

TOPIC	FORM	TOPIC	FORM
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Alimony received	14.1	Miscellaneous income	14.1
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Charitable contributions	25 p2, 25 p3, 26	Partnership information	20.1, 20.2
Child and dependent care expenses	33.1, 33.2	Pension distributions	10, 13.1, 13.2
Children's interest/dividend income	44	Purchase of business assets	22 p2
Client information	1	Qualified Plan (Keogh) contributions	24
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Direct deposit of refund	3, 6, 7.1	Railroad retirement benefits	14.1
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Foreign information	31.1	SEP contributions	24
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Health coverage	39	State and local tax refunds	14.2
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IRA contributions	24		

2019	1040	US	Client Information	1
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FRIEDMAN & PERRY CPAS
 1141 CATALINA DRIVE PMB 180
 LIVERMORE CA 94550
 Telephone number: (510) 794-7555
 Fax number: (510)-794-4719
 E-mail address:

Tax Return Appointment

Date:
 Time:
 Location:

This tax organizer will assist you in gathering information necessary for the preparation of your 2019 tax return. Please add, change, or delete information as appropriate.

CLIENT INFORMATION

Filing Status	Filing status (table)		<p style="text-align: center;">Filing Status</p> <p>1 = Single 2 = Married filing joint 3 = Married filing separate 4 = Head of household 5 = Qualifying widow(er)</p>
	1=married filing separate and lived with spouse		
	Year spouse died, if qualifying widow(er) (2017 or 2018)		
Taxpayer	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Spouse	First name and initial		
	Last name		
	Title/suffix		
	Social security number		
	Occupation		
	Date of birth (m/d/y)		
	Date of death (m/d/y)		
1=blind			
Address	In care of		
	Street address		
	Apartment number		
	City		
	State		
	ZIP code		
Foreign Address	Region		
	Postal code		
	Country		

Please add, change or delete information for 2019.

CLIENT INFORMATION

Taxpayer Contact Information	Home phone		<p>Daytime Phone</p> <p>1 = Work 2 = Home 3 = Mobile</p>
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Fax number		
	E-mail address		
Spouse Contact Information	Home phone		
	Work phone		
	Work extension		
	Daytime phone (table)		
	Mobile phone		
	Fax number		
	E-mail address		
Taxpayer Authentication	Driver's license no.		
	Driver's license state		
	Issue date (m/d/y)		
	Expiration date (m/d/y)		
	Theft protection PIN		
Spouse Authentication	Driver's license no.		
	Driver's license state		
	Issue date (m/d/y)		
	Expiration date (m/d/y)		
	Theft protection PIN		

2019	1040	US	Dependents	2
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Please add, change or delete information for 2019.

DEPENDENTS

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

Please enter all pertinent 2019 information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account	18		
1=electronic payment of balance due	34		
1=electronic payment of estimated tax	36		

BANK INFORMATION

	Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)
19		24	20	21	22	71
44		45	47	48	49	72
50		51	67	68	69	73

2019 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2019 Voucher Amount
Overpayment applied from 2018	1			
1st quarter payment	2	3		13
2nd quarter payment	4	5		14
3rd quarter payment	6	7		15
4th quarter payment	8	9		16
Additional Estimated Tax Payments	38	39		
	40	41		
	42	43		
	44	45		
Paid with extension	10	11		802
Former spouse SSN if joint estimates	12			

State

	Amount Paid	Date Paid	TS	2019 Voucher Amount
Overpayment applied from 2018	101			
1st quarter payment	102	103		113
2nd quarter payment	104	105		114
3rd quarter payment	106	107		115
4th quarter payment	108	109		116
Additional Estimated Tax Payments	138	139		
	140	141		
	142	143		
	144	145		
Paid with extension	110	111		804

1 **Type of Account**

1 = Savings
2 = Checking

2 **Type of Investment**

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

2019

1040

US

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

7.1

Please enter all pertinent 2019 information.

APPLICATION OF 2019 OVERPAYMENT (7.1)

If you have an overpayment of 2019 taxes, do you want the excess refunded? or applied to 2020 estimate? ...

Other (please explain): _____

2020 ESTIMATED TAX INFORMATION

Do you expect your 2020 taxable income to be different from 2019? Yes No
If "yes" explain any differences in income, deductions, dependents, etc.: _____

Do you expect your 2020 withholding to be different from 2019? Yes No
If "yes" explain any differences: _____

7.1

ORGANIZER

2019	1040	US	Wages, Pensions, Gambling Winnings	10, 13.1, 13.2
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Please enter all pertinent 2019 amounts & attach all W-2, W-2G and 1099-R forms.
Last year's amounts are provided for your reference.

WAGES, SALARIES, TIPS (10)

No.	Name of Employer (Box c)	1=retirement plan (Box 13)		Wages, Tips, Other Compensation (Box 1)	Tax Withheld					2018 Wages
		1=spouse			Federal (Box 2)	Social Security (Box 4)	Medicare (Box 6)	State (Box 17)	Local (Box 19)	
	800	1	2	3	4	6	8	14	18	

PENSIONS, IRA DISTRIBUTIONS (13.1)

No.	Name of Payer	Distribution code #2				Gross Distribution (Box 1)	Taxable Amount (Box 2a)	Tax Withheld		Value of all IRAs at 12/31/19	2018 Distribution
		Distribution code #1						Federal (Box 4)	State (Box 12)		
		1=IRA/SEP/SIMPLE									
		1	2	810	196						
	800	1	2	810	196	3	4	6	9	34	

GAMBLING WINNINGS (W-2G) (13.2)

No.	Name of Payer	1=spouse	Gross Winnings (Box 1)	Tax Withheld			2018 Winnings
				Federal (Box 4)	State (Box 15)	Local (Box 17)	
	800	1	3	6	9	152	

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

	2019 Amount	Ts	2018 Amount
Total gambling losses	12		
Winnings not reported on Form W-2G	10		

10, 13.1, 13.2

2019	1040	US	Miscellaneous Income	14.1
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Please enter all pertinent 2019 amounts and attach all 1099-MISC, SSA-1099, and RRB-1099 forms. Last year's amounts are provided for your reference.

MISCELLANEOUS INCOME

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Social security benefits (SSA-1099, box 5)	2	52		
Medicare premiums paid (SSA-1099)	13	63		
1=treat Medicare premiums paid as SE health ins..	34	84		
Tier 1 RR retirement benefits (RRB-1099, box 5) ..	3	53		
1=lump-sum election for SS benefits	12	62		
Alimony received	5	55		
Taxable scholarships and fellowships	8	58		
Jury duty pay	28	78		
Household employee income not on W-2	9	59		
Excess minister's allowance	24	74		
Alaska permanent fund dividends	21	71		
Income from rental of personal property	23	73		
Income subject to S/E tax:				
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
_____	10	60		
Other income (1099-MISC, box 3, 8)				
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		
_____	11	61		

TAX WITHHELD (not entered elsewhere)

Federal income tax withheld	14	64		
State income tax withheld	15	65		
Local income tax withheld	16	66		

2019	1040	US	State & Local Tax Refunds / Unemployment Compensation	14.2
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Please add, change or delete 2019 information as appropriate.
Be sure to attach all 1099-G forms.

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

2019 1099-G Amount

No. <input style="width:40px;" type="text"/>	Name of payer	800		
	1=spouse.....	1		
	Unemployment compensation:			
	Total received (Box 1)	2		
	2019 Overpayment repaid.....	3		
	State and local refunds:			
	State and local income tax refund, credit or offsets (Box 2)	4		
	1=city or local income tax refund	9		
	Tax year for box 2 if not 2018 (Box 3).....	5		
	Federal income tax withheld (Box 4).....	6		
	RTAA payments (Box 5).....	25		
	Taxable grants:			
	Federal taxable amount (Box 6)	12		
	State taxable amount, if different.....	17		
	Farm amounts:			
	Agriculture payments (Box 7).....	13		
	1=agriculture payments are from conservation reserve program	24		
	Market gain (Box 9).....	26		
Number of farm	15			
1=box 2 is trade or business income (Box 8).....	14			
State income tax withheld (Box 11).....	11			

No. <input style="width:40px;" type="text"/>	Name of payer	800		
	1=spouse.....	1		
	Unemployment compensation:			
	Total received (Box 1)	2		
	2019 Overpayment repaid.....	3		
	State and local refunds:			
	State and local income tax refund, credit or offsets (Box 2)	4		
	1=city or local income tax refund	9		
	Tax year for box 2 if not 2018 (Box 3).....	5		
	Federal income tax withheld (Box 4).....	6		
	RTAA payments (Box 5).....	25		
	Taxable grants:			
	Federal taxable amount (Box 6)	12		
	State taxable amount, if different.....	17		
	Farm amounts:			
	Agriculture payments (Box 7).....	13		
	1=agriculture payments are from conservation reserve program	24		
	Market gain (Box 9).....	26		
Number of farm	15			
1=box 2 is trade or business income (Box 8).....	14			
State income tax withheld (Box 11).....	11			

2019	1040	US	Education Distributions (ESA's and QTP's)	14.3
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Please enter all pertinent 2019 amounts and attach all 1099-Q forms.
Enter qualified education expenses below that are not entered elsewhere.
Last year's amounts are provided for your reference.

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

		2019 Amount	2018 Amount
No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2019 contributions to this ESA.....	142	
Value of this account at 12/31/19 (plus outstanding rollovers) ..	144		
Basis in this ESA as of 12/31/18.....	165		
No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2019 contributions to this ESA.....	142	
Value of this account at 12/31/19 (plus outstanding rollovers) ..	144		
Basis in this ESA as of 12/31/18.....	165		
No. <input style="width: 40px; height: 15px;" type="text"/>	Name of payer.....	800	
	1=spouse.....	1	
	Qualified expenses:		
	Higher education (net of nontaxable benefits).....	143	
	Elementary & secondary education (net of nontaxable benefits).....	307	
	Form 1099-Q:		
	Gross distributions (Box 1).....	301	
	Earnings (Box 2).....	302	
	Basis (Box 3).....	303	
	Rollover: 1=nontaxable, 2=taxable (Box 4).....	304	
	Distribution type: 1=private 529, 2=state 529, 3=Coverdell ESA (Box 5) ..	2	
	ESA's only:		
	2019 contributions to this ESA.....	142	
Value of this account at 12/31/19 (plus outstanding rollovers) ..	144		
Basis in this ESA as of 12/31/18.....	165		

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

ABLE DISTRIBUTIONS / CONTRIBUTIONS

		2019 Amount	2018 Amount
No. <input style="width:40px;" type="text"/>	Name of payer or issuer	800	
	1=spouse.....	1	
	Distributions (1099-QA):		
	Gross distributions (1)	2	
	Earnings (2)	3	
	Basis (3)	4	
	1=program to program transfer (4)	5	
	1=ABLE account terminated (5)	6	
	1=recipient is not the designated beneficiary (6)	7	
	Qualified disability expenses paid	8	
	Amount excluded from 10% tax	12	
	Excess contributions:		
	Excess contributions withdrawn by due date of return	11	
	Earnings on excess contributions.....	13	

No. <input style="width:40px;" type="text"/>	Name of payer or issuer	800	
	1=spouse.....	1	
	Distributions (1099-QA):		
	Gross distributions (1)	2	
	Earnings (2)	3	
	Basis (3)	4	
	1=program to program transfer (4)	5	
	1=ABLE account terminated (5)	6	
	1=recipient is not the designated beneficiary (6)	7	
	Qualified disability expenses paid	8	
	Amount excluded from 10% tax	12	
	Excess contributions:		
	Excess contributions withdrawn by due date of return	11	
	Earnings on excess contributions.....	13	

No. <input style="width:40px;" type="text"/>	Name of payer or issuer	800	
	1=spouse.....	1	
	Distributions (1099-QA):		
	Gross distributions (1)	2	
	Earnings (2)	3	
	Basis (3)	4	
	1=program to program transfer (4)	5	
	1=ABLE account terminated (5)	6	
	1=recipient is not the designated beneficiary (6)	7	
	Qualified disability expenses paid	8	
	Amount excluded from 10% tax	12	
	Excess contributions:		
	Excess contributions withdrawn by due date of return	11	
	Earnings on excess contributions.....	13	

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	800	
Principal business code.....	801	
Business name, if different from Form 1040.....	802	
Business address, if different from Form 1040....	803	
City, if different from Form 1040.....	804	
State, if different from Form 1040.....	828	
ZIP code, if different from Form 1040.....	829	
Foreign region.....	830	
Foreign postal code.....	831	
Foreign country.....	832	
Employer identification number.....	805	
Other accounting method.....	806	

Accounting method: 1=cash, 2=accrual.....	7		
Inventory method: 1=cost, 2=lower cost/market, 3=other.....	6		
1=change of inventory method.....	8		
1=spouse, 2=joint.....	10		
1=first Schedule C filed for this business.....	44		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....	112		
1=not subject to self-employment tax.....	39		
1=did not "materially participate".....	22		
1=personal services is not a material income producing factor.....	220		
1=investment.....	37		
1=minister's Schedule C.....	302		
1=single member limited liability company.....	418		
1=trader in financial instruments or commodities.....	95		

INCOME

	2019 Amount	2018 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....	51	
Returns and allowances.....	52	
Other income:		
_____	54	
_____	54	
_____	54	
_____	54	

COST OF GOODS SOLD

Inventory at beginning of the year.....	14	
Purchases.....	15	
Cost of items for personal use.....	16	
Cost of labor.....	17	
Materials and supplies.....	18	
Other costs:		
_____	19	
_____	19	
_____	19	
_____	19	
Inventory at end of the year.....	20	

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2019 Amount	2018 Amount
Accounting.....	201	
Advertising.....	56	
Answering service.....	202	
Bad debts from sales or service.....	57	
Bank charges.....	203	
Car and truck expenses (not entered elsewhere).....	59	
Commissions.....	60	
Contract labor.....	87	
Delivery and freight.....	204	
Dues and subscriptions.....	205	
Employee benefit programs.....	64	
Insurance (other than health).....	66	
Mortgage interest (paid to banks, etc.).....	12	
Other interest (not entered elsewhere).....	67	
Janitorial.....	206	
Laundry and cleaning.....	207	
Legal and professional.....	69	
Miscellaneous.....	208	
Office expense.....	70	
Outside services.....	209	
Parking and tolls.....	210	
Pension and profit sharing plans - contributions.....	71	
Pension and profit sharing plans - admin. and education costs.....	53	
Postage.....	211	
Printing.....	212	
Rent - vehicles, machinery, & equipment (not entered elsewhere).....	58	
Rent - other.....	72	
Repairs.....	73	
Security.....	213	
Supplies.....	74	
Taxes - real estate.....	45	
Taxes - payroll.....	41	
Taxes - sales tax included in gross receipts.....	43	
Taxes - other (not entered elsewhere).....	75	
Telephone.....	214	
Tools.....	215	
Travel.....	76	
Total meals in full (50%).....	81	
Department of Transportation meals in full (80%).....	86	
Uniforms.....	216	
Utilities.....	77	
Wages.....	78	

Other expenses:

_____	90	
_____	90	
_____	90	
_____	90	
_____	90	
_____	90	

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

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

PRIOR YEAR INSTALLMENT SALE

		2019 Amount		2018 Amount	
No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

No. <input type="text"/>	Description of property.....	800			
	Date acquired (m/d/y).....	25			
	Date sold (m/d/y).....	26			
	Gross profit ratio (.xxxx).....	500			
	Current year principal payments (-1 if none).....	36			

**If you sold your home or moved in 2019, please complete the information below.
For the sale of home, please provide Form 1099-S and closing statements from
the purchase and sale of your home.**

SALE OF HOME (17)

Description of property (Box 3).....	800	
Date acquired (m/d/y).....	25	
Date sold (m/d/y) (Box 1).....	26	
Sales price (Box 2).....	27	
1=sale of home.....	46	
1=owned and used property as main home for at least 2 of 5 years before sale.....	145	
1=first-time homebuyer credit was previously taken on this home.....	366	
1=business use in year of sale.....	167	
Number of days after December 31, 2008 that home was not used as principal residence.....	367	

Adjusted Basis

Original cost.....		
Improvements:		

Adjusted basis.....	29	

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

Total expenses of sale.....	28	

Reduced Exclusion

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

If excl. gain from another home after May 6, 1997 & within 2 yrs. of current sale, enter date of sale (m/d/y)	152	
1=sale due to change in health, employment or unforeseen circumstances.....	161	
Days used as main home - taxpayer.....	148	
Days used as main home - spouse.....	149	
Days property owned - taxpayer.....	150	
Days property owned - spouse.....	151	

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

1=spouse, 2=joint.....	1	
1=armed forces move due to permanent change of station.....	14	
Miles from old home to new work place.....	2	
Miles from old home to old work place.....	3	
Expenses for transportation and storage of household goods and personal effects.....	4	
Lodging and travel (excluding meals):		
Lodging and travel (excluding automobile).....	5	
Parking fees and tolls.....	15	
Gas and oil.....	16	
Miles driven to new home.....	17	

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

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2019 Amount	2018 Amount
Description of property.....	800	Type of Property 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address.....	801	
City.....	820	
State.....	821	
ZIP code.....	822	
Type of property (see table)....	802	
Other type of property.....	803	
Number of days rented.....	34	

Percentage of ownership if not 100% (.xxxx).....	500	1=did not actively participate... ..	38
Percentage of tenant occupancy if not 100% (.xxxx).....	503	1=real estate professional.....	32
1=spouse, 2=joint.....	33	1=rental other than real estate..	71
1=qualified joint venture.....	108	1=investment.....	48
1=nonpassive activity, 2=passive royalty.....	39	1=single member limited liability company.....	418
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no.....			112

INCOME

	2019 Amount	2018 Amount
Rents or royalties received.....	110	

DIRECT EXPENSES

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

Advertising.....	4	
Association dues.....	16	
Auto and travel (not entered elsewhere).....	5	
Cleaning and maintenance.....	6	
Commissions.....	7	
Gardening.....	18	
Insurance.....	8	
Legal and professional fees.....	10	
Licenses and permits.....	23	
Management fees.....	19	
Miscellaneous.....	24	
Mortgage interest (paid to banks, etc.).....	9	
Qualified mortgage insurance premiums.....	62	
Excess mortgage interest.....	67	
Other interest (not entered elsewhere).....	29	
Painting and decorating.....	20	
Pest control.....	21	
Plumbing and electrical.....	17	
Repairs.....	11	
Supplies.....	12	
Taxes - real estate.....	13	
Taxes - other (not entered elsewhere).....	25	
Telephone.....	22	
Utilities.....	14	
Wages and salaries.....	15	
Other:		
_____	27	
_____	27	
_____	27	
_____	27	

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

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

GENERAL INFORMATION

Foreign region	823	
Foreign postal code	824	
Foreign country	825	

OIL AND GAS

	2019 Amount	2018 Amount
Production type (preparer use only)	42	
Cost depletion	43	
Percentage depletion rate or amount	502	
State cost depletion, if different (-1 if none)	76	
State % depletion rate or amount, if different (-1 if none)	506	

PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use	35	
Number of days owned (if optional method elected)	53	

INDIRECT EXPENSES

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

Advertising	204	
Association dues	216	
Auto and travel (not entered elsewhere)	205	
Cleaning and maintenance	206	
Commissions	207	
Gardening	218	
Insurance	208	
Legal and professional fees	210	
Licenses and permits	223	
Management fees	219	
Miscellaneous	224	
Mortgage interest (paid to banks, etc.)	209	
Qualified mortgage insurance premiums	262	
Excess mortgage interest	267	
Other interest (not entered elsewhere)	229	
Painting and decorating	220	
Pest control	221	
Plumbing and electrical	217	
Repairs	211	
Supplies	212	
Taxes - real estate	213	
Taxes - other (not entered elsewhere)	225	
Telephone	222	
Utilities	214	
Wages and salaries	215	
Other:		
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	
_____	227	

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal product	800	
Employer ID number	801	

Agricultural activity code	1		
Accounting method: 1=cash, 2=accrual	2		
1=spouse, 2=joint	5		
1=farm rental (Form 4835)	84		
Type of rental property (farm rental only): 1=land, 2=self-rental, 3=other	966		
1=crop insurance proceeds election	64		
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no	112		
1=did not "materially participate" (Schedule F only)	65		
1=did not actively participate (Farm rental only)	85		
1=real estate professional (farm rental only)	3		
1=single member limited liability company	418		
% of ownership if not 100% (.xxxx) (Farm rental only)	504		

FARM INCOME

		2019 Amount	2018 Amount
Cash method:			
Sales of livestock and other resale items	6		
Cost or basis of livestock or other resale items	7		
Sales of products raised	8		
Accrual method:			
Sales of livestock, produce, etc.	17		
Beginning inventory of livestock, etc.	23		
Cost of livestock, etc. purchased	24		
Ending inventory of livestock, etc.	25		
Other farm income:			
Total cooperative distributions	9		
Taxable cooperative distributions	10		
Total agricultural program payments (other than CRP)	11		
Taxable agricultural program payments (other than CRP)	12		
Total conservation reserve program payments	141		
Taxable conservation reserve program payments	142		
Commodity credit loans reported under election	13		
Total commodity credit loans forfeited or repaid	73		
Taxable commodity credit loans forfeited or repaid	74		
Total crop insurance proceeds received in 2019	14		
Taxable crop insurance proceeds received in 2019	75		
Taxable crop insurance proceeds deferred from 2018	76		
Custom hire (machine work) income not included above	15		

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

FARM INCOME (continued)

Other income:

	2019 Amount	2018 Amount
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	
_____	16	

FARM EXPENSES

Car and truck expenses (not entered elsewhere).....	60	
Chemicals.....	27	
Conservation expenses.....	28	
Custom hire (machine work).....	40	
Employee benefit programs.....	31	
Feed purchased.....	32	
Fertilizers and lime.....	33	
Freight and trucking.....	34	
Gasoline, fuel, and oil.....	35	
Insurance (other than health).....	36	
Mortgage interest (paid to banks, etc.).....	41	
Other interest (not entered elsewhere).....	42	
Labor hired.....	37	
Pension and profit sharing - contributions.....	43	
Pension and profit sharing plans - admin. and education costs.....	57	
Rent - vehicles, machinery, and equipment (not entered elsewhere).....	39	
Rent - other (land, animals, etc.).....	44	
Repairs and maintenance.....	45	
Seeds and plants purchased.....	46	
Storage and warehousing.....	47	
Supplies purchased.....	48	
Taxes (not entered elsewhere).....	49	
Utilities.....	50	
Veterinary, breeding, and medicine.....	51	
Capitalized preproductive period expenses (also enter below).....	77	

Other expenses:

_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	
_____	53	

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

2019	1040	US	Partnership and S corporation Information	20.1,20.2
-------------	-------------	-----------	--	------------------

Please add, change or delete 2019 information as appropriate. Be sure to attach all Schedule K-1s.

PARTNERSHIP INFORMATION (20.1)

No.	Name of Partnership	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in Partnership
	800	801	802	161

S CORPORATION INFORMATION (20.2)

No.	Name of S corporation	Employer Identification Number	Tax Shelter Registration Number	Additional Amounts Invested in S corporation
	800	801	802	161

2019	1040	US	Estate or Trust and REMIC Information	20.3,20.4
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Please add, change or delete 2019 information as appropriate.
Be sure to attach all Schedule K-1s and Schedule Qs.

ESTATE OR TRUST INFORMATION (20.3)

No.	Name of Estate or Trust	Employer Identification Number	Tax Shelter Registration Number
	800	801	802

REMIC INFORMATION (20.4)

No.	Name of REMIC	Employer Identification Number
	800	801

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2019 Amount	2018 Amount
Description of vehicle.....	800	
1=no evidence to support your deduction.....	30	
1=no written evidence to support your deduction.....	31	
1=vehicle is available for off-duty personal use.....	39	
1=no other vehicle is available for personal use.....	40	
1=vehicle used primarily by more than 5% owner.....	41	
Number of months of business use if changed from 100% personal use.....	333	

AUTOMOBILE MILEAGE

Total mileage (for the tax year).....	36	
Business mileage.....	37	
Commuting mileage (for the tax year).....	38	
Average daily round-trip commute.....	334	

ACTUAL EXPENSES

Parking fees and tolls (business portion only).....	335	
Gasoline, lube, oil.....	338	
Repairs.....	339	
Tires.....	340	
Insurance.....	341	
Miscellaneous.....	342	
Auto license (other than personal property taxes).....	343	
Personal property taxes (based on car's value).....	344	
Interest (car loan) (for Schedule C, E & F).....	345	
Vehicle rent or lease payments.....	350	
Inclusion amount (enter as positive).....	351	
Value of employer-provided vehicle on Form W-2 (2106).....	346	

Please enter all pertinent 2019 information. Last year's amounts are provided for your reference.

TRADITIONAL IRA CONTRIBUTIONS

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older).....	1	51		
Contributions made to date	3	53		
1=covered by plan, 2=not covered.....	5	55		
2019 payments from 1/1/20 to 4/15/20.....	8	58		

ROTH IRA CONTRIBUTIONS

Roth IRA contributions you made or expect to make (1=maximum) (\$6,000/\$7,000 if 50 or older).....	27	77		
Contributions made to date	30	80		

SEP, SIMPLE AND QUALIFIED PLANS (KEOGH)

Profit-sharing (25%/1.25) contributions you made or expect to make (1=maximum).....	10	60		
Money purchase (25%/1.25) contributions you made or expect to make (1=maximum).....	11	61		
Defined benefit contributions you expect to make.....	13	63		
Self-employed SEP (25%/1.25) contributions you made or expect to make (1=maximum).....	12	62		
Plan contribution rate if not .25 (.xxxx).....	501	551		
Individual 401k: SE elective deferrals (except Roth) (1=max.)...	44	94		
Individual 401k: SE designated Roth contributions (1=max.)...	144	194		

SIMPLE contributions:

Self-employed SIMPLE contributions you made or expect to make (1=maximum).....	22	72		
Employer matching rate if not .03 (.xxxx).....	502	552		
1=nonelective contributions (2%).....	24	74		
Contributions made to date	14	64		

ADJUSTMENTS TO INCOME

Self-employed health insurance:

Total premiums (excluding long-term care)....	16	66		
Long-term care premiums.....	26	76		
Student loan interest paid (1098-E, box 1).....	23	73		
Educator expenses (kindergarten thru grade 12)...	28	78		
Jury duty pay given to employer.....	43	93		
Expenses from rental of personal property.....	37	87		

Other adjustments to income:

_____	19	69		
_____	19	69		
_____	19	69		

Alimony paid:

	Taxpayer		Spouse	
Recipient's first name....	39.____		89.____	
Recipient's last name....	40.____		90.____	
Recipient's SSN.....	41.____		91.____	
Amount paid	18.____	2018 amt:	68.____	2018 amt:

Please enter all pertinent 2019 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

MEDICAL AND DENTAL EXPENSES

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

	2019 Amount	TS	2018 Amount
Prescription medicines and drugs.....	4		
Doctors, dentists and nurses.....	5		
Hospitals and nursing homes.....	6		
Insurance premiums not entered elsewhere (excl. LT care & amts. paid w/pre-tax dollars) ..	7		
Long-term care premiums - taxpayer.....	17		
Long-term care premiums - spouse.....	58		
Insurance reimbursement (enter as a positive number).....	8		
Lodging and transportation:			
Out-of-pocket expenses.....	9		
Medical miles driven.....	52		
Other medical and dental expenses:			
_____	10		
_____	10		
_____	10		

TAXES PAID (State and local withholding and 2019 estimates are automatic.)

State income taxes - 1/19 payment on 2018 state estimate.....	11		
State income taxes - paid with 2018 state return extension.....	12		
State income taxes - paid with 2018 state return.....	13		
State income taxes - paid for prior years and/or to other state.....	14		
City/local income taxes - 1/19 payment on 2018 city/local estimate.....	211		
City/local income taxes - paid with 2018 city/local extension.....	212		
City/local income taxes - paid with 2018 city/local return.....	213		

SALES AND USE TAXES PAID

State and local sales taxes (except autos and special items).....	91		
Use taxes paid on 2019 purchases.....	92		
Use taxes paid with 2018 state return.....	96		
Sales tax on autos not included above.....	349		
Sales tax on boats, aircraft, other special items.....	93		

OTHER TAXES PAID

Real estate taxes - principal residence:			
_____	15		
_____	15		
Real estate taxes - held for investment:			
_____	16		
_____	16		
_____	16		
Personal property taxes (including auto fees in some states. Provide a copy of tax notice) ..	18		
Foreign income taxes.....	19		
Other taxes:			
_____	20		

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

INTEREST PAID

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

	2019 Amount	Ts	2018 Amount
_____	21		
_____	21		
_____	21		

Home mortgage interest not reported on Form 1098:

Payee's name	85.____		
Payee's SSN or FEIN . . .	86.____		
Payee's street address . .	87.____		
Payee's city	88.____		
Payee's state	106.____		
Payee's ZIP code	108.____		
Payee's region	1350.____		
Payee's postal code	1351.____		
Payee's country	1352.____		

Amount paid	22.____		
-----------------------	---------	--	--

Points not reported on Form 1098:

_____	23		
_____	23		
Mortgage insurance premiums on post 12/31/06 contracts (Box 4)	39		

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

Investment interest (interest on margin accounts):

_____	24		
_____	24		
Passive interest	27		

Passive interest

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

CASH CONTRIBUTIONS

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

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

Contributions by cash or check:

_____	32		
_____	32		
_____	32		
_____	32		
_____	32		
Volunteer expenses (out-of-pocket)	31		
Number of charitable miles	53		

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

Contributions by cash or check:

_____	41		
_____	41		
_____	41		
_____	41		
_____	41		
Volunteer expenses (out-of-pocket)	40		
Number of charitable miles	54		

Volunteer expenses (out-of-pocket)

Number of charitable miles

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

NONCASH CONTRIBUTIONS

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

50% limitation (see above):

	2019 Amount	TS	2018 Amount
33			
33			
33			
33			

30% limitation (see above):

34			
34			
34			
34			

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

35			
35			
35			
35			

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

36			
36			
36			
36			

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

Union and professional dues

42			
----	--	--	--

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

43			
43			
43			
43			
43			
43			

Investment expense:

44			
44			
44			
44			
44			
44			

Tax return preparation fee

45			
----	--	--	--

Safe deposit box rental

46			
----	--	--	--

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

47			
47			
47			
47			
47			
47			

If either of the following conditions below apply to you, your home mortgage interest deduction may need to be limited and the input section provided below should be completed. If neither condition applies, enter home mortgage interest amounts on organizer sheet 25 p2.

- Total home equity debt exceeded \$100,000 at any time during 2019 (\$50,000 if married filing separate). For this purpose, home equity debt is defined as any mortgages taken out in which the proceeds were used to buy, build, or improve your home.
- Total home acquisition debt exceeded \$750,000 at any time during 2019 (\$375,000 if married filing separate). For this purpose, home acquisition debt is defined as any mortgages taken out after October 13, 1987 in which the proceeds were used to buy, build, or improve your home.

NOTE: When completing the input section below, grandfather debt represents loans taken out prior to October 14, 1987.

Please enter all pertinent 2019 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

	2019 Amount	TS	2018 Amount
Fair market value of the property on the date that the last debt was secured	493		
Home acquisition and grandfather debt on the date that the last debt was secured	494		

LOAN INFORMATION

Loan #1

Lender's name	820		
Form (see table)	416		
Number of form	417		
1=taxpayer, 2=spouse, blank=joint	496		
Interest paid	401		
Points paid	402		
Total principal paid	404		
Lump sum principal payment (if paid off)	403		
Months outstanding (if not 12)	405		
1=home acquisition debt incurred after 12/15/17	418		
Home acquisition debt balance - beginning of year	407		
Home acquisition debt borrowed in 2019	408		
Home equity debt balance - beginning of year	410		
Home equity debt borrowed in 2019	411		
Grandfather debt balance - beginning of year	413		

Loan #2

Lender's name	830		
Form (see table)	436		
Number of form	437		
1=taxpayer, 2=spouse, blank=joint	497		
Interest paid	421		
Points paid	422		
Total principal paid	424		
Lump sum principal payment (if paid off)	423		
Months outstanding (if not 12)	425		
1=home acquisition debt incurred after 12/15/17	438		
Home acquisition debt balance - beginning of year	427		
Home acquisition debt borrowed in 2019	428		
Home equity debt balance - beginning of year	430		
Home equity debt borrowed in 2019	431		
Grandfather debt balance - beginning of year	433		

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

Please enter all pertinent 2019 amounts and attach all 1098 forms.
Last year's amounts are provided for your reference.

LOAN INFORMATION (continued)

Loan #3

2019 Amount

TS

2018 Amount

Lender's name	840		
Form (see table)	456		
Number of form	457		
1=taxpayer, 2=spouse, blank=joint	498		
Interest paid	441		
Points paid	442		
Total principal paid	444		
Lump sum principal payment (if paid off)	443		
Months outstanding (if not 12)	445		
1=home acquisition debt incurred after 12/15/17	458		
Home acquisition debt balance - beginning of year	447		
Home acquisition debt borrowed in 2019	448		
Home equity debt balance - beginning of year	450		
Home equity debt borrowed in 2019	451		
Grandfather debt balance - beginning of year	453		

Loan #4

Lender's name	850		
Form (see table)	476		
Number of form	477		
1=taxpayer, 2=spouse, blank=joint	499		
Interest paid	461		
Points paid	462		
Total principal paid	464		
Lump sum principal payment (if paid off)	463		
Months outstanding (if not 12)	465		
1=home acquisition debt incurred after 12/15/17	478		
Home acquisition debt balance - beginning of year	467		
Home acquisition debt borrowed in 2019	468		
Home equity debt balance - beginning of year	470		
Home equity debt borrowed in 2019	471		
Grandfather debt balance - beginning of year	473		

Form
1 = Schedule A (default)
2 = Business use of home
3 = Schedule E

If your total noncash contributions are in excess of \$500 in 2019, please complete the information below for each donee using the following guidelines:

- * If you contributed a motor vehicle, boat, or airplane with a claimed value of more than \$500, attach Form 1098-C or other written acknowledgement received from the donee organization.
- * A deduction for contributions of clothing or other household items that are not in *good* used condition or better is not allowed. In addition, a deduction for any item with minimal monetary value may be denied. However, these rules do not apply to any contribution of a single item for which a deduction of more than \$500 is claimed, if a qualified appraisal for the donated property is provided.

DONATED PROPERTY INFORMATION

No. <input type="text"/>	Name of charitable organization (donee).....	800		
	Street address	801		
	City	802		
	State	831		
	ZIP code	832		
	1=spouse, 2=joint	1		
	Property description (other than vehicle).....	803		
	Vehicle	Identification number (VIN).....	204	
		Year (yyyy)	14	
		Make and model	829	
		Condition and mileage	830	
	Date of contribution (m/d/y).....	5		
	Date acquired by donor (m/y)	6		
	How acquired by donor (Table 1 or describe).....	804		
	Donor's cost or basis	7		
Fair market value	8			
Method used to determine FMV (Table 2 or describe).....	805			

No. <input type="text"/>	Name of charitable organization (donee).....	800		
	Street address	801		
	City	802		
	State	831		
	ZIP code	832		
	1=spouse, 2=joint	1		
	Property description (other than vehicle).....	803		
	Vehicle	Identification number (VIN).....	204	
		Year (yyyy)	14	
		Make and model	829	
		Condition and mileage	830	
	Date of contribution (m/d/y).....	5		
	Date acquired by donor (m/y)	6		
	How acquired by donor (Table 1 or describe).....	804		
	Donor's cost or basis	7		
Fair market value	8			
Method used to determine FMV (Table 2 or describe).....	805			

<p>1</p> <p style="text-align: center;">How Property was Acquired</p> <p>1 = Purchase 3 = Inheritance 2 = Gift 4 = Exchange</p>	<p>2</p> <p style="text-align: center;">Method Used to Determine FMV</p> <p>1 = Appraisal 3 = Catalog 2 = Thrift shop value 4 = Comparable sales</p> <p style="text-align: center;">For other methods, see IRS Pub. 561.</p>
---	--

Please enter 2019 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

	2019 Amount	2018 Amount
Form	45	
Number of form (e.g., enter 2 for Schedule C number 2)	46	
Business use area (square footage)	2	
Total area of home (square footage)	1	
Total hours facility used (for daycare facilities only)	3	
Total hours available (if not 8,760)	9	
Area of home included above used exclusively for daycare business, if any (sq ft)	89	
% (.xx) or amount of gross income from home if not 100% (-1 if none)	502	
% (.xx) or amount of expenses from home if not 100% (-1 if none)	503	

INDIRECT EXPENSES

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

Mortgage interest	11	
Real estate taxes	12	
Casualty losses	13	
Insurance	14	
Miscellaneous	15	
Rent	16	
Repairs and maintenance	17	
Utilities	18	
Excess mortgage interest	19	
Excess real estate taxes	54	
Other indirect expenses:		
_____	20	
_____	20	
_____	20	
_____	20	

DIRECT EXPENSES

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

Mortgage interest	21	
Real estate taxes	22	
Casualty losses	23	
Insurance	24	
Miscellaneous	25	
Rent	26	
Repairs and maintenance	27	
Utilities	28	
Excess mortgage interest	29	
Excess real estate taxes	55	
Excess casualty losses	30	
Allowable casualty losses	31	
Other direct expenses:		
_____	32	
_____	32	
_____	32	
_____	32	

2019

1040

US

Employee/Vehicle Bus. Exp. (Form 2106)

No.

30

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Occupation, if different from Form 1040.....	800	
Form	13	
Number of form (1=first Schedule C, 2=second, etc.)	14	
1=spouse	1	
1=performance artist, 2=handicapped, 3=fee-basis government official.....	8	
1=minister's expenses	226	

EMPLOYEE BUSINESS EXPENSES

	2019 Amount	2018 Amount
Meal and entertainment expenses	44	
Reimbursements for meals and entertainment not on W-2, box 1	45	
1=Department of Transportation (80% meal allowance)	50	
Local transportation (bus, taxi, train, etc.).....	7	
Travel expenses while away from home overnight	9	
Reimbursements not included on Form W-2, box 1.....	12	
Other business expenses:		
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	
_____	10	

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

VEHICLE INFORMATION

	2019 Amount	2018 Amount
1=vehicle used primarily by more than 5% owner.....	11	
1=vehicle is available for off-duty personal use.....	4	
1=no other vehicle is available for personal use.....	2	
1=no evidence to support your deduction.....	5	
1=no written evidence to support your deduction.....	6	

VEHICLE 1

Description of vehicle.....	801	
Date placed in service (m/d/y).....	15	
Total mileage (for the tax year).....	16	
Business mileage.....	17	
Commuting mileage (for the tax year).....	19	
Average daily round-trip commute.....	18	
Number of months of business use if changed from 100% personal use.....	80	
Parking fees and tolls (business portion only).....	70	
Actual expenses:		
Gasoline, lube, oil.....	51	
Repairs.....	52	
Tires.....	53	
Insurance.....	54	
Miscellaneous.....	22	
Auto license (other than personal property taxes).....	55	
Personal property taxes (based on car's value).....	56	
Interest (car loan) (for Schedule C, E & F).....	57	
Vehicle rent or lease payments.....	23	
Inclusion amount (enter as positive).....	20	
Value of employer-provided vehicle on Form W-2 (2106).....	24	

VEHICLE 2

Description of vehicle.....	802	
Date placed in service (m/d/y).....	29	
Total mileage (for the tax year).....	30	
Business mileage.....	31	
Commuting mileage (for the tax year).....	33	
Average daily round-trip commute.....	32	
Number of months of business use if changed from 100% personal use.....	112	
Parking fees and tolls (business portion only).....	71	
Actual expenses:		
Gasoline, lube, oil.....	61	
Repairs.....	62	
Tires.....	63	
Insurance.....	64	
Miscellaneous.....	36	
Auto license (other than personal property taxes).....	65	
Personal property taxes (based on car's value).....	66	
Interest (car loan) (for Schedule C, E and F).....	67	
Vehicle rent or lease payments.....	37	
Inclusion amount (enter as positive).....	34	
Value of employer-provided vehicle on Form W-2 (2106).....	38	

2019

1040

US

Foreign Income Exclusion (Form 2555)

No.

31.1

Please enter all pertinent 2019 information.

GENERAL INFORMATION

1=spouse	1		
Foreign address of taxpayer, if different from Form 1040:			
Street address	800		
City	821		
Region	822		
Postal code	823		
Country	824		
Employer:			
Name	801		
U.S. street address	802		
U.S. city	825		
U.S. state	826		
U.S. ZIP code	827		
Foreign street address	803		
Foreign city	828		
Foreign region	829		
Foreign postal code	830		
Foreign country	831		
Employer type: 1=foreign entity, 2=U.S. company, 3=self, 4=foreign affiliate of U.S. company, 5=other	11		
Employer type, if other	804		

Type of exclusion revoked if revoked in earlier year (if applicable):	Tax year revocation was effective
806.____	12.____
806.____	12.____
806.____	12.____

Country of citizenship	807
------------------------------	-----

City and country of separate foreign residence if maintained due to adverse living conditions (if applicable):	Number of days during tax year at separate foreign address (if applicable)
808.____	13.____
808.____	13.____
808.____	13.____

Tax homes(s) during tax year:	Dates tax home(s) were established (m/d/y)
809.____	14.____
809.____	14.____
809.____	14.____

31.1

Please enter all pertinent 2019 information.

TRAVEL INFORMATION

NOTE: Please enter all travel for 2019 as well as travel for 2020 known to date.

Travel Type (table)	Name of country (if not United States)	Date arrived	Date left	Days in U.S. on business
18.____	810.____	19.____	20.____	21.____
18.____	810.____	19.____	20.____	21.____
18.____	810.____	19.____	20.____	21.____
18.____	810.____	19.____	20.____	21.____
18.____	810.____	19.____	20.____	21.____
18.____	810.____	19.____	20.____	21.____

BONA FIDE RESIDENCE TEST AND PHYSICAL PRESENCE TEST

Beginning date for bona fide residence (m/d/y).....	24			
Ending date for bona fide residence (m/d/y).....	25			
Living quarters in foreign country: 1=purchased home, 2=rented house or apartment, 3=rented room, 4=quarters furnished by employer.....	26			

Names of family living abroad with taxpayer (if applicable):	Relationship	Period family lived abroad
811.____	812.____	813.____
811.____	812.____	813.____
811.____	812.____	813.____

1=submitted statement to country of bona fide residence.....	27		
1=required to pay income tax to country of bona fide residence.....	28		
Contractual terms relating to length of employment abroad.....	814		
Type of visa you entered foreign country under.....	815		
Explanation why visa limited stay or employment in country (if applicable).....	816		

Address of home in U.S. maintained while living abroad (if applicable):	City	State	ZIP Code	1=U.S. home rented (if applicable)
817.____	832.____	833.____	834.____	29.____
817.____	832.____	833.____	834.____	29.____
817.____	832.____	833.____	834.____	29.____

Names of occupants in U.S. home (if applicable)	Relationship of occupants in U.S. home (if applicable)
818.____	819.____
818.____	819.____
818.____	819.____

Principal country of employment.....	820	
--------------------------------------	-----	--

FOREIGN HOUSING EXPENSES

	2019 Amount	2018 Amount
Qualified housing expenses.....	41	

Location of housing expenses:	Qualifying days in location (multiple locations only)
46.____	47.____
46.____	47.____
46.____	47.____

Travel Type

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

Please enter all pertinent 2019 amounts and attach all W-2 forms, or other wage statements.
Enter amounts in U.S. dollars only. Last year's amounts are provided for your reference.

FOREIGN WAGES, SALARIES, TIPS

	2019 Amount	2018 Amount
Name or number	157	
1=spouse	178	
1=retirement plan (Box 13)	2	
Name of employer (Box c)	818	
Wages, tips, other compensation (Box 1)	179	
Federal income tax withheld (Box 2)	180	
Social security tax withheld (Box 4)	182	
Medicare tax withheld (Box 6)	184	
State income tax withheld (Box 17)	185	
Local income tax withheld (Box 19)	186	

FOREIGN ALLOWANCES, REIMBURSEMENTS AND OTHER EARNED INCOME

Noncash Income

Home (lodging)	135	
Meals	136	
Car	137	
Other properties or facilities:		
38.____	138.____	
38.____	138.____	
38.____	138.____	
38.____	138.____	

Allowances and Reimbursements

Cost of living and overseas differential	139	
Family	140	
Education	141	
Home leave	142	
Quarters	143	
Other purposes:		
44.____	144.____	
44.____	144.____	
44.____	144.____	
44.____	144.____	

Meals and lodging provided for the convenience of the Employer (excludable under section 119)	145	
---	-----	--

Other Foreign Earned Income

32.____	132.____	
32.____	132.____	
32.____	132.____	
32.____	132.____	

2019 Days Worked Allocation Information

Total number of days worked (if not 240)	131	
Total days worked before and after foreign assignment	155	
Foreign days worked before and after foreign assignment	156	

**Please enter all pertinent 2019 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.**

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2019, a high deductible health plan is one with an annual deductible that is not less than \$1,350 for self-only coverage or \$2,700 for family coverage, and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed \$6,750 for self-only coverage or \$13,500 for family coverage.

	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage.....	3	53		
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum).....	5	55		
Contributions included above that were made after you became eligible for Medicare.....	32	82		
Contributions made to date	39	89		

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1)...	15	65		
Distributions included above that were rolled over to another HSA	16	66		
Total unreimbursed qualified medical expenses...	17	67		

Please enter all pertinent 2019 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)	2019 Amount		2018 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2019.	3	53		
Employer-provided benefits forfeited in 2019	6	56		

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No. <input style="width:40px;" type="text"/>	First name.	17	
	Last name.	18	
	Title or suffix.	24	
	Date of birth (m/d/y).	22	
	Social security number.	19	
	Qualified dependent care expenses incurred and paid in 2019.	20	2018 amt:
	1=disabled.	23	
	1=spouse, 2=joint	21	

No. <input style="width:40px;" type="text"/>	First name.	17	
	Last name.	18	
	Title or suffix.	24	
	Date of birth (m/d/y).	22	
	Social security number.	19	
	Qualified dependent care expenses incurred and paid in 2019.	20	2018 amt:
	1=disabled.	23	
	1=spouse, 2=joint	21	

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No. <input style="width:40px;" type="text"/>	Name of provider.	10	
	Street address	11	
	City.	12	
	State.	26	
	ZIP code.	27	
	Foreign region	28	
	Foreign postal code	29	
	Foreign country	30	
	Identification number (SSN or EIN).	13	
	Amount paid to care provider in 2019.	14	2018 amt:
	1=spouse, 2=joint	15	

Please enter all pertinent 2019 information. Last year's amounts are provided for your reference.

ELIGIBLE CHILDREN

		2019 Amount	2018 Amount	
No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 2002 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2019.....	22		
	1=spouse, 2=joint.....	21		
	Qualified Adoption Expenses Paid in	2018 for adoption not finalized by end of 2019.....	23	
		Prior years for adoption of foreign child finalized in 2019.....	26	
		2018 and 2019 for adoption finalized in 2019.....	20	
2019 for adoption finalized before 2019.....		24		
No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 2002 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2019.....	22		
	1=spouse, 2=joint.....	21		
	Qualified Adoption Expenses Paid in	2018 for adoption not finalized by end of 2019.....	23	
		Prior years for adoption of foreign child finalized in 2019.....	26	
		2018 and 2019 for adoption finalized in 2019.....	20	
2019 for adoption finalized before 2019.....		24		
No. <input type="text"/>	First name.....	11		
	Last name.....	12		
	Identification number.....	13		
	Date of birth (m/d/y).....	14		
	1=born before 2002 and was disabled.....	15		
	1=special needs child.....	16		
	1=foreign child.....	17		
	1=adoption was not final in 2019.....	22		
	1=spouse, 2=joint.....	21		
	Qualified Adoption Expenses Paid in	2018 for adoption not finalized by end of 2019.....	23	
		Prior years for adoption of foreign child finalized in 2019.....	26	
		2018 and 2019 for adoption finalized in 2019.....	20	
2019 for adoption finalized before 2019.....		24		

Please complete the information below if you paid qualified education expenses in 2019 for you, your spouse, or your dependents enrolled in an accredited postsecondary institution. Last year's amounts are provided for your reference.

STUDENT INFORMATION

1=taxpayer, 2=spouse	17		
First name	12		
Last name	13		
Social security number.....	14		
Number of years hope credit claimed	23		
Number of prior years AOC claimed	35		
1=student was NOT enrolled at least half-time for at least one academic period that began in 2019 (or the first 3 months of 2020 if the qualified expenses were made in 2019) at an eligible institution in a qualified program.	41		
1=student completed first four years of post-secondary education before 2019.	32		
1=student was convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance.	42		

EDUCATIONAL INSTITUTION ATTENDED (#1)

Name	950		
Street address	951		
City	952		
State	953		
ZIP code	954		
1=2019 Form 1098-T was NOT received.	243		
1=2019 Form 1098-T received with Box 2 & 7 completed.....	245		
1=2018 Form 1098-T received with Box 2 & 7 completed.....	244		
Federal ID number from Form 1098-T.....	958		

EDUCATIONAL INSTITUTION ATTENDED (#2)

Name	850.____		
Street address	851.____		
City	852.____		
State	853.____		
ZIP code	854.____		
1=2019 Form 1098-T was NOT received.	43.____		
1=2019 Form 1098-T received with Box 2 & 7 completed.....	45.____		
1=2018 Form 1098-T received with Box 2 & 7 completed.....	44.____		
Federal ID number from Form 1098-T.....	858.____		

QUALIFIED EDUCATION EXPENSES

	2019 Amount	2018 Amount
Qualified tuition & fees paid in 2019 (net of refund or assistance, & not entered elsewhere) ..	16	
Books & supplies required to be purchased from institution.	27	
Books & supplies not entered above.....	28	
Amount of prior year refund or assistance *	20	

* Refund of qualified expenses and tax-free educational assistance received after you file your return for the year in which the expenses were paid.

Please enter all pertinent 2019 information. Last year's amounts are provided for your reference.

HOUSEHOLD EMPLOYMENT TAXES

NOTE: If you paid any one household employee cash wages of \$2,100 or more in 2019; withheld federal income tax during 2019 for any household employee; or paid total cash wages of \$1,000 or more in any calendar quarter of 2018 or 2019 to household employees, please complete the following:

Employer identification number	1	
1=spouse, 2=joint	2	

Social security, Medicare and income taxes:	2019 Amount	2018 Amount
1=paid any one employee cash wages of \$2,100 or more	4	
1=withheld federal income tax for household employee	5	
Total cash wages subject to social security taxes	6	
Total cash wages subject to Medicare taxes	7	
Federal income tax withheld	8	
Taxes withheld from state disability payments	33	

Federal unemployment tax:	2019 Amount	2018 Amount
1=paid total cash wages of \$1,000 or more in any calendar quarter of 2018 or 2019	10	
Total cash wages subject to FUTA tax	11	
1=paid unemployment contributions to only one state	12	
1=paid all state unemployment contributions by 4/15/20	13	
1=all wages taxable for FUTA were also taxable for state unemployment	14	
Name of state	15	
Contributions paid to state unemployment fund	17	

**Please enter all pertinent 2019 amounts & attach all 1099-INT and 1099-DIV forms.
Last year's amounts are provided for your reference.**

CHILD'S INFORMATION

First name	800	
Last name	803	
Social security number.....	801	
Date of birth (m/d/y).....	26	
1=nontaxable to federal.....	19	
1=nontaxable to state.....	18	

INTEREST INCOME (Form 1099-INT)

		2019 Amount	2018 Amount
Banks, credit unions, etc. (Box 1):			
_____	3		
_____	3		
U.S. bonds, T-bills, etc. (nontaxable to state) (Box 3):			
_____	17		
_____	17		
Tax-exempt interest:			
Total municipal bonds.....	16		
In-state municipal bonds	4		
Adjustments:			
Nominee distribution	5		
Accrued interest	6		
Tax-exempt interest (1099-INT in error)	22		
OID adjustment.....	7		
ABP adjustment	8		
Foreign:			
1=interest in or authority over foreign account	9		
Name of foreign country.....	802		
1=grantor/transferee or received distribution from foreign trust	10		
Post 8/7/86 private activity bond interest (included above) (6251).....	20		

DIVIDEND INCOME (Form 1099-DIV)

Total ordinary dividends (Box 1a):			
_____	11		
_____	11		
Qualified dividends (Box 1b).....	29		
Total capital gain distributions (Box 2a):			
_____	13		
_____	13		
Unrecaptured section 1250 gain (Box 2b).....	24		
Section 1202 gain (Box 2c).....	2		
Collectibles (28%) gain (Box 2d).....	23		
Nontaxable distributions (Box 3).....	12		
Tax-exempt interest:			
Total municipal bonds.....	15		
In-state municipal bonds	21		
Nominee distributions:			
Ordinary dividends.....	14		
Qualified dividends.....	31		
Capital gain distributions	25		
Alaska permanent fund dividends included above.....	27		

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2019 Amount	2018 Amount
Canadian province or Mexican state	37	
Other type of filer	834	
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN	5	
Other type of identification	835	
Number	836	
Country of issue	837	
Spouse:		
1=passport, 2=foreign TIN	8	
Other type of identification	855	
Number	856	
Country of issue	857	
Taxpayer:		
Title	800	
Spouse:		
Title	851	

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

INFORMATION ON FINANCIAL ACCOUNTS

	2019 Amount	2018 Amount
1=spouse	3	
Type of account: 1=bank account, 2=securities account, or specify	809	
Maximum value of account (-1 if unknown)	13	
Financial institution:		
Name of institution (Line 1) (mandatory)	804	
Name of institution (Line 2)	805	
Mailing address	838	
Account number	803	
City	839	
State	840	
ZIP/postal code	841	
Country (if not US)	842	
Accounts owned jointly:		
Number of joint owners (Mandatory for Part III accounts) (-1 if joint owner is joint filer)	7	
Principal joint owner:		
Taxpayer identification number, if not joint filer	843	
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown	34	
Last name	844	
First name	845	
Middle initial	852	
Address	846	
City	847	
State	848	
ZIP/postal code	849	
Country (if not US)	850	
Accounts where filer has no financial interest:		
Last name or org. name (mandatory)	810	
First name	811	
Middle initial	812	
Taxpayer identification number	813	
TIN type: 1=EIN, 2=SSN/ITIN, 3=foreign, 4=unknown	35	
Address	814	
City	815	
State	816	
ZIP/postal code	817	
Country (if not US)	818	
Filer's title	853	

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

FOREIGN DEPOSIT AND CUSTODIAL ACCOUNTS (Part I)

	2019 Amount	2018 Amount
Description of asset	835	
Type of account: 1=deposit, 2=custodial	21	
Use financial institution information from Form 114	41	
Financial institution information (if not filing Form 114):		
Maximum value of account during year	26	
Name of institution	832	
Account number (mandatory for part I)	828	
Mailing address of institution	833	
City of institution	834	
State/province of institution	848	
Postal code of institution	849	
Country of institution	850	
1=account opened during year	22	
1=account closed during year	23	
1=account jointly owned with spouse	24	
1=no tax item in Part III with respect to this account	25	
1=used foreign currency exchange rate to convert value to US dollars	27	
Foreign currency in which account is maintained	829	
Foreign currency exchange rate (xxxx.xxxx)	830	
Source of exchange rate	831	

OTHER FOREIGN ASSETS (Part II)

Identifying number or other designation (mandatory for part II)	836	
Date asset acquired during year (m/d/y)	28	
Date asset disposed of during year (m/d/y)	29	
1=jointly owned with spouse	30	
1=no tax item in Part III with respect to this asset	31	
Maximum value of asset during year	32	
1=used foreign currency exchange rate to convert value to US dollars	33	
Foreign currency in which asset is denominated	837	
Foreign currency exchange rate (xxxx.xxxx)	838	
Source of exchange rate	839	
Foreign entity information (complete if stock or interest):		
Name of entity	840	
Type of entity	841	
Mailing address of entity	842	
City of entity	843	
State/province of entity	851	
Postal code of entity	852	
Country of entity	853	

1

Type of Entity

1 = Partnership
 2 = Corporation
 3 = Trust
 4 = Estate

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

OTHER FOREIGN ASSETS (Part II) (continued)

Issuer or counterparty (#1):

Name	844.____	
1=issuer, 2=counterparty	35.____	
Type of issuer or counterparty (see table 2)	845.____	
Issuer or counterparty: 1=US person, 2=foreign person	36.____	
Mailing address	846.____	
City	847.____	
State/province	854.____	
Postal code	855.____	
Country	856.____	

Issuer or counterparty (#2):

Name	844.____	
1=issuer, 2=counterparty	35.____	
Type of issuer or counterparty (see table 2)	845.____	
Issuer or counterparty: 1=US person, 2=foreign person	36.____	
Mailing address	846.____	
City	847.____	
State/province	854.____	
Postal code	855.____	
Country	856.____	

Issuer or counterparty (#3):

Name	844.____	
1=issuer, 2=counterparty	35.____	
Type of issuer or counterparty (see table 2)	845.____	
Issuer or counterparty: 1=US person, 2=foreign person	36.____	
Mailing address	846.____	
City	847.____	
State/province	854.____	
Postal code	855.____	
Country	856.____	

Issuer or counterparty (#4):

Name	844.____	
1=issuer, 2=counterparty	35.____	
Type of issuer or counterparty (see table 2)	845.____	
Issuer or counterparty: 1=US person, 2=foreign person	36.____	
Mailing address	846.____	
City	847.____	
State/province	854.____	
Postal code	855.____	
Country	856.____	

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