



952.448.4220  
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544 Bavaria Lane  
Chaska, MN 55318  
www.dha-cpa.com

Dear Client,

We hope you had a happy and healthy holiday season! We have been anxiously awaiting the New Year and are excited to be working with you this tax season.

We have enclosed a tax organizer to assist you in gathering your information. Please complete the organizer to the best of your ability and submit it with your tax documents. If you prefer to send your information digitally, please use our simple upload links at <https://dha-cpa.com/secure-file-sharing/>. We also encourage the use of our client drop box located at the back of our building for physical document delivery. When submitting documents to our drop box, please place them in a securely sealed envelope and label with your name.

Please submit your information to us as soon as possible, even if you are missing a few items, so we can begin preparation of your return. You may continue to send additional information as it becomes available to you.

You must submit your information prior to **March 5<sup>th</sup>, 2021** if you do not wish to extend your return this season. Client submissions after March 5<sup>th</sup> will result in us filing an automatic extension of your return and we will not be able to guarantee completion and filing prior to the April 15 deadline. There are no additional fees to extend your return, but it is important to note that filing an extension only extends the time to file and DOES NOT extend the due date of tax payments. Therefore, if you owe taxes, payments are still due on April 15<sup>th</sup>. If we need to extend your return, we will send you notification prior to April 15<sup>th</sup> and provide you with any necessary payment vouchers if we determine you owe taxes. If you already know you will require an extension, please notify us as soon as possible.

During tax season, we will continue our normal business hours of Monday – Friday 9:00am to 5:00pm. In addition to these hours, we will also be open on the following Saturdays from 9:00am to 1:00pm.

- March 6<sup>th</sup>
- March 13<sup>th</sup>
- April 3<sup>rd</sup>
- April 10<sup>th</sup>

Our office will be closing at 5:00pm on Thursday, April 15<sup>th</sup> and will be closed all day Friday, April 16<sup>th</sup>. During the summer months (Memorial Day to Labor Day) our office hours on Fridays will be reduced to 9:00 – 12:00.

We would like to thank you for your patience and understanding as we adapt to the new normal of business after COVID-19.

If you have any questions, please reach out to your DHA contact or give us a call at (952) 448-4220.

Sincerely,

DRAZAN, HENKE AND ASSOCIATES, PLLC

## CONTACT INFORMATION & DELIVERY PREFERENCES

Please fill in your contact information and checkmark your preferred form of contact:

- Primary Phone: \_\_\_\_\_
- Taxpayer Email: \_\_\_\_\_
- Spouse Email: \_\_\_\_\_

Please select your preferences for delivery of the items below:

*\*If you do not make any selections below, we will default to delivering all items via our digital options to maintain best practices for social distancing.*

*PLEASE NOTE: These selections do not reflect the filing of your return. We will attempt to e-file all tax returns and will notify you if your return has been disqualified from e-filing for any reason.*

**SIGNATURE FORMS: (E-file authorization & other forms requiring client signature)**

- Sign electronically via Adobe Sign
- Emailed as PDF via ShareFile
- Sign in person at DHA office
- Mailed to client with return envelope

**CLIENT COPY OF TAX RETURN, PAYMENT VOUCHERS (if applicable), AND OTHER DELIVERABLES**

- Emailed as PDFs via ShareFile
- Pick up physical copies in office
- Mailed to client (*\*please only select this option if you are not local or your circumstances do not allow for the other options*)

**DIGITAL TAX ORGANIZERS FOR 2021:**

Next tax season, DHA will be offering the option to complete your 2020 Tax Organizer electronically through TaxCaddy. All clients will receive an email in January 2021 containing a link with further instructions to create your TaxCaddy account if you prefer a digital organizer. If you do not set up an account, you will continue to receive a paper organizer in the mail.



Notification to download your final tax documents will be sent to your primary email address.

## REMINDERS FOR FREQUENTLY OVERLOOKED ITEMS

Please utilize this list & the tax organizer to provide us with all the necessary documentation to complete your individual income tax return.

- ✓ **Please DO NOT:** Staple, tape, or paper clip your tax documents and organizer pages
- ✓ **Please DO NOT:** Submit cash register receipts; please summarize totals by category in the organizer, Excel spreadsheet, or note paper. Failure to provide summaries may result in additional fees.
- ✓ **Please DO:** Open all mailing envelopes and submit only the enclosed tax documents.

- 1) Were you and everyone on your return covered by health insurance for all 12 months of 2019? \_\_\_Y \_\_\_N
- 2) Do you own a **foreign bank account** or have signature authority on a foreign bank account? \_\_\_Y \_\_\_N
- 3) **Auto Tabs** from vehicle registrations or list plate #'s here: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
If you purchased a new vehicle, we need the invoice from the dealer to determine the deductions.
- 4) If you did not receive a **1099-INT** from your bank, please include your Dec. 31<sup>st</sup> year-end checking/savings statement if the interest paid exceeds one dollar (\$1).
- 5) Please include **all forms 1098** received for mortgage interest paid on all your residences. If your total outstanding balances on all mortgages exceeds \$750k, please provide each loan's beginning and ending balance for the tax year.
- 6) If you **bought, sold or refinanced** your home, please enclose the 3-5 pages of Closing Documents.
- 7) **Documentation needed for non-cash charitable contributions totaling over \$500** must list the name of the charity, the date & the **value** of item(s) donated. (Example: Goodwill- 10/3/18; clothing; \$105 & Love INC- 5/26/18; furniture; \$425)
- 8) **Charitable cash contributions over \$250** require a written acknowledgement from the charity. Summarize cash contributions in the organizer, on an Excel spreadsheet, or on a separate sheet of paper.
- 9) For **MN K-12 Education Subtraction or Credit** please provide the child's name & grade; instrument played/rented; summary of amounts paid for tuition, tutoring, music lessons, & school supplies.
- 10) For **MN 529 plan Subtraction or Credit** please provide the child's name, Financial Institution, account number, and amount contributed.

### 2020 Minnesota Property Tax Return

- MN Form M1PR is considered a separate tax filing from the MN Income Tax Return (Form M1) and therefore an additional fee of \$85 will be applied for preparation and filing of this return. Please inform us by checking the box below if you DO NOT want DHA to prepare and file your MN M1PR.
- Form M1PR will be filed at the same time as your income tax return if we have access to your property tax statement or certificate of rent paid before time of filing.
- If your county has not released property tax statements before we file your income tax return, we will wait and file your M1PR separately after the April 15<sup>th</sup> deadline. Preparation of M1PRs begins in June.

Please check this box if you **DO NOT** want us to prepare your M1PR:

## Questions

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

**Personal Information:**

**Yes    No**

Did your marital status change? \_\_\_\_\_

Are you married? \_\_\_\_\_

If Yes, do you and your spouse want to file separate returns? \_\_\_\_\_

If No, are you in a domestic partnership, civil union, or other state-defined relationship? \_\_\_\_\_

Can you or your spouse be claimed as a dependent by another taxpayer? \_\_\_\_\_

Did you or your spouse serve in the military or were you or your spouse on active duty? \_\_\_\_\_

**Dependents:**

**Yes    No**

Were there any changes in dependents from the prior year? \_\_\_\_\_

Note: Include non-child dependents for whom you provided more than half the support.

Did you or your spouse pay for child care while you or your spouse worked or looked for work? \_\_\_\_\_

Do you have any children under age 18 with unearned income more than \$1,050? \_\_\_\_\_

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 \$1,050? \_\_\_\_\_

Did you adopt a child or begin adoption proceedings? \_\_\_\_\_

Are any of your dependents non-U.S. citizens or non-U.S. residents? \_\_\_\_\_

**Healthcare:**

**Yes    No**

Did you have healthcare coverage (health insurance, including Medicare, Medicaid, CHIP, and TRICARE) for you, your spouse, and any dependents for the entire year? \_\_\_\_\_

If Yes, include all Forms 1095-A, 1095-B, and 1095-C. If you did not receive Forms 1095-A, 1095-B or 1095-C, attach information detailing each month you, your spouse, and your dependents had coverage.

If No, there are several exemptions from the mandate requiring health insurance coverage. Examples include membership in a healthcare sharing ministry, membership in a federally recognized Indian tribe, incarceration, membership in certain religious sects, and enrollment in certain Medicaid and TRICARE programs that do not provide minimum essential coverage. If any of these provisions apply, provide information

regarding the exemption, the individual(s) (taxpayer, spouse, dependents) to which the exemption(s) may apply, and the month(s) for which the exemptions apply.

Are you claiming the exemption for someone having healthcare coverage purchased in the Marketplace and for whom you did not receive Form 1095-A? \_\_\_\_\_

Did you receive Form 1095-A for someone for whom another taxpayer will claim the personal exemption on their tax return? \_\_\_\_\_

Did you apply for an exemption through the Marketplace? \_\_\_\_\_

If Yes, provide the Exemption Certificate Number. \_\_\_\_\_

Are any of your dependents required to file a tax return? \_\_\_\_\_

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? \_\_\_\_\_

Were you eligible for employer-sponsored healthcare coverage? \_\_\_\_\_

If you received advance premium tax credit or enrolled in coverage through the Marketplace, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? \_\_\_\_\_

Did you or your spouse have any transactions pertaining to a health savings account (HSA)? If you received a distribution from an HSA, include all Forms 1099-SA. \_\_\_\_\_

Did you or your spouse have any transactions pertaining to a medical savings account (MSA)? If you received a distribution from an MSA, include all Forms 1099-SA. \_\_\_\_\_

Did you or your spouse receive any distributions from long-term care insurance contracts? If Yes, include Form 1099-LTC. \_\_\_\_\_

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? \_\_\_\_\_

If Yes, how many months were you covered? \_\_\_\_\_

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? \_\_\_\_\_

If Yes, how many months were you covered? \_\_\_\_\_

Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? \_\_\_\_\_

**Education:**

**Yes No**

Did you or your spouse pay any student loan interest? \_\_\_\_\_

Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? \_\_\_\_\_

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan?

\_\_\_\_\_

If Yes, include all Forms 1099-Q.

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?

\_\_\_\_\_

**Deductions and Credits:**

**Yes No**

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?

\_\_\_\_\_

If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.

Did you or your spouse incur any casualty or theft losses?

\_\_\_\_\_

Did you or your spouse make any large purchases, such as motor vehicles and boats?

\_\_\_\_\_

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?

\_\_\_\_\_

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?

\_\_\_\_\_

Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?

\_\_\_\_\_

If Yes, provide the number of gallons or special fuels used for off-highway business purposes.

\_\_\_\_\_ Gallons \_\_\_\_\_ Type

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?

\_\_\_\_\_

Did you or your spouse install any energy efficiency improvement or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?

\_\_\_\_\_

Did you or your spouse have any debts canceled, forgiven or refinanced?

\_\_\_\_\_

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation?

\_\_\_\_\_

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?

\_\_\_\_\_

Did you or your spouse sell, exchange, or purchase any real estate?

\_\_\_\_\_

If Yes, include closing statements.

**Investments:**

**Yes No**

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan?

\_\_\_\_\_

Did you or your spouse engage in any put or call transactions?

\_\_\_\_\_

If Yes, provide the transaction details.

Did you or your spouse close any open short sales?

\_\_\_\_\_

Did you or your spouse sell any securities not reported on Form 1099-B?

\_\_\_\_\_

**Retirement or Severance:**

**Yes No**

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?

\_\_\_\_\_

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan?

\_\_\_\_\_

Did you or your spouse turn age 70 ½ and have money in an IRA or other retirement account without taking any distribution?

\_\_\_\_\_

Did you or your spouse retire or change jobs?

\_\_\_\_\_

Did you or your spouse receive deferred, retirement or severance compensation?

\_\_\_\_\_

If Yes, enter the date received (Mo/Da/Yr). \_\_\_\_\_

**Personal Residence:**

**Yes No**

Did your address change?

\_\_\_\_\_

If Yes, provide the new address.

If Yes, did you move to a different home because of a change in the location of your job?

\_\_\_\_\_

Did you or your spouse claim a homebuyer credit for a home purchased in 2008?

\_\_\_\_\_

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?

\_\_\_\_\_

Are your total mortgages on your first and/or second residence greater than \$1,000,000?

\_\_\_\_\_

If Yes, provide the principal balance and interest rate at the beginning and end of the year.

\_\_\_\_\_

Did you or your spouse take out a home equity loan?

\_\_\_\_\_

Did you or your spouse have an outstanding home equity loan at the end of the year?

\_\_\_\_\_

If Yes, provide the principal balance and interest rate at the beginning and end of the year.

\_\_\_\_\_

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? \_\_\_\_\_

Did you or your mortgagee receive mortgage assistance payments? \_\_\_\_\_

If Yes, include all Forms 1098-MA.

**Sale of Your Home:**

**Yes No**

Did you sell your home? \_\_\_\_\_

Did you receive Form 1099-S? \_\_\_\_\_

If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? \_\_\_\_\_

Did you or your spouse ever rent out the property? \_\_\_\_\_

Did you or your spouse ever use any portion of the home for business purposes? \_\_\_\_\_

Have you or your spouse sold a principal residence within the last two years? \_\_\_\_\_

At the time of the sale, the residence was owned by the: \_\_\_\_\_ Taxpayer \_\_\_\_\_ Spouse \_\_\_\_\_ Both

**Gifts:**

**Yes No**

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$14,000 to any individual? \_\_\_\_\_

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? \_\_\_\_\_

Did you or your spouse make any gifts to a trust for any amount? \_\_\_\_\_

Did you or your spouse have a life insurance trust? \_\_\_\_\_

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? \_\_\_\_\_

Did you or your spouse forgive any indebtedness to any individual, trust or entity? \_\_\_\_\_

**Foreign Matters:**

**Yes No**

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? \_\_\_\_\_



Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country?

\_\_\_\_\_

Did you or your spouse create or transfer money or property to a foreign trust?

\_\_\_\_\_

Did you or your spouse own any foreign financial assets?

\_\_\_\_\_

**Miscellaneous:**

**Yes      No**

Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,000 during the year for domestic services performed in or around your home to individuals who could be considered household employees?

\_\_\_\_\_

Did you or your spouse receive unreported tip income of \$20 or more in any month?

\_\_\_\_\_

Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness?

\_\_\_\_\_

Did you or your spouse engage in any bartering transactions?

\_\_\_\_\_

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?

\_\_\_\_\_

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?

\_\_\_\_\_

**Additional state pages have been included at the back of the organizer and should be reviewed.**



# Personal Information

### Taxpayer:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

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

Driver's License  State-Issued ID  No Identification

### Spouse:

First Name and Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Occupation \_\_\_\_\_ Date of Birth (Mo/Da/Yr) \_\_\_\_\_ Date of Death (Mo/Da/Yr) \_\_\_\_\_

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

Driver's License  State-Issued ID  No Identification

### Contact Information:

Street Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Foreign Province or County \_\_\_\_\_

Foreign Country \_\_\_\_\_

Taxpayer Daytime/Work Phone \_\_\_\_\_ Taxpayer Evening/Home Phone \_\_\_\_\_ Taxpayer Foreign Phone \_\_\_\_\_

Taxpayer Cell Phone \_\_\_\_\_ Taxpayer Fax Number \_\_\_\_\_

Spouse Daytime/Work Phone \_\_\_\_\_ Spouse Evening/Home Phone \_\_\_\_\_ Spouse Foreign Phone \_\_\_\_\_

Spouse Cell Phone \_\_\_\_\_ Spouse Fax Number \_\_\_\_\_

Taxpayer Email Address \_\_\_\_\_

Spouse Email Address \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

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

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

Are you considered legally blind per IRS regulations?  Yes  No

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

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

### Personal Identification Numbers:

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

TS	State	City	Code	PIN

### Tax Organizer Legend:

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



# Dependents and Wages

## Dependent Information:

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



# Electronic Filing

## Electronic Filing:

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

Do not electronically file the federal return .....

Do not electronically file the state return(s) .....

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

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

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

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

Taxpayer PIN ..... \_\_\_\_\_

Spouse PIN ..... \_\_\_\_\_



# Direct Deposit and Withdrawal

## Direct Deposit and Electronic Funds Withdrawal Account Information:

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

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

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

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

Is this a business account?                       Yes     No

Account owner                                       Taxpayer                                       Spouse                                       Joint

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

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

Name of bank or financial institution .....

Routing Transit Number (RTN) .....

Account number .....

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

Is this a business account?                       Yes     No

Account owner                                       Taxpayer                                       Spouse                                       Joint

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



2020

# Business Income and Cost of Goods Sold

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

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

### Business Questions for 2020:

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

2020 Amount	2019 Amount

Health insurance premiums paid for yourself and your dependents \_\_\_\_\_

### Income:

Include all Forms 1099-K

Payment card and third party transactions:

Description	2020 Amount	2019 Amount

Miscellaneous income:

Include all Forms 1099-MISC and 1099-NEC

Description	2020 Amount	2019 Amount

Other Income:

Description	2020 Amount	2019 Amount

Other gross receipts or sales \_\_\_\_\_  
 Less returns and allowances \_\_\_\_\_

### Cost of Goods Sold:

2020 Amount	2019 Amount

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

Description	2020 Amount	2019 Amount

Ending inventory \_\_\_\_\_





# Business Expenses - Vehicle and Other Listed Property

Name of Business: \_\_\_\_\_

Principal Business or Profession: \_\_\_\_\_

### Listed Property Questions for 2020:

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

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

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

### Vehicle:

Description of vehicle .....

Date placed in service . . . . . (Mo/Da/Yr)

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

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

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

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

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year ..

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc ..

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....





# Business Use of Home

**Name of Business:** \_\_\_\_\_

**Principal Business or Profession:** \_\_\_\_\_

**Partial Use of Your Home for Business:**

	2020	2019
Square footage of home used exclusively for business .....		
Total square footage of home .....		
Total hours home was used for day care during the year .....		

Was your home used for day care purposes for the entire year? ..... 

Yes

No

Were improvements made to the home and/or home office since the time you began using the home for business? .....

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Sales of Stocks, Securities, Capital Assets & Installment Sales

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

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

Did you have any of the following during the year?

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

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

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

**Installment Sales:** Do not include interest received in principal amount

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



# Sale of Your Home and Moving Expenses

## 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 .....

### 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) .....



# Pension, Annuity and Retirement Plan Information

**Pensions and Annuities:** Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2020 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2019 Gross Distributions

**Self-Employed Retirement Plan:** Include copies of all Forms 1099-R

Have you established a self-employed retirement or SIMPLE plan with deductible contributions? .....

Do you want to contribute the maximum amount allowed? .....

Taxpayer		Spouse	
Yes	No	Yes	No

**Contributions to:**

Simplified employee pension plan .....

Defined benefit plan .....

Defined contribution plan .....

SIMPLE plan .....

2020 Amount	2020 Amount



# Rental and Royalty Income

**Location of Property:** \_\_\_\_\_

TSJ .....

Type of property .....

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

Ownership percentage if not 100% .....

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

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

2020	2019

**Income:**

Rents received .....

Royalties received .....

2020 Amount	2019 Amount

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

Description	2020 Amount	2019 Amount

Miscellaneous income:  Include all Forms 1099-MISC

Description	2020 Amount	2019 Amount

Other income:

Description	2020 Amount	2019 Amount





# Rental and Royalty Vehicle and Other Listed Property

Location of Property: \_\_\_\_\_

### Listed Property Questions for 2020:

	<b>Yes</b>	<b>No</b>
Do you have evidence to support your deduction? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property? .....	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written? .....	<input type="checkbox"/>	<input type="checkbox"/>

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

	<b>Yes</b>	<b>No</b>
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? ..	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? .....	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? .....	<input type="checkbox"/>	<input type="checkbox"/>

### Vehicle:

Description of vehicle .....

Date placed in service . . . . (Mo/Da/Yr) \_\_\_\_\_

Do you (or your spouse) have another vehicle available for your personal use? .....

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

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2020 Miles	2019 Miles
2020 Amount	2019 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2020 Miles	2019 Miles
2020 Amount	2019 Amount

### Mileage:

Total miles .....

Total business miles .....

Total commuting miles for the year ..

### Actual Expenses:

Gasoline, oil, repairs, insurance, etc . .

Interest .....

Taxes .....

Fair market value of leased vehicle ..

Vehicle rentals/leases .....



# Miscellaneous Income, Adjustments and Alimony

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

**Miscellaneous Income and Adjustments:**

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

**State and Local Income Tax Refunds:**

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

**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





# Miscellaneous Adjustments

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

TS	2020 Amount	2019 Amount

**Health Savings Accounts (HSAs)**

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

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

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

Were all distributions from your HSA for unreimbursed medical expenses? .....

Did you or your spouse enroll in Medicare? .....

If Yes, what month did you enroll? .....

What month did your spouse enroll? .....

Yes	No

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

TSJ	Nature and Source	2020 Amount	2019 Amount



# Itemized Deductions - Medical and Taxes

### Medical and Dental Expenses:

Prescription medicines and drugs .....

Total medical insurance premiums paid \* .....

Long-term care expenses .....

Total insurance reimbursement .....

Number of miles traveled for medical care .....

Lodging .....

Doctors, dentists, etc. ....

Hospitals .....

Lab fees .....

Eyeglasses and contacts .....

TSJ	2020 Amount	2019 Amount

2020 Amount	2019 Amount

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

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

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

### Other Medical Expenses:

TSJ	Description	2020 Amount	2019 Amount

### Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes) .....

General sales taxes paid on specified items .....

TSJ	2020 Amount	2019 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2020 Amount	2019 Amount

### 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



Mortgage Questions for 2020:

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

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2020 Amount	2019 Amount
	Name	Address			

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2020 Amount	2019 Amount

Investment Interest Expense:

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

TSJ	Paid To	2020 Amount	2019 Amount



# Itemized Deductions - Contributions

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

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

TSJ	Organization or Description of Contribution	2020 Amount	2019 Amount

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:

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

Table with 3 columns: TSJ, 2020 Amount, 2019 Amount

Other Itemized Deductions:

Examples:

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

Table with 4 columns: TSJ, Description, 2020 Amount, 2019 Amount

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



# Itemized Deductions - Business Use of Home

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

### Partial Use of Your Home for Business:

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2020	2019

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

### Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

### Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

### Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



# Employee Business Expenses (Page 1 of 2)

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 |
| 2 - Handicapped employee | 4 - National Guard or Reserve                    | (Big Rapids, MI only)   |

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



## Employee Business Expenses- Business Use of Home

17B

**Partial Use of Your Home for Business:**

Square footage of home used exclusively for business .....

Total square footage of home .....

Total hours home was used for day care during the year .....

2020	2019

Was your home used for day care purposes for the entire year? .....

Were improvements made to the home and/or home office since the time you began using the home for business? .....

Yes	No

**Expenses:** Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.  
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.  
 Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty losses .....				
Deductible mortgage interest paid to:				
Financial institutions .....				
Individuals .....				
Real estate taxes .....				
Insurance .....				
Qualified mortgage insurance premiums .....				
Repairs and maintenance .....				
Utilities .....				
Rent .....				

**Other Expenses:**

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

**Seller-Financed Mortgage Interest Information:**

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid





# Child/Dependent Care Expenses & Education Expenses

## 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



# Household Employment Taxes

### 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



# Federal Tax Payments

## Refund Application:

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

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

## Federal Estimated Tax Payments:

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

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

2019 overpayment applied to 2020 estimate .....

## Tax Planning Information for Tax Year 2021:

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

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

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




2020

# State and City Tax Payments

20A

## State and City Estimated Tax Payments:

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

2020 1st Quarter Estimate .....

2020 2nd Quarter Estimate .....

2020 3rd Quarter Estimate .....

2020 4th Quarter Estimate .....

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

2019 overpayment applied to 2020 estimate .....

Balance of prior year(s)' tax paid in 2020 plus  
 amount paid with 2019 extensions .....

Estimated tax payments for 2019 paid in 2020 .....

## State and City Estimated Tax Payments:

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

2020 1st Quarter Estimate .....

2020 2nd Quarter Estimate .....

2020 3rd Quarter Estimate .....

2020 4th Quarter Estimate .....

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

2019 overpayment applied to 2020 estimate .....

Balance of prior year(s)' tax paid in 2020 plus  
 amount paid with 2019 extensions .....

Estimated tax payments for 2019 paid in 2020 .....

## State and City Estimated Tax Payments:

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

2020 1st Quarter Estimate .....

2020 2nd Quarter Estimate .....

2020 3rd Quarter Estimate .....

2020 4th Quarter Estimate .....

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

2019 overpayment applied to 2020 estimate .....

Balance of prior year(s)' tax paid in 2020 plus  
 amount paid with 2019 extensions .....

Estimated tax payments for 2019 paid in 2020 .....



2020

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
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If you did not live in Minnesota for all of 2020, enter the dates you did live in Minnesota .....

Enter the state names other than Minnesota where you had income .....

Education Savings:

Yes	No
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Did you or your spouse make any contributions to a qualified education savings account? .....

If Yes, enter the following:

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

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to the Nongame Wildlife Fund .....

If you or your spouse wish to contribute \$5.00 to a political party, select one party:

Taxpayer:    Republican    Democratic/Farmer-Labor    Independence    Grassroots - Legalize Cannabis  
 Green    Libertarian    Legal Marijuana Now    General Campaign Fund

Spouse:    Republican    Democratic/Farmer-Labor    Independence    Grassroots - Legalize Cannabis  
 Green    Libertarian    Legal Marijuana Now    General Campaign Fund

Qualified School Expenses for Dependents:

	Dependent 1	Dependent 2
Dependent's name .....		
Dependent's grade .....		
Qualified expenses .....	<input type="text"/>	<input type="text"/>
Type of school (public, private, home) .....		
Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument) .....		
Type of Instruction (Class or Individual) .....		
Instructor or organization or Transportation provider .....		
Type of class .....		
Type of musical instrument .....		



2020

Credit for Parents of Stillborn Children:

Did you or your spouse experience a stillbirth during the year? [ ] Yes [ ] No

If Yes, include the Minnesota Certificate of Birth for each stillborn child.

Long Term Care Insurance:

If you had long term care insurance, list the policy owner, policy company name and policy number below.

Table with 3 columns: Policy Owner, Policy Company Name, Policy Number. Includes checkboxes for Taxpayer, Spouse, and Joint.

Property Tax Refund Information:

Include all Certificates of Rent Paid and/or Statements of Property Taxes Payable in 2021

County of residence

Were you or your spouse disabled on or before December 31, 2020?

Are you living in a nursing home or other health care facility?

Did you own AND occupy your homestead on BOTH January 2, 2020 and January 2, 2021?

Are you a mobile home owner who paid rent for property on which it was located?

Yes/No grid for disability and homestead questions.

Enter the percent of your home that is NOT used for business or rented to others %

Enter the amount of property tax refund received

Employer Transit Pass Credit:

Did your business buy Transit passes to resell or give to your employees? [ ] Yes [ ] No

If Yes, what was the original cost of the passes?

What amount was charged to employees for the passes?

What is your Minnesota ID number?

Student Loan Credit

Enter the total amount paid toward your or your spouse's qualified student loans during the year [ ] Taxpayer [ ] Spouse

Enter the amount of interest paid on your or your spouse's qualified student loans during the year [ ] Taxpayer [ ] Spouse

Enter the original balance of your or your spouse's qualified student loans [ ] Taxpayer [ ] Spouse

