcpa.com/tax-forms> - click on "Download the Tax Organizer Form (pdf)"

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IF WE RECEIVE ALL OF YOUR INFORMATION:

By February 10: \$40 Discount!

By February 25: \$30 Discount!

By March 24: Ensures completion of returns or estimate of tax liability by April 15

Between March 25 and March 31: 10% additional rush rates apply

Between April 1 and April 7: 20% additional rush rates apply

Between April 8 and April 15: 40% additional rush rates apply

Check box if applicable: I missed the March 24 cutoff, but I don't want you to bill rush rates and complete my returns or provide estimates by April 15. Please file an extension for me, but I understand I will be subject to interest and penalties if I owe tax.

BONUS: post a Yelp review for an additional \$25 discount!



Dear Client,

We need you to indicate your 2020 tax return and source document preferences below.

In light of the in-person limitations and precautions due to COVID-19, and at the same time becoming more environmentally aware, we are encouraging you to consider secure electronic signature and receipt of your personal tax returns using DocuSign. If you would like, we can also scan your original source documents to include with the DocuSign and even shred your original hard copies.

We have found that *although many people like the idea of retaining their hard copies*, in practice, they rarely use the hard copies again. Then, *when actually needed, such as for a lender or a school, they always need an electronic copy.*

1) Personal Tax Return Preference (Choose one):

- DocuSign - I will download my returns (\$15 INCENTIVE BONUS CREDIT)
 Paper returns - I will pick them up
 Paper returns - Mail them to me (\$15 charge)

2) Scanning of Source Documents Preference (Choose one):

- Do not scan a copy of my source documents for me
 Scan my original source documents for me and: (Choose one)
 Include with my DocuSign tax returns (must have chosen DocuSign above)
 Send via separate Secure email (\$10 charge)

3) Disposition of Source Documents (Choose one):

- Securely shred my source documents after scanning
 I will pick up my original source documents*
 Mail my original source documents to me (\$10 charge)

According to the document retention policy in our engagement letter, we retain electronic documents for seven years beyond our last engagement with you.

*If original source documents are not picked up by the later of October 15, 2021 or 30 days from notification that the returns were completed, they will be scanned and securely shredded.

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2020	1040	US	Client Information	1
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Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2020 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)	2
	1=married filing separate and lived with spouse	
	Year spouse died, if qualifying widow(er) (2018 or 2019)	
Taxpayer	First name and initial
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Spouse	First name and initial	
	Last name	
	Title/suffix	
	Social security number	
	Occupation	
	Date of birth (m/d/y)	
	Date of death (m/d/y)	
	1=blind	
Address	In care of	
	Street address	
	Apartment number	
	City	
	State	CA
	ZIP code	
Foreign Address	Region	
	Postal code	
	Country	

Filing Status

- 1 = Single
- 2 = Married filing joint
- 3 = Married filing separate
- 4 = Head of household
- 5 = Qualifying widow(er)

2020	1040	US	Dependents	2
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Please add, change or delete information for 2020.

DEPENDENTS

	Dependent	Dependent	
First name.....			<p>Type of Dependent</p> <p>1 = Child living w/taxpayer 2 = Child not living w/taxpayer 3 = Dependent other than child 4 = Head of household or qualifying widow(er) only, not a dependent 5 = Earned income credit only, not a dependent</p> <p>Earned Income Credit</p> <p>1 = When applicable (default) 2 = Student age 19 to 23 3 = Disabled 4 = Force 5 = Suppress</p> <p>NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the U.S. This proof is typically in the form of:</p> <ol style="list-style-type: none"> 1. School records or statement 2. Landlord or property management statement 3. Health care provider statement 4. Medical records 5. Child care provider records 6. Placement agency statement 7. Social service records or statement 8. Place of worship statement 9. Indian tribe office statement 10. Employer statement <p>NOTE: If your child is disabled, please provide one of the following forms of proof of disability:</p> <ol style="list-style-type: none"> 1. Doctor statement 2. Other health care provider statement 3. Social services agency or program statement
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
First name.....			
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			
First name.....			This section shares the notes from the first section
Last name.....			
Title/suffix.....			
Date of birth (m/d/y).....			
Date of death.....			
Date of adoption.....			
Social security number.....			
Relationship.....			
Months lived at home.....			
Type of dependent (see table).....			
Earned income credit (see table).....			
Claimed by: 1=taxpayer, 2=spouse.....			
IRS theft protection PIN.....			

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Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2020, please check the appropriate box and provide additional information if necessary.

PERSONAL INFORMATION

Yes

No

Did your marital status change during the year?

Did your address change during the year?

If California was not the state of residence for you (and your spouse, if applicable) for all of 2020, please indicate your state(s) of residence and the related dates of residence in each state.

Taxpayer: _____

Note: the "Taxpayer" is the first person listed on your tax returns.

Spouse: _____

Could you be claimed as a dependent on another person's tax return for 2020?

DEPENDENTS

Were there any changes in dependents?

Were any of your unmarried children who might be claimed as dependents 19 years of age or older at the end of 2020?

Did you have any children under age 19 or full-time students under age 24 at the end of 2020, with interest and dividend income in excess of \$1,100, or total investment income in excess of \$2,200?

HEALTH CARE COVERAGE

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

Do you have a Health Savings Account (HSA)? If yes, answer the following:

. Did your HSA earn any interest, dividend or capital gains income in 2020? If so, please provide copies of the related annual earnings reports.

. Did you take a distribution (use funds) this year? If yes, answer the following questions in addition to giving us the related Form 1099-SA.

2020	1040	US	Miscellaneous Questions
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. Did you use any distributions for nonqualified expenses?
 Yes No

. Did you include the expenses in the medical expense section of the organizer? They should not be included there since you already received a tax deduction when you contributed the funds to the HSA.

CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (CARES ACT)

Did you receive an economic stimulus payment during the 2020 calendar year? If so, how much? _____

Did your business receive any PPP loans in 2020? If so, please provide a copy of the loan documentation.

Do you have a business that received a PPP loan? If so, please consider the following:

. Did you back out the amount of the loan funds from your business expenses, or are the expenditures you made with PPP loan funds included as expenses in this organizer? **You cannot claim deductions** for any expenditures paid with PPP loan funds that were forgiven or if you expect to apply for loan forgiveness. If you filed your loan forgiveness application already and did not qualify for forgiveness on a portion of the funds, that non-forgiven portion that you have to pay back will still create deductible expenses.

. Congress is currently encouraging the IRS to reconsider its position on the deductibility of these expenses. Although there is a possibility that congressional action could reverse the IRS position, its likelihood remains uncertain. If you received a PPP loan, it may be wise to put your tax return on extension to allow additional time for congressional action in opposition to the IRS position. **Please see our Organizer Letter for more information.**

. Has your business received formal notification of forgiveness? If so, please provide a copy of the approved loan forgiveness application.

If you owned a business and had employees in 2020, but did not receive a PPP loan (or if you paid it back by 5/18/20), were there any calendar quarters in 2020 where your income dropped by more than 50% compared to the same quarter in 2019 Skip this question if you did not have a business with employees.

Did you receive a distribution from your retirement plan because of COVID-19?

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Miscellaneous Questions

Did you or your dependents receive a student emergency financial aid grant related to COVID-19 under the CARES Act?

Were you or your spouse self employed and had COVID-19 or were unable to work due to children staying home for school?

PURCHASES, SALES AND DEBT

Yes No

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

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

Did you buy or sell any stocks, bonds or other investment property in 2020? (Transactions in tax deferred retirement accounts can be ignored).

Did you buy, sell, receive, send or exchange any virtual currency (e.g. Bitcoin) or make any purchases with virtual currencies? If you did, please contact our office to discuss reporting procedures.

Did you purchase, sell, or refinance your principal home or second home?

Did you have a line of credit or home equity loan on your principal residence in 2020? The Tax Cuts and Jobs Act of 2017 REPEALED THE DEDUCTION for related mortgage interest to the extent the loan was not used to improve the property. You will need to provide to us the property address and dollar amounts used over the years (or % of loan balance) to improve the property or it will be considered nondeductible interest. Please contact our office with any questions.

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

Did you have any debts cancelled or forgiven?

Does anyone owe you money which has become uncollectible?

RETIREMENT PLANS

Did you transfer or rollover any amount from one retirement plan to another retirement plan?

Did you convert part or all of your traditional, SEP, or SIMPLE IRA to a Roth IRA in 2020?

2020	1040	US	Miscellaneous Questions
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Did you receive a distribution from a retirement plan?
(401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)

Did you make a contribution to a retirement plan?
(401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)

Yes No

Do you have a financial advisor? If so, who is it and in what town is he or she located? _____

The following questions assist with overall tax planning and possible Roth conversions - rough estimates are fine. Note - we do not provide specific investment advice:

What is your estimated value of funds held in PRE-TAX IRAs?
(i.e. traditional, SEP, or SIMPLE IRAs where you contributed received a tax deduction)? _____

What is your estimated value of funds held in other PRE-TAX retirement plans? (i.e. 401k or 403b plans where you contributed and received a tax deduction) _____

What is your estimated value of funds held in AFTER-TAX Roth style retirement plans such as Roth 401ks, Roth IRAs, etc. (when you contributed you did NOT receive a tax deduction)? _____

What is your estimated value of funds held outside of retirement accounts (taxable accounts) such as brokerage accounts, banks, etc? _____

What is your estimated fair market value of real estate you own? _____

Estimate of loans on real estate? _____

What is your estimated net worth (total assets minus liabilities)? _____

EDUCATION

Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program (529 Plan)? If so, please provide a summary of expenditures.

Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?

ITEMIZED DEDUCTIONS

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Miscellaneous Questions

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

FOREIGN RELATED

Yes No

- Did you have any foreign income or pay any foreign taxes?
- Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? (There are possible serious monetary or criminal penalties for failure to report.)
- Do you have a direct ownership interest in any foreign entity established in a foreign country - such as a foreign corporation, partnership, trust, estate, etc.? This does not include, for instance, stock in a foreign corporation if it is purchased through a U.S. based institution as the U.S. based institution would already have a reporting requirement to the U.S. government. It is mainly targeting those who own (in whole or in part) foreign businesses or are partners in foreign businesses, or acquire stock through a foreign based institution which the U.S. government would not know about otherwise. (There are possible serious monetary or criminal penalties for failure to report.)
- Did you receive any gifts or benefits exceeding \$100,000 from any foreign person, trust, or estate, or more than \$16,649 from any foreign corporation or partnership treated as a gift?
- Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

MISCELLANEOUS

- Do you want to allocate \$3 to the Presidential Election Campaign Fund?
- Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
- May the IRS discuss your tax return with your preparer?
- Was your home rented out or used for business?

2020	1040	US	Miscellaneous Questions
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Were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?

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

Did you engage the services of any household employees? (such as gardeners, maids, childcare providers, etc.) If you pay any one individual over \$2,100 in 2019 (\$2,200 in 2020) for regular services in your home, you are likely considered an employer and you are responsible for payroll taxes, withholdings, and insurance.

Yes No

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

Did you make any cash contributions to a qualified charitable organization? If so, please indicate the grand total here: _____ A deduction may be available to you this year, even if you normally take the standard deduction.

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

If self-employed, did you incur startup costs related to creating a new pension plan in 2020?

As a California resident, did you make any purchases online, through mail-order, or in another state and brought back to California without paying sales tax that normally would have been collected if bought from a California-based business? If so, you owe use tax instead, and can either report a dollar amount of untaxed transactions which we will use to calculate your unpaid sales tax, or use the California Use Tax Table to estimate your liability based on your California adjusted gross income (AGI) (roughly CA AGI x 0.00041). For example, a taxpayer with AGI between \$90K and \$100K has a use tax liability of \$20 based on the "2019" Lookup Table. Please CHECK THE BOX HERE if you would like us to use the Use Tax Table, OR you may write down your estimated UNTAXED TRANSACTIONS HERE \$ _____. Using the Use Tax Table is a safe-harbor, and the FTB will not audit you on use tax for that year. Note - if you elect to use the tables, individual items purchased over \$1,000 each must be provided to us so we can report them in addition to the tables.

LONG-TERM PLANNING

Note: We do not provide the following products, but we can help you understand their importance to your tax and financial well-being should you wish to discuss these items.

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Miscellaneous Questions

Do you have a will? How many years ago did you last have it reviewed? _____

Do you have a trust? How many years ago did you last have it reviewed? _____

Do you have a health care power of attorney?

If applicable, who is your estate planning attorney and in what town is he or she located? _____

Do you have life insurance? If yes, approximate coverage _____

Do you have long-term care insurance?

Do you have disability insurance besides State Disability Insurance (SDI)?

Please enter all pertinent 2020 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account		
1=electronic payment of balance due		
1=electronic payment of estimated tax		
1=direct deposit CA refund to one account, 2=split deposit between two accounts		
1=electronic payment of CA state tax balance due		
1=electronic payment of CA estimated tax		

BANK INFORMATION

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

2020 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2020 Voucher Amount
Overpayment applied from 2019				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	2020 Voucher Amount
Overpayment applied from 2019				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

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

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

7.1

Please enter all pertinent 2020 information.

APPLICATION OF 2020 OVERPAYMENT (7.1)

If you have an overpayment of 2020 taxes, do you want the excess refunded? or applied to 2021 estimate?

Other (please explain): _____

2021 ESTIMATED TAX INFORMATION

Do you expect your 2021 taxable income to be different from 2020? Yes No
If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2021 withholding to be different from 2020? Yes No
If "yes" explain any differences: _____

7.1

2020	1040	US/CA	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2020 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2019 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	SDI (Box 14)	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2		Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/20	2019 Distribution
		Distribution code #1				Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE	1=spouse						

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2019 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	

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

	2020 Amount	TS	2019 Amount
Total gambling losses			
Winnings not reported on Form W-2G			

10, 13.1, 13.2

2020	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2020 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)				
Medicare premiums paid (SSA-1099)				
1=treat Medicare premiums paid as SE health ins.				
Tier 1 RR retirement benefits (RRB-1099, box 5)				
1=lump-sum election for SS benefits				
Alimony received				
Taxable scholarships and fellowships				
Jury duty pay				
Household employee income not on W-2				
Excess minister's allowance				
Alaska permanent fund dividends				
Income from rental of personal property				
Income subject to S/E tax:				

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

TAX WITHHELD (not entered elsewhere)

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

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State & Local Tax Refunds / Unemployment Compensation

14.2

Please add, change or delete 2020 information as appropriate.
Be sure to attach all 1099-G forms.

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

2020 1099-G Amount

No. <input style="width: 50px;" type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation:		
	Total received (Box 1)		
		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2019 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7)			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9)			
Number of farm			
1=box 2 is trade or business income (Box 8)			
State income tax withheld (Box 11)			

No. <input style="width: 50px;" type="text"/>	Name of payer		
	1=spouse		
	Unemployment compensation:		
	Total received (Box 1)		
		
	State and local refunds:		
	State and local income tax refund, credit or offsets (Box 2)		
	1=city or local income tax refund		
	Tax year for box 2 if not 2019 (Box 3)		
	Federal income tax withheld (Box 4)		
	RTAA payments (Box 5)		
	Taxable grants:		
	Federal taxable amount (Box 6)		
	State taxable amount, if different		
	Farm amounts:		
Agriculture payments (Box 7)			
1=agriculture payments are from conservation reserve program			
Market gain (Box 9)			
Number of farm			
1=box 2 is trade or business income (Box 8)			
State income tax withheld (Box 11)			

14.2

2020	1040	US	Education Distributions (ESA's and QTP's)	14.3
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Please enter all pertinent 2020 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

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

		2020 Amount	2019 Amount
No. <input style="width: 50px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
ESA's only:			
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19			
No. <input style="width: 50px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
ESA's only:			
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19			
No. <input style="width: 50px;" type="text"/>	Name of payer.....		
	1=spouse.....		
	Qualified expenses:		
	Higher education (net of nontaxable benefits)		
	Elementary & secondary education (net of nontaxable benefits)		
	Form 1099-Q:		
	Gross distributions (Box 1)		
	Earnings (Box 2)		
	Basis (Box 3)		
	Rollover: 1=nontaxable, 2=taxable (Box 4)		
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5)		
ESA's only:			
Value of this account at 12/31/20 (plus outstanding rollovers)			
Basis in this ESA as of 12/31/19			

2020	1040	US	ABLE Distributions	14.4
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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

ABLE DISTRIBUTIONS / CONTRIBUTIONS

2020 Amount

2019 Amount

No. <input style="width:40px;" type="text"/>	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
Excess contributions withdrawn by due date of return			
Earnings on excess contributions			

No. <input style="width:40px;" type="text"/>	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
Excess contributions withdrawn by due date of return			
Earnings on excess contributions			

No. <input style="width:40px;" type="text"/>	Name of payer or issuer		
	1=spouse		
	Distributions (1099-QA):		
	Gross distributions (1)		
	Earnings (2)		
	Basis (3)		
	1=program to program transfer (4)		
	1=ABLE account terminated (5)		
	1=recipient is not the designated beneficiary (6)		
	Qualified disability expenses paid		
	Amount excluded from 10% tax		
	Excess contributions:		
Excess contributions withdrawn by due date of return			
Earnings on excess contributions			

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

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

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

INCOME

	2020 Amount	2019 Amount
Gross receipts or sales (Form 1099-MISC, box 7)		
Returns and allowances		
Other income:		

COST OF GOODS SOLD

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

Inventory at end of the year		

2020

1040

US/CA

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2020 Amount	2019 Amount
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Insurance (other than health).....		
Mortgage interest (paid to banks, etc.).....		
Other interest (not entered elsewhere).....		
Janitorial.....		
Laundry and cleaning.....		
Legal and professional.....		
Miscellaneous.....		
Office expense.....		
Outside services.....		
Parking and tolls.....		
Pension and profit sharing plans - contributions.....		
Pension and profit sharing plans - admin. and education costs.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - other.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Entertainment expenses in full.....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:

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

16 p2

2020	1040	US	Capital Gains & Losses (Schedule D)	17
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If you sold any stocks, bonds, or other investment property in 2020, please list the pertinent information for each sale below or provide a spreadsheet file with this information.
 Be sure to attach all 1099-B forms and brokerage statements.

No.	Quantity	Description of Property (Box 1a)	Date Acquired (Box 1b)	Date Sold (Box 1c)	Sales Price (gross or net) (Box 1d)	Cost or Basis (Box 1e)	Blank=basis rep. to IRS, 1=nonrec. security (Box 3, 5)	Expenses of Sale (if gross sales price entered)	Federal Income Tax Withheld (Box 4)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

2020

1040

US

Installment Sales (Form 6252)

17 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2020 Amount	2019 Amount
No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		
No. <input type="text"/>	Description of property		
	Date acquired (m/d/y)		
	Date sold (m/d/y)		
	Gross profit ratio (.xxxx)		
	Current year principal payments (-1 if none)		

17 p2

2020

1040

US

Sale of Home & Moving Expenses

17, 27

If you sold your home or moved in 2020, please complete the information below. For the sale of home, please provide Form 1099-S and closing statements from the purchase and sale of your home.

SALE OF HOME (17)

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

Adjusted Basis

Original cost
Improvements:
Adjusted basis

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

Total expenses of sale

Reduced Exclusion

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

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

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

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

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

17, 27

2020

1040

US/CA

Rental & Royalty Income (Schedule E)

No.

18

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2020 Amount	2019 Amount
Description of property		Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address		
City		
State		
ZIP code		
Type of property (see table)		
Other type of property		
Number of days rented	34	

Percentage of ownership if not 100% (.xxxx)		1=did not actively participate	
Percentage of tenant occupancy if not 100% (.xxxx)		1=real estate professional	
1=spouse, 2=joint		1=rental other than real estate	
1=qualified joint venture		1=investment	
1=nonpassive activity, 2=passive royalty		1=single member limited liability company	
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no			

CA FTB Form 3805V:		
1=eligible small business		
Qualified new business year: 1, 2 or 3		
Principle business code (SIC 1987)		

	2020 Amount	2019 Amount
Rents or royalties received		

DIRECT EXPENSES

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

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

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

18

2020

1040

US

Rental & Royalty Income (Sch. E) (cont.)

No.

18 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	
Foreign postal code	
Foreign country	

OIL AND GAS

	2020 Amount	2019 Amount
Production type (preparer use only)		
Cost depletion		
Percentage depletion rate or amount		
State cost depletion, if different (-1 if none)		
State % depletion rate or amount, if different (-1 if none)		

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use	
Number of days owned (if optional method elected)	

INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit. These include repairs, insurance, and utilities.

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

2020

1040

US/CA

Farm Income (Schedule F/Form 4835)

No.

19

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product

Employer ID number

Agricultural activity code		
Accounting method: 1=cash, 2=accrual		
1=spouse, 2=joint		
1=farm rental (Form 4835)		
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other		
1=crop insurance proceeds election		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no		
1=did not "materially participate" (Schedule F only)		
1=did not actively participate (Farm rental only)		
1=real estate professional (farm rental only)		
1=single member limited liability company		
% of ownership if not 100% (.xxxx) (Farm rental only)		
CA FTB Form 3805V:		
1=eligible small business		
Qualified new business year: 1=1st, 2=2nd, 3=3rd		
Principle business code (SIC 1987)		

FARM INCOME

	2020 Amount	2019 Amount
Cash method:		
Sales of livestock and other resale items		
Cost or basis of livestock or other resale items		
Sales of products raised		
Accrual method:		
Sales of livestock, produce, etc.		
Beginning inventory of livestock, etc.		
Cost of livestock, etc. purchased		
Ending inventory of livestock, etc.		
Other farm income:		
Total cooperative distributions		
Taxable cooperative distributions		
Total agricultural program payments (other than CRP)		
Taxable agricultural program payments (other than CRP)		
Total conservation reserve program payments		
Taxable conservation reserve program payments		
Commodity credit loans reported under election		
Total commodity credit loans forfeited or repaid		
Taxable commodity credit loans forfeited or repaid		
Total crop insurance proceeds received in 2020		
Taxable crop insurance proceeds received in 2020		
Taxable crop insurance proceeds deferred from 2019		
Custom hire (machine work) income not included above		

2020	1040	US	Partnership and S corporation Information	20.1,20.2
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Please add, change or delete 2020 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

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

S CORPORATION INFORMATION (20.2)

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

2020	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2020 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

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

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number

	20.3,20.4
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2020	1040	US	Asset Acquisition List	22 p2
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If you purchased any business assets (furniture, equipment, vehicles, real estate, etc.) or converted any personal assets to business use in 2020, please enter all pertinent information below.

No.	Description of Property	Related Business or Activity	Preparer Use Only			Date Placed in Service	Cost or Basis	Preparer Use Only	
			Form	No. of Form	Category			Current Section 179	Method
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2020 Amount	2019 Amount
Description of vehicle		
1=no evidence to support your deduction		
1=no written evidence to support your deduction		
1=vehicle is available for off-duty personal use		
1=no other vehicle is available for personal use		
1=vehicle used primarily by more than 5% owner		
Number of months of business use if changed from 100% personal use		

AUTOMOBILE MILEAGE

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

ACTUAL EXPENSES

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

Please enter all pertinent 2020 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older)				
Contributions made to date				
1=covered by plan, 2=not covered				
.....				

ROTH IRA CONTRIBUTIONS

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

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum)				
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum)				
Defined benefit contributions you expect to make				
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum)				
Plan contribution rate if not .25 (.xxxx)				
Individual 401k: SE elective deferrals (except Roth) (1=max.)				
Individual 401k: SE designated Roth contributions (1=max.)				
SIMPLE contributions:				
Self-employed SIMPLE contributions you made or expect to make (1=maximum)				
Employer matching rate if not .03 (.xxxx)				
1=nonelective contributions (2%)				
Contributions made to date				

ADJUSTMENTS TO INCOME

Self-employed health insurance:				
Total premiums (excluding long-term care)				
Long-term care premiums				
Student loan interest paid (1098-E, box 1)				
Educator expenses (kindergarten thru grade 12)				
Jury duty pay given to employer				
Expenses from rental of personal property				
Other adjustments to income:				

	Taxpayer	Spouse
Alimony paid:		
Date of divorce or sep. agreement		
Recipient's first name		
Recipient's last name		
Recipient's SSN		
Amount paid	2019 amt:	2019 amt:

2020	1040	US	Itemized Deductions	25
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**Please enter all pertinent 2020 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.**

MEDICAL AND DENTAL EXPENSES

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

	2020 Amount	TS	2019 Amount
Prescription medicines and drugs			
Doctors, dentists and nurses			
Hospitals and nursing homes			
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..			
Long-term care premiums - taxpayer			
Long-term care premiums - spouse			
Insurance reimbursement (enter as a positive number)			
Lodging and transportation:			
Out-of-pocket expenses			
Medical miles driven			
Other medical and dental expenses:			

TAXES PAID (State and local withholding and 2020 estimates are automatic.)

State income taxes - 1/20 payment on 2019 state estimate			
State income taxes - paid with 2019 state return extension			
State income taxes - paid with 2019 state return			
State income taxes - paid for prior years and/or to other state			
City/local income taxes - 1/20 payment on 2019 city/local estimate			
City/local income taxes - paid with 2019 city/local extension			
City/local income taxes - paid with 2019 city/local return			

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items)			
Use taxes paid on 2020 purchases			
Use taxes paid with 2019 state return			
Sales tax on autos not included above			
Sales tax on boats, aircraft, other special items			

OTHER TAXES PAID

Real estate taxes - principal residence:			

Real estate taxes - held for investment :			

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

2020

1040

US

Itemized Deductions (continued)

25 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

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

2020 Amount

TS

2019 Amount

Table with 3 columns: Description, 2020 Amount, 2019 Amount. Includes rows for home mortgage interest and points.

Home mortgage interest not reported on Form 1098:

Form for payee information: Payee's name, SSN or FEIN, street address, city, state, ZIP code, region, postal code, country.

Table for Amount paid with 2020 and 2019 columns.

Points not reported on Form 1098:

Table for points not reported on Form 1098 with 2020 and 2019 columns.

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

Table for mortgage insurance premiums with 2020 and 2019 columns.

Investment interest (interest on margin accounts):

Table for investment interest with 2020 and 2019 columns.

Passive interest:

Table for passive interest with 2020 and 2019 columns.

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

Table for cash contributions to churches, schools, hospitals, etc. with 2020 and 2019 columns.

Volunteer expenses (out-of-pocket)

Number of charitable miles

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

Contributions by cash or check:

Table for cash contributions to veterans' organizations, etc. with 2020 and 2019 columns.

Volunteer expenses (out-of-pocket)

Number of charitable miles

25 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

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

50% limitation (see above):

2020 Amount	TS	2019 Amount

30% limitation (see above):

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

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

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

Union and professional dues

--	--	--

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

Investment expense:

Tax return preparation fee

Safe deposit box rental

--	--	--

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

Federal only:

State only:

**Please enter 2020 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

	2020 Amount	2019 Amount
Form.....		
Number of form (e.g., enter 2 for Schedule C number 2).....		
Business use area (square footage).....		
Total area of home (square footage).....		
Total hours facility used (for daycare facilities only).....		
Total hours available (if not 8,760).....		
Area of home included above used exclusively for daycare business, if any (sq ft).....		
% (.xx) or amount of gross income from home if not 100% (-1 if none).....		
% (.xx) or amount of expenses from home if not 100% (-1 if none).....		

INDIRECT EXPENSES

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

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

DIRECT EXPENSES

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

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

2020

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040

Form

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

1=spouse

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

1=minister's expenses

EMPLOYEE BUSINESS EXPENSES

	2020 Amount	2019 Amount
Meal and entertainment expenses	<input type="text"/>	<input type="text"/>
Reimbursements for meals and entertainment not on W-2, box 1	<input type="text"/>	<input type="text"/>
1=Department of Transportation (80% meal allowance)	<input type="text"/>	<input type="text"/>
Local transportation (bus, taxi, train, etc.)	<input type="text"/>	<input type="text"/>
Travel expenses while away from home overnight	<input type="text"/>	<input type="text"/>
Reimbursements not included on Form W-2, box 1	<input type="text"/>	<input type="text"/>

Other business expenses:

	2020 Amount	2019 Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

30

2020

1040

US

Vehicle Expenses (Form 2106) (cont.)

No.

30 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

- 1=vehicle used primarily by more than 5% owner
- 1=vehicle is available for off-duty personal use
- 1=no other vehicle is available for personal use
- 1=no evidence to support your deduction
- 1=no written evidence to support your deduction

2020 Amount	2019 Amount

VEHICLE 1

- Description of vehicle
- Date placed in service (m/d/y)
- Total mileage (for the tax year)
- Business mileage
- Commuting mileage (for the tax year)
- Average daily round-trip commute
- Number of months of business use if changed from 100% personal use
- Parking fees and tolls (business portion only)

Actual expenses:

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

VEHICLE 2

- Description of vehicle
- Date placed in service (m/d/y)
- Total mileage (for the tax year)
- Business mileage
- Commuting mileage (for the tax year)
- Average daily round-trip commute
- Number of months of business use if changed from 100% personal use
- Parking fees and tolls (business portion only)

Actual expenses:

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

2020

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2020 information.

GENERAL INFORMATION

1=spouse.....	<input type="text"/>	<input type="text"/>
Foreign address of taxpayer, if different from Form 1040:		
Street address.....	<input type="text"/>	
City.....	<input type="text"/>	
Region.....	<input type="text"/>	
Postal code.....	<input type="text"/>	
Country.....	<input type="text"/>	
Employer:		
Name.....	<input type="text"/>	
U.S. street address.....	<input type="text"/>	
U.S. city.....	<input type="text"/>	
U.S. state.....	<input type="text"/>	
U.S. ZIP code.....	<input type="text"/>	
Foreign street address.....	<input type="text"/>	
Foreign city.....	<input type="text"/>	
Foreign region.....	<input type="text"/>	
Foreign postal code.....	<input type="text"/>	
Foreign country.....	<input type="text"/>	
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other.....	<input type="text"/>	<input type="text"/>
Employer type, if other.....	<input type="text"/>	

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of citizenship.....	<input type="text"/>
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City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

31.1

Please enter all pertinent 2020 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2020 as well as travel for 2021 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y)	<input style="width:90%;" type="text"/>	
Ending date for bona fide residence (m/d/y)	<input style="width:90%;" type="text"/>	
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer	<input style="width:90%;" type="text"/>	
Names of family living abroad with taxpayer (if applicable):	Relationship	Period family lived abroad
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

1=submitted statement to country of bona fide residence	<input style="width:90%;" type="text"/>	
1=required to pay income tax to country of bona fide residence	<input style="width:90%;" type="text"/>	
Contractual terms relating to length of employment abroad	<input style="width:90%;" type="text"/>	
Type of visa you entered foreign country under	<input style="width:90%;" type="text"/>	
Explanation why visa limited stay or employment in country (if applicable)	<input style="width:90%;" type="text"/>	

Address of home in U.S. maintained while living abroad (if applicable):	ZIP Code	1=U.S. home rented (if applicable)
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

Principal country of employment

FOREIGN HOUSING EXPENSES

	2020 Amount	2019 Amount
Qualified housing expenses	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Location of housing expenses:	Qualifying days in location (multiple locations only)	
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

Travel Type

1 = Travel to U.S. (default)
 2 = Travel to foreign country
 3 = Travel to restricted country

Please enter all pertinent 2020 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

	2020 Amount	2019 Amount
Name or number		
1=spouse		
1=retirement plan (Box 13)		
Name of employer (Box c)		
Wages, tips, other compensation (Box 1)		
Federal income tax withheld (Box 2)		
Social security tax withheld (Box 4)		
Medicare tax withheld (Box 6)		
State income tax withheld (Box 17)		
Local income tax withheld (Box 19)		

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging)		
Meals		
Car		
Other properties or facilities:		

Allowances and Reimbursements

Cost of living and overseas differential		
Family		
Education		
Home leave		
Quarters		
Other purposes:		

Meals and lodging provided for the convenience of the Employer (excludable under section 119)		
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Other Foreign Earned Income

2020 Days Worked Allocation Information

Total number of days worked (if not 240)		
Total days worked before and after foreign assignment		
Foreign days worked before and after foreign assignment		

2020	1040	US	Health Savings Accounts (8889)	32.1
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Please enter all pertinent 2020 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2020, a high deductible health plan is one with an annual deductible that is not less than \$1,350 for self-only coverage or \$2,700 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,750 for self-only coverage or \$13,500 for family coverage.

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1= self-only coverage, 2= family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				

HSA DISTRIBUTIONS

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

	32.1
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2020

1040

US/CA

Child and Dependent Care Expenses (Form 2441)

33.1,33.2

Please enter all pertinent 2020 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2020 Amount		2019 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2020				
Employer-provided benefits forfeited in 2020				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input type="text"/>	First name	
	Last name	
	Title or suffix	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2020	2019 amt:
	1=disabled	
	1=spouse, 2=joint	

No. <input type="text"/>	First name	
	Last name	
	Title or suffix	
	Date of birth (m/d/y)	
	Social security number	
	Qualified dependent care expenses incurred and paid in 2020	2019 amt:
	1=disabled	
	1=spouse, 2=joint	

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input type="text"/>	Name of provider	
	Street address	
	City	
	State	
	ZIP code	
	Address where care provided (if different):	
	Street address	
	City, state, ZIP code	
	Telephone number	
	Identification number (SSN or EIN)	
	1=organization is tax-exempt	
	1=care provider is a person	
	Foreign region	
	Foreign postal code	
	Foreign country	
Amount paid to care provider in 2020	2019 amt:	
1=spouse, 2=joint		

33.1,33.2

2020

1040

US

Qualified Adoption Expenses (Form 8839)

37

Please enter all pertinent 2020 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

2020 Amount

2019 Amount

No. <input type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 2003 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2020			
	Qualified Adoption Expenses Paid in	2019 for adoption not finalized by end of 2020		
		Prior years for adoption of foreign child finalized in 2020		
		2019 and 2020 for adoption finalized in 2020		
		2020 for adoption finalized before 2020		
1=spouse, 2=joint				

No. <input type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 2003 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2020			
	Qualified Adoption Expenses Paid in	2019 for adoption not finalized by end of 2020		
		Prior years for adoption of foreign child finalized in 2020		
		2019 and 2020 for adoption finalized in 2020		
		2020 for adoption finalized before 2020		
1=spouse, 2=joint				

No. <input type="text"/>	First name			
	Last name			
	Identification number			
	Date of birth (m/d/y)			
	1=born before 2003 and was disabled			
	1=special needs child			
	1=foreign child			
	1=adoption was not final in 2020			
	Qualified Adoption Expenses Paid in	2019 for adoption not finalized by end of 2020		
		Prior years for adoption of foreign child finalized in 2020		
		2019 and 2020 for adoption finalized in 2020		
		2020 for adoption finalized before 2020		
1=spouse, 2=joint				

37

2020

1040

US

Household Employment Taxes (Schedule H)

42

Please enter all pertinent 2020 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$ 2,200 or more in 2020; withheld federal income tax during 2020 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to household employees, please complete the following:

Employer identification number	
1=spouse, 2=joint	

Social security, Medicare and income taxes:	2020 Amount	2019 Amount
1=paid any one employee cash wages of \$2,200 or more		
1=withheld federal income tax for household employee		
Total cash wages subject to social security taxes		
Total cash wages subject to Medicare taxes		
Federal income tax withheld		
Taxes withheld from state disability payments		

Federal unemployment tax:	2020 Amount	2019 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020		
Total cash wages subject to FUTA tax		
1=paid unemployment contributions to only one state		
1=paid all state unemployment contributions by 4/15/21		
1=all wages taxable for FUTA were also taxable for state unemployment		
Name of state		
Contributions paid to state unemployment fund		

2020	1040	US	Parent's Election to Report Child's Inc.	No. <input style="width:40px;" type="text"/>	44
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Please enter all pertinent 2020 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.

CHILD'S INFORMATION

First name	<input style="width:90%;" type="text"/>
Last name	<input style="width:90%;" type="text"/>
Social security number	<input style="width:90%;" type="text"/>
Date of birth (m/d/y)	<input style="width:90%;" type="text"/>
1=nontaxable to federal	<input style="width:90%;" type="text"/>
1=nontaxable to state	<input style="width:90%;" type="text"/>

INTEREST INCOME (Form 1099-INT)

	2020 Amount	2019 Amount
Banks, credit unions, etc. (Box 1): _____	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3): _____	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
In-state municipal bonds	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Adjustments:		
Nominee distribution	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Accrued interest	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Tax-exempt interest (1099-INT in error)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
OID adjustment	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
ABP adjustment	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Foreign:		
1=interest in or authority over foreign account	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Name of foreign country	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
1=grantor/transferee or received distribution from foreign trust	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Post 8/7/86 private activity bond interest (included above) (6251)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

DIVIDEND INCOME (Form 1099-DIV)

	2020 Amount	2019 Amount
Total ordinary dividends (Box 1a): _____	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Qualified dividends (Box 1b)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Total capital gain distributions (Box 2a): _____	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Unrecaptured section 1250 gain (Box 2b)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Section 1202 gain (Box 2c)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Collectibles (28%) gain (Box 2d)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Nontaxable distributions (Box 3)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Tax-exempt interest:		
Total municipal bonds	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
In-state municipal bonds	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Nominee distributions:		
Ordinary dividends	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Qualified dividends	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Capital gain distributions	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Alaska permanent fund dividends included above	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

2020	1040	CA	Other Credits	53.013
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Please enter all pertinent 2020 information.

RENTER'S CREDIT

NOTE: To qualify for the credit you must have paid rent, for at least half of the year, on property in California which was your principal residence.

1=qualified renter	
1=filing separate, claiming spouse's credit	
1=filing jointly and one spouse claimed homeowner's property tax exemption	
Number of months in California, if part-year resident	

	53.013
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2020	1040	CA	California Use Tax	54.012
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Please enter all pertinent 2020 information.

No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint Use county (see table) Total purchases subject to use tax Sales or use tax already paid		
No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint Use county (see table) Total purchases subject to use tax Sales or use tax already paid		
No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint Use county (see table) Total purchases subject to use tax Sales or use tax already paid		
No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint Use county (see table) Total purchases subject to use tax Sales or use tax already paid		
No. <input style="width:40px;" type="text"/>	1=taxpayer, 2=spouse, blank=joint Use county (see table) Total purchases subject to use tax Sales or use tax already paid		

County			
1 = Alameda 2 = Alpine 3 = Amador 4 = Butte 5 = Calaveras 6 = Colusa 7 = Colusa (Williams) 8 = Contra Costa 9 = Contra Costa (El Cerrito) 10 = Contra Costa (Pinole) 11 = Contra Costa (Richmond) 12 = Del Norte 13 = El Dorado 14 = El Dorado (So. Lake Tahoe) 15 = El Dorado (Placerville) 16 = Fresno 17 = Fresno (Clovis) 18 = Fresno (Reedley) 19 = Fresno (Sanger) 20 = Fresno (Selma) 21 = Glenn 22 = Humboldt 23 = Humboldt (Trinidad) 24 = Imperial 25 = Imperial (Calexico) 26 = Inyo 27 = Kern 28 = Kern (Delano) 29 = Kings 30 = Lake 31 = Lake (Lakeport) 32 = Lake (Clearlake)	33 = Lassen 34 = Los Angeles 35 = Los Angeles (Avalon) 36 = Los Angeles (Inglewood) 37 = Los Angeles (South Gate) 38 = Madera 39 = Marin 40 = Marin (San Rafael) 41 = Mariposa 42 = Mendocino 43 = Mendocino (Fort Bragg) 44 = Mendocino (Ukiah) 45 = Mendocino (Point Arena) 46 = Mendocino (Willits) 47 = Merced 48 = Merced (Los Banos) 49 = Merced (Merced) 50 = Modoc 51 = Mono 52 = Mono (Mammoth Lakes) 53 = Monterey 54 = Monterey (Del Ray Oaks) 55 = Monterey (Pacific Grove) 56 = Monterey (Seaside) 57 = Monterey (Salinas) 58 = Monterey (Sand City) 59 = Napa 60 = Nevada 61 = Nevada (Nevada City) 62 = Nevada (Truckee) 63 = Orange 64 = Orange (Laguna Beach)	65 = Placer 66 = Plumas 67 = Riverside 68 = Riverside (Cathedral City) 69 = Sacramento 70 = San Benito 71 = San Benito (Hollister) 72 = San Benito (San Juan Bautista) 73 = San Bernardino 74 = San Bernardino (Montclair) 75 = San Bernardino (San Bernardino) 76 = San Diego 77 = San Diego (El Cajon) 78 = San Diego (National City) 79 = San Diego (Vista) 80 = San Francisco 81 = San Joaquin 82 = San Joaquin (Manteca) 83 = San Joaquin (Stockton) 84 = San Luis Obispo 85 = San Luis Obispo (Arroyo Grande) 86 = San Luis Obispo (Grover Beach) 87 = San Luis Obispo (Morro Bay) 88 = San Luis Obispo (Pismo Beach) 89 = San Luis Obispo (San Luis Obispo) 90 = San Mateo 91 = San Mateo (San Mateo) 92 = Santa Barbara 93 = Santa Clara 94 = Santa Cruz 95 = Santa Cruz (Capitola) 96 = Santa Cruz (Santa Cruz)	97 = Santa Cruz (Scotts Valley) 98 = Santa Cruz (Watsonville) 99 = Shasta 100 = Sierra 101 = Siskiyou 102 = Solano 103 = Sonoma 104 = Sonoma (Cotati) 105 = Sonoma (Rohnert Park) 106 = Sonoma (Santa Rosa) 107 = Sonoma (Sebastopol) 108 = Stanislaus 109 = Stanislaus (Ceres) 110 = Sutter 111 = Tehama 112 = Trinity 113 = Tulare 114 = Tulare (Dinuba) 115 = Tulare (Farmersville) 116 = Tulare (Porterville) 117 = Tulare (Tulare) 118 = Tulare (Visalia) 119 = Tuolumne 120 = Tuolumne (Sonora) 121 = Ventura 122 = Yolo 123 = Yolo (Davis) 124 = Yolo (West Sacramento) 125 = Yolo (Woodland) 126 = Yuba

2020

1040

US

Report of Foreign Bank and Financial Accounts

82.1

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2020 Amount	2019 Amount
Canadian province or Mexican state		
Other type of filer		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Spouse:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Taxpayer:		
Title		
Spouse:		
Title		

82.1

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

	2020 Amount	2019 Amount
Description of asset		
Type of account: 1=deposit, 2=custodial		
Use financial institution information from Form 114		
Financial institution information (if not filing Form 114):		
Maximum value of account during year		
Name of institution		
Account number (mandatory for part I)		
Mailing address of institution		
City of institution		
State/province of institution		
Postal code of institution		
Country of institution		
1=account opened during year		
1=account closed during year		
1=account jointly owned with spouse		
1=no tax item in Part III with respect to this account		
1=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which account is maintained		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		

OTHER FOREIGN ASSETS (Part II)

Identifying number or other designation (mandatory for part II)		
Date asset acquired during year (m/d/y)		
Date asset disposed of during year (m/d/y)		
1=jointly owned with spouse		
1=no tax item in Part III with respect to this asset		
Maximum value of asset during year		
1=used foreign currency exchange rate to convert value to US dollars		
Foreign currency in which asset is denominated		
Foreign currency exchange rate (xxxx.xxxx)		
Source of exchange rate		
Foreign entity information (complete if stock or interest):		
Name of entity		
Type of entity		
Mailing address of entity		
City of entity		
State/province of entity		
Postal code of entity		
Country of entity		

1
Type of Entity
1 = Partnership
2 = Corporation
3 = Trust
4 = Estate

2020

1040

US

Foreign Reporting (8938) (continued)

No.

82.2 p2

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Table with 2 columns and 8 rows for issuer/counterparty #1.

Issuer or counterparty (#2):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Table with 2 columns and 8 rows for issuer/counterparty #2.

Issuer or counterparty (#3):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Table with 2 columns and 8 rows for issuer/counterparty #3.

Issuer or counterparty (#4):

Name
1=issuer, 2=counterparty
Type of issuer or counterparty (see table 2)
Issuer or counterparty: 1=US person, 2=foreign person
Mailing address
City
State/province
Postal code
Country

Table with 2 columns and 8 rows for issuer/counterparty #4.

2
Type of Issuer or Counterparty
1 = Individual
2 = Partnership
3 = Corporation
4 = Trust
5 = Estate

82.2 p2

