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2020 TAX ORGANIZER

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

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

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

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

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2020 TAX ORGANIZER

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

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Spouse Signature	Date

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2020

Questions (Page 1 of 5)

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

Personal Information:

	Yes	No
Did your marital status change?	<input type="checkbox"/>	<input type="checkbox"/>
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you and your spouse want to file separate returns?	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you in a domestic partnership, civil union, or other state-defined relationship?	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty?	<input type="checkbox"/>	<input type="checkbox"/>

Dependents:

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

Healthcare:

Did you obtain healthcare coverage through the Marketplace?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1095-A.		
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents required to file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>



2020

Personal Information

Taxpayer:

First Name and InitialLast NameSocial Security Number

OccupationDate of Birth (Mo/Da/Yr)Date of Death (Mo/Da/Yr)

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

☐ Driver's License☐ State-Issued ID☐ No Identification

Spouse:

First Name and InitialLast NameSocial Security Number

OccupationDate of Birth (Mo/Da/Yr)Date of Death (Mo/Da/Yr)

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

☐ Driver's License☐ State-Issued ID☐ No Identification

Contact Information:

Street AddressApartment Number

CityStateZIP or Postal Code

Foreign Province or County

Foreign Country

Taxpayer Daytime/Work PhoneTaxpayer Evening/Home PhoneTaxpayer Foreign Phone

Taxpayer Cell PhoneTaxpayer Fax Number

Spouse Daytime/Work PhoneSpouse Evening/Home PhoneSpouse Foreign Phone

Spouse Cell PhoneSpouse Fax Number

Taxpayer Email Address

Spouse Email Address

Preferred Method of Contact

May the IRS or other taxing authority discuss the return with the preparer?
Is the taxpayer claimed as a dependent on someone else's tax return?

YesNo

TaxpayerSpouse

YesNoYesNo

Are you considered legally blind per IRS regulations?
Do you want to contribute to the Presidential Election Campaign Fund?
Are you a U.S. citizen or Green Card holder?

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

Tax Organizer Legend:



2020

Dependents and Wages

3A

Dependent Information:

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

Did dependent have income over \$4,300?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

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

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

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

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

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



2020

Electronic Filing

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Electronic Filing:

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

Do not electronically file the federal return ☐

Do not electronically file the state return(s) ☐

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

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

Would you like to use a randomly generated PIN?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Taxpayer

Spouse

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

Taxpayer PIN

Spouse PIN



5A

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

Total**Address of Individual from Whom Mortgage Interest Was Received**

Worksheet: Interest
Form IRS-1099INT



2020

Dividend Income

5B

Dividend Information:

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

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

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

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

Enter Any Additional Information:

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



Foreign Assets

5C

2020

Note: If the aggregate value of the accounts does not exceed \$10,000, then you do not need to provide details.

General Information:

TSJ _____
Title of filer _____
Enter all countries where you have foreign bank accounts _____

Foreign Identification:

Passport _____
Foreign TIN _____
If not passport or TIN, enter description _____
Number _____
Country of issue _____

Yes	No

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A				
B				

Street Address	City
A	
B	

State	ZIP/Postal Code	Country	GIIN
A			
B			

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN) B - SSN or ITIN C - Foreign

Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number
A				
B				

# of Joint Owners	Street Address	City
A		
B		

1 - No financial interest 2A - Joint - spouse is joint owner 2B - Joint - other joint owner 3 - Consolidated

State	ZIP/Postal Code	Country	Owner-ship Code	Filer's Title
A				
B				

1 - Deposit 2 - Custodial

Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A							
B							



2020

Foreign Assets**5D****Asset Information:**

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

		1 - Partnership 2 - Corporation 3 - Trust 4 - Estate
Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity	GIIN

If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

		1 - Issuer 2 - Counterparty	1 - U.S. person 2 - Foreign person
Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate	
Mailing Address of Issuer	City or Town of Issuer

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

Foreign assets were acquired or sold during the tax year

Yes	No

Foreign Bank Accounts and Trusts:

At any time during 2020, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?

--	--

If Yes, enter name of foreign country

Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it?

--	--



Sales of Stocks, Securities,
Capital Assets & Installment Sales

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

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

Did you have any of the following during the year?

- Mutual fund transactions
- Exchange of any securities or investments for something other than cash
- Sales of inherited property
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale
- Commodity sales, short sales or straddles
- Reinvestment of the proceeds of gains in a qualified opportunity fund
- Sale of any investments in qualified opportunity funds
- Debts that became uncollectible
- Securities that became worthless
- Sale of any property where you will receive payments in future years

Yes	No

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

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

Installment Sales: Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2020 Principal Received	2019 Principal Received



Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ _____
Date acquired _____ (Mo/Da/Yr)
Date sold _____ (Mo/Da/Yr)
Selling price _____

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No
If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? ☐ Yes ☐ No
If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ _____
Were the moving expenses reimbursed by your employer? ☐ Yes ☐ No
Enter reimbursements not included in wages on your Form W-2 _____
Was the move due to a permanent change of station pursuant to a military order? ☐ Yes ☐ No
Mileage:
Number of miles from old home to new workplace (applicable only on some state returns) _____
Number of miles from old home to old workplace (applicable only on some state returns) _____
Number of automobile miles in move _____

Miles

Transportation Expenses:

Costs of transportation of household goods and personal effects _____
Costs of travel and lodging (do not include meals or automobile expenses) _____
Automobile expenses (gasoline, oil, etc.) _____
Meals (Pennsylvania only) _____

Amount



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TS

Yes	No

If Yes, explain.

Line	Description	2019	2018
1	Total retirement plans converted to Roth IRAs	100	100

Contributions made for the 2020 tax year	
--	--

[illegible]



2020

Rental and Royalty Income

Location of Property: _____
TSJ _____
Type of property _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you prepared or will you prepare all required Forms 1099? _____

Ownership percentage if not 100% _____
How many days was this property rented at fair market value? _____
How many days was this property used personally (including use by family members)? _____

2020	2019

Income:

Rents received _____
Royalties received _____

2020 Amount	2019 Amount

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

Description	2020 Amount	2019 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2020 Amount	2019 Amount

Other income:

Description	2020 Amount	2019 Amount



Partnership, S Corporation, Estate, Trust
and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number



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

Miscellaneous Income and Adjustments:

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

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2020 Amount	2019 Amount

Alimony Paid or Received:

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



2020

Itemized Deductions - Medical and Taxes

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Medical and Dental Expenses:

Prescription medicines and drugs
Total medical insurance premiums paid *
Long-term care expenses
Total insurance reimbursement
Number of miles traveled for medical care
Lodging
Doctors, dentists, etc.
Hospitals
Lab fees
Eyeglasses and contacts

TSJ	2020 Amount	2019 Amount

Taxpayer long-term care insurance premiums paid
Spouse long-term care insurance premiums paid

2020 Amount	2019 Amount

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

Other Medical Expenses:

TSJ	Description	2020 Amount	2019 Amount

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes)
General sales taxes paid on specified items

TSJ	2020 Amount	2019 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2020 Amount	2019 Amount

Other Taxes Paid:

TSJ	Description	2020 Amount	2019 Amount

If you purchased or sold your home in 2020, did you include any taxes from your closing statement in the amounts above? ☐ Yes ☐ No



2020

Itemized Deductions - Contributions**15****Cash Contributions:** Include all Forms 1098-C or other documentation.

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

TSJ	Organization or Description of Contribution	2020 Amount	2019 Amount

TSJ	Conservation Real Property	2020 Amount	2019 Amount
	100% limit		
	50% limit		

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

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

TSJ	Description of Donated Property	2020 Amount	2019 Amount

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

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

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A				
B				
C				

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

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

	Donee Organization Name	Donee Organization Address
A		
B		
C		



Itemized Deductions - Miscellaneous

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

Miscellaneous Itemized Deductions:

Table with 3 columns: TSJ, 2020 Amount, 2019 Amount. Rows for Union and professional dues, Tax preparation fee, Professional subscriptions, Hobby expense, Safe deposit box, Uniforms and protective clothing, Work tools, Gambling losses, Estate taxes.

Other Itemized Deductions:

Examples:

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

Table with 4 columns: TSJ, Description, 2020 Amount, 2019 Amount. Multiple rows for other itemized deductions.

Casualty or Theft Loss:

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

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

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

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

Original cost or other basis
Fair market value before casualty
Fair market value after casualty
Cost of replacement
Insurance reimbursement



2020

Employee Business Expenses (Page 1 of 2)

17

TS: _____ Occupation: _____

Business Expenses: **Enter all expenses at 100 percent** **Include all documentation**

Occupation code _____

- | | | |
|--------------------------|--|--|
| 1 - Performing artist | 3 - Fee-basis state or local government official | 5 - Outside salesperson
(Big Rapids, MI only) |
| 2 - Handicapped employee | 4 - National Guard or Reserve | |

If not 100%, enter the percentage to apply to Schedule A _____ %

	2020 Amount	2019 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		

Other Business Expenses:

Description	2020 Amount	2019 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2020 Amount	2019 Amount
Amount received for other expenses		
Amount received for meals		
Amount received for entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? ☐ Yes ☐ No



2020

Child/Dependent Care Expenses & Education Expenses

18

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled?

☐
☐

Yes

☐
☐

No

Did you pay an individual for services performed in your home?

Yes

☐
☐

No

Expenses incurred in 2019 but paid in 2020

Employer-provided dependent care benefits that were forfeited in 2020

2019 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name

Street address

City, state, ZIP or postal code, and country

Social security number OR

Employer identification number

Telephone number (California only)

2020 Amount

2019 Amount

Expenses incurred and paid in 2020

Expenses incurred and not paid in 2020

Provider 2:

Name

Street address

City, state, ZIP or postal code, and country

Social security number OR

Employer identification number

Telephone number (California only)

2020 Amount

2019 Amount

Expenses incurred and paid in 2020

Expenses incurred and not paid in 2020

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2020 Expenses Incurred	2019 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2020 Qualified Expenses



2020

Household Employment Taxes

19

General Information:

TSJ _____

Employer identification number _____

Did you pay any one household employee cash wages of \$2,200 or more in 2020? ☐ Yes ☐ No

Did you withhold any federal income tax from wages paid to any household employee? ☐ Yes ☐ No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020? ☐ Yes ☐ No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes _____

Cash wages subject to Medicare taxes (if different than cash wages subject to social security) _____

Cash wages subject to additional Medicare tax withholding _____

Federal income tax withheld _____

State disability plan payments subject to social security taxes _____

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security) _____

2020 Amount	2019 Amount

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? ☐ Yes ☐ No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? ☐ Yes ☐ No

State	Total Cash Wages Subject to FUTA	2019 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2021

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2019 Amount



21

[illegible]



2020

Foreign Employment Information (Page 1 of 3)

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General Information:

TS

Foreign address

Name of employer
Employer's U.S. address

Employer's foreign address

Employer type: Foreign entity, U.S. company,
Foreign affiliate of a U.S. company, Self

Enter the last year that Form 2555 was filed to
claim either of the exclusions

Type of exclusions revoked in prior years

Year exclusion revoked

If a separate foreign residence was maintained for your
family due to adverse living conditions, please provide
the city, country, and number of days maintained

List tax home(s) during tax year and dates established

Country of citizenry or nationality

Qualified housing expenses for the tax year

Adjustment to employer provided amounts for qualified
housing expense

Tax Home History:

Most recent tax home
First previous tax home
Second previous tax home
Third previous tax home

Principal City and Country of Employment	Start Date (Mo/Da/Yr)	End Date (Mo/Da/Yr)
<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"/>



2020

New Jersey Information (Page 1 of 2)

General Information:

County or municipality of residence

How many dependents do you have attending college?

Do you qualify as disabled?

Enter the amount of Internet or out of state purchases for which you did not pay sales tax

Did you, your spouse, and all household members have insurance coverage for the entire year?

Attach all Forms 1095 received and/or any applicable exemption information.

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Yes ☐ No

Residency Information:

If you did not live in New Jersey for all of 2020, enter the dates you did live in New Jersey

Enter the state names other than New Jersey where you had income

From (Mo/Da/Yr)	To (Mo/Da/Yr)

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Endangered and Nongame Species of Wildlife Conservation Fund

Children's Trust Fund

Breast Cancer Research Fund

Vietnam Veterans' Memorial Fund

USS New Jersey Educational Museum Fund

Other contributions. Choose one fund from the list below and enter the amount you wish to contribute on your 2020 tax return:

Fund

Amount

Other contribution funds:

Drug Abuse Education Fund	American Red Cross - NJ Fund
Korean Veterans' Memorial Fund	Girl Scouts Councils in New Jersey Fund
Organ and Tissue Donor Awareness Education Fund	New Jersey Homeless Veterans Fund
NJ - AIDS Services Fund	Leukemia and Lymphoma Society Fund
Literacy Volunteers of America - New Jersey Fund	Northern New Jersey Veterans Memorial Cemetery Development Fund
New Jersey Prostate Cancer Research Fund	Local Library Support Fund
World Trade Center Scholarship Fund	Fund for the Support of New Jersey Nonprofit Veterans Organization
New Jersey Veterans Haven Support Fund	Yellow Ribbon Fund
Community Food Pantry Fund	Autism Program Fund
New Jersey Farm to School and School Garden Fund	Boy Scouts Councils in New Jersey Fund
ALS Association Support Fund	NJ Memorials to War Veterans Maintenance Fund
Cat and Dog Spay/Neuter Fund	Jersey Fresh Program Fund
New Jersey Lung Cancer Research Fund	NJ World War II Veterans Memorial Fund
Boys and Girls Club in New Jersey Fund	
New Jersey National Guard Fund	

Do you want \$1 to go to the Gubernatorial Election Fund?

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Property Tax Reimbursement Application Information:**

Property tax paid on principal residence

Rent paid on principal residence

Enter Any Additional New Jersey Information:

[illegible]



2020

New York Information (Page 1 of 2)

General Information:

Resident county

School district name

School district code number

Driver's license document ID (if issued by NY)

Taxpayer

Spouse

Did you make out of state, Internet or catalog purchases on which no sales tax was paid? ☐ Yes ☐ No

If Yes, enter the number of months the taxpayer maintained a permanent place of abode in NY

Did you receive a property tax freeze credit? ☐ Yes ☐ No

If Yes, enter the amount

Have you (or an entity of which you are an owner) been convicted of Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government? ☐ Yes ☐ No

Permanent Home Address if Different from Mailing Address:

Street

Apartment number

City ZIP code

Foreign country

Residency Information:

From
(Mo/Da/Yr)To
(Mo/Da/Yr)

If you did not live in New York state for all of 2020, enter the dates you did live in New York

If you were not a resident of New York state for any of 2020, enter the number of days spent in the state

Were you a part-year resident and received New York State income during nonresidency period? ☐ Yes ☐ No

If only one spouse had New York income, indicate which spouse - Taxpayer or Spouse

Did you maintain living quarters in New York state? If Yes, enter address(es) below:

.
.Do you still maintain these living quarters in New York? ☐ Yes ☐ NoWere New York State living quarters maintained for the entire year? ☐ Yes ☐ NoWere you a New York City resident for only part of the taxable year? ☐ Yes ☐ NoFrom
(Mo/Da/Yr)To
(Mo/Da/Yr)

If Yes, enter the dates you did live in New York City

Were you a Yonkers resident for only part of the taxable year? ☐ Yes ☐ NoFrom
(Mo/Da/Yr)To
(Mo/Da/Yr)

If Yes, enter the dates you did live in Yonkers

Did you live in a nursing home during 2020? ☐ Yes ☐ NoDid you reside in public housing or other residence completely exempted from real property taxes in 2020? ☐ Yes ☐ No



2020

Education Savings:

Did you or your spouse make any contributions to a New York 529 College Savings Program or New York State College Choice Tuition Savings Program account?

Yes

No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed

Would you like to allocate some or all of your refund to a New York 529 College Savings Program?

Plan code:

552 - College Savings Program
Direct Plan
553 - Advisor Guided College
Savings Program

Routing Number	Plan Code	Account Number	2020 Amount to Contribute

Voluntary Gifts/Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Return a Gift to Wildlife
Missing and Exploited Children
Breast Cancer Research
Alzheimer's Fund
Olympic Fund (\$2 or \$4 if filing jointly)
Prostate Cancer
9/11 Memorial
Volunteer Firefighting
Teen Health Education
Veterans Remembrance
Homeless Veterans
Mental Illness Anti-Stigma
Women's Cancers Fund

Autism Fund
Veterans' Homes
Love Your Library Fund
Lupus Fund
Military Family Fund
CUNY Fund
Home Delivered Meals for Seniors
Life Pass It On Fund
Gift to the Arts Fund
ALS Research and Education
School-Based Health Centers
Gifts to Food Banks Fund
Leukemia, Lymphoma, and Myeloma Fund
New York State Campaign Finance Fund

Enter Any Additional New York Information:



2020

New York - Worksheet

Wages and Salaries Earned in New York State or Yonkers:

If you worked in and out of New York State or Yonkers, please complete the following information for each job worked while a nonresident.

	Job #1	Job #2
	T/S _____	T/S _____
Wages earned	<div></div>	<div></div>
Total days employed if less than full year	_____	_____
Saturdays and Sundays (not worked)	_____	_____
Holidays (not worked)	_____	_____
Sick leave	_____	_____
Vacation	_____	_____
Other nonworking days	_____	_____
Days worked outside state/city	_____	_____
Days worked at home	_____	_____
Select state/city: NY, Yonkers or NY/Yonkers	_____	_____

	Job #3	Job #4
	T/S _____	T/S _____
Wages earned	<div></div>	<div></div>
Total days employed if less than full year	_____	_____
Saturdays and Sundays (not worked)	_____	_____
Holidays (not worked)	_____	_____
Sick leave	_____	_____
Vacation	_____	_____
Other nonworking days	_____	_____
Days worked outside state/city	_____	_____
Days worked at home	_____	_____
Select state/city: NY, Yonkers or NY/Yonkers	_____	_____