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2020 TAX ORGANIZER

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

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

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

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

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2020 TAX ORGANIZER

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

Taxpayer Signature	Date
Spouse Signature	Date

CARPENTER, EVERET & ASSOCIATES, LTD.
7760 France Ave S, Suite 940
Bloomington, MN 55435

Date: _____

Client Name: _____
Street Address: _____
City, State, Zip: _____

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2020 federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will furnish you with questionnaires and/or worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping pertinent information from being overlooked.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, canceled checks and other data that form the basis of income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign this letter in the space indicated and return it to our office.

We want to express our appreciation for this opportunity to work with you.

Sincerely,

Carpenter Evert and Associates, LTD.

Accepted By: _____ Date: _____

Portal Access

To become more paperless and secure, Carpenter, Evert & Associates will be utilizing the portal for transferring sensitive information. If you do not have access to the portal already, provide the email address that you would like to use for access. An email will be sent to you with instructions on how to set up your password.

I already have access: _____

Taxpayer email address: _____

Spouse email address: _____

If you choose not to receive your tax return through the portal, your return will be mailed to you.

**Due to COVID we encourage you to use contactless methods such as the portal or mail to send us your documents.*



2020

Personal Information

3

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
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification	<input type="checkbox"/> Does not expire

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
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification	<input type="checkbox"/> Does not expire

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?

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

Is the taxpayer claimed as a dependent on someone else's tax return?

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

Are you considered legally blind per IRS regulations?

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

Do you want to contribute to the Presidential Election Campaign Fund?

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

Are you a U.S. citizen or Green Card holder?

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

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

Worksheets: Basic Data > General and Return Options > Processing Options

Forms 1, 1A and 2

000131 04-01-20



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.



2020

Dependents

3A

Dependent Information:

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

Did dependent have income over \$4,300?



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

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

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

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



2020

Electronic Filing

4

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?
Taxpayer

Yes	No
<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



2020

Direct Deposit and Withdrawal

4A

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? Yes No

Yes	No

Would you like to pay any amount due on your federal return using electronic withdrawal?

Yes	No

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 state return(s) using electronic withdrawal?

Yes	No

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 federal return using electronic withdrawal?

Yes	No

Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?

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?

Yes	No

Would you like to pay any amount due on your federal return using electronic withdrawal?

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 state return(s) using electronic withdrawal?

Yes	No

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 federal return using electronic withdrawal?

Yes	No

Would you like to pay any estimated payments due for your state return(s) using electronically withdrawal, if available?

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.



Interest Information:

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

Seller-Financed Mortgage Interest Information:

Name of Individual from Whom Mortgage Interest Was Received	Identification Number of Individual	2020 Interest Amount	2019 Interest Amount

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

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



2020

Dividend Income

5B

Dividend Information:**Include copies of all Forms 1099-DIV or other documents for dividends received**

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

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

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

Enter Any Additional Information:

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



2020

Brokerage Statement Details

5EA

TSJ	Payer Name	Account No.	Information Included (X or ✓)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			

Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
P							
Q							
R							
S							
T							



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

Note: For other amounts not listed, attach a copy of your brokerage statement.



2020

Business Income and Cost of Goods Sold

6

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?
 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?
 Were you involved in the operations of this business on a regular, continuous and substantial basis?
 Have you prepared or will you prepare all required Forms 1099?

2020 Amount	2019 Amount

Health insurance premiums paid for yourself and your dependents

Income:

Payment card and third party transactions:

Include all Forms 1099-K

Description	2020 Amount	2019 Amount

Miscellaneous income:

Include all Forms 1099-MISC and 1099-NEC

Other Income:

Other gross receipts or sales
Less returns and allowances**Cost of Goods Sold:**

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:

2020 Amount	2019 Amount

Ending inventory

Description	2020 Amount	2019 Amount



Name of Business: _____

Principal Business or Profession: _____

Expenses:

Advertising	.....
Car and truck expenses	.....
Parking fees and tolls	.....
Commissions and fees	.....
Contract labor	.....
Employee benefit programs and health insurance (other than pension and profit-sharing plans)	.....
Insurance (other than health)	.....
Interest - mortgage (paid to banks, etc.)	.....
Interest - other	.....
Legal and professional fees	.....
Office expense	.....
Pension and profit-sharing plans	.....
Rent or lease - vehicles, machinery and equipment	.....
Rent or lease - other business property	.....
Repairs and maintenance	.....
Supplies (not included in Cost of Goods Sold)	.....
Taxes and licenses	.....
Travel	.....
Meals	.....
Entertainment (deductible only on some state returns)	.....
Utilities	.....
Wages	.....
Dependent care benefits	.....

Other Expenses:

Property and Equipment: **Include a list if more space is needed**

X if not new	Acquisitions - Description	Date Acquired	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price



2020

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business:

Principal Business or Profession:

Listed Property Questions for 2020:

Yes	No

Do you have evidence to support your deduction?

If Yes, is the evidence written?

Do you have evidence to support the business use percentage claimed on listed property?

If Yes, is the evidence written?

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

Yes	No

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?

Do you treat all use of vehicles by employees as personal use?

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?

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?

Vehicle:

Description of vehicle

Vehicle 1	

Date placed in service

--

(Mo/Da/Yr)

Date placed in service

--

(Mo/Da/Yr)

Date placed in service

--

(Mo/Da/Yr)

Date placed in service

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(Mo/Da/Yr)

Date placed in service

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(Mo/Da/Y



2020

Business Expenses

6C

Name of Business:
Principal Business or Profession:

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

If not 100%, please enter the percentage to apply to this business %

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

2020 Amount	2019 Amount

Other Business Expenses:

Description	2020 Amount	2019 Amount

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

Amount received for other expenses
 Amount received for meals
 Amount received for entertainment

2020 Amount	2019 Amount

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?

Yes No

Vehicle:

If not 100%, please enter the percentage to apply to this business %
 Description of vehicle
 Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?
 Was your vehicle available for personal use during off-duty hours?

Yes No
 Yes No

Total miles
 Total business miles
 Average daily commuting miles
 Total commuting miles for the year
 Gasoline and oil
 Repairs
 Insurance
 Interest
 Taxes
 Value of employer provided vehicle
 Temporary vehicle rentals
 Fair market value of leased vehicle
 Vehicle leases
 Other Vehicle Expenses:

2020	2019

Description	2020 Amount	2019 Amount



Name of Business: _____

Principal Business or Profession: _____

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

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.

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:

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



2020

Sales of Stocks, Securities, Capital Assets & Installment Sales

7

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

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

Did you have any of the following during the year?

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

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				

A	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
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



2020

Pension, Annuity and Retirement Plan Information

9A

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

Taxpayer	Spouse
----------	--------

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

Yes	No

Do you want to contribute the maximum amount allowed?

Yes	No

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

2020 Amount

2020 Amount



2020

Rental and Royalty Income

10

Location of Property:TSJ
Type of propertyHave you prepared or will you prepare all required Forms 1099? Yes No

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
.....
.....
.....
.....



Location of Property: _____

Expenses:

Advertising	.....
Auto and travel	.....
Cleaning and maintenance	.....
Commissions	.....
Insurance	.....
Legal and other professional fees	.....
Management fees	.....
Mortgage interest paid to banks, etc.	.....
Mortgage interest paid to individuals	.....
Other interest	.....
Repairs	.....
Supplies	.....
Taxes	.....
Utilities	.....
Dependent care benefits	.....
Employee benefits	.....
Other Expenses:	.....

1000



2020

Rental and Royalty Property and Equipment & Depletion

10B

Location of Property: _____

Property and Equipment: Include a list if more space is needed

Acquisitions:

Dispositions:

Percentage Depletion Information:



2020

**Rental and Royalty Vehicle
and Other Listed Property**

10C

Location of Property: _____**Listed Property Questions for 2020:**

Do you have evidence to support your deduction?

If Yes, is the evidence written?

Yes	No

Do you have evidence to support the business use percentage claimed on listed property?

If Yes, is the evidence written?

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?

Yes	No

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?

Do you treat all use of vehicles by employees as personal use?

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?

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?

Vehicle:

Description of vehicle

Vehicle 1

Date placed in service

--

(Mo/Da/Yr)

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

Yes No

Vehicle 2

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

Yes No

Mileage:

Total miles

2020 Miles	2019 Miles

Total business miles

Total commuting miles for the year

2020 Miles	2019 Miles

Actual Expenses:

Gasoline, oil, repairs, insurance, etc

2020 Amount	2019 Amount

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases

2020 Amount	2019 Amount



2020

Rental and Royalty Business Expenses**10D****Location of Property:** _____**Business Expenses:** **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business %

Parking fees and tolls
 Local transportation
 Travel expenses
 Meals
 Entertainment (deductible only on some state returns)
 Other Business Expenses:

2020 Amount	2019 Amount

Description	2020 Amount	2019 Amount

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

Amount received for other expenses
 Amount received for meals
 Amount received for entertainment

2020 Amount	2019 Amount

Vehicle:

If not 100%, enter the percentage to apply to this business %
 Description of vehicle
 Date vehicle was placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes?
 Was your vehicle available for personal use during off-duty hours?

Yes No
 Yes No

Total miles
 Total business miles
 Average daily commuting miles
 Total commuting miles for the year
 Gasoline and oil
 Repairs
 Insurance
 Interest
 Taxes
 Value of employer provided vehicle
 Temporary vehicle rentals
 Fair market value of leased vehicle
 Vehicle leases
 Other Vehicle Expenses:

2020	2019

Description	2020 Amount	2019 Amount



Location of Property: _____

Partial Use of Your Home for Business:

2020

Square footage of home used exclusively for business

Total square footage of home

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:

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



Partnership Income: **Include all Schedules K-1**

S Corporation Income: Include all Schedules K-1

Estate and Trust Income: Include all Schedules K-1

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

TSJ	Entity Name	Employer ID Number



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

Miscellaneous Income and Adjustments:

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:

Other Income:

Alimony Paid or Received:



2020

Miscellaneous Adjustments**13A****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

Yes	No

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?

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

TSJ	Nature and Source	2020 Amount	2019 Amount



2020

Itemized Deductions - Medical and Taxes

14

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**

TSJ	2020 Amount	2019 Amount

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

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2020 Amount	2019 Amount

Other Taxes Paid:

TSJ	Description	2020 Amount	2019 Amount

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



2020

Itemized Deductions - Mortgage Interest and Points**14A****Mortgage Questions for 2020:**

If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? Yes No

Did you refinance your home? (If Yes, enclose the closing statement.)

If Yes, how many years is your new mortgage loan?

Did you purchase a new home or sell your former home during the year?

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?

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?

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



2020

Itemized Deductions - Contributions

15

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

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

TSJ	Organization or Description of Contribution	2020 Amount	2019 Amount

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

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

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

TSJ	Description of Donated Property	2020 Amount	2019 Amount

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

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

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

↑ 1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value
 ↓ 2 - Catalog 4 - Other (Describe) ↑ 1 - Gift 3 - Exchange
 ↓ 2 - Inheritance 4 - Purchase ↑

Donee Organization Name	Donee Organization Address
A	
B	
C	



* 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

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

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?

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

Original cost or other basis

Fair market value after casualty

Cost of replacement

Insurance reimbursement



Itemized Deductions - Business Use of Home

2020

16A

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.

Other Expenses:

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



2020

Child/Dependent Care Expenses & Education Expenses

18

Child/Dependent Care Expenses:

General Information:

TSJ _____Were you or your spouse a full time student or disabled? _____

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

Did you pay an individual for services performed in your home? _____Expenses incurred in 2019 but paid in 2020 _____Employer-provided dependent care benefits that were forfeited in 2020 _____2019 carryover used in grace period _____

Child/Dependent Care Providers:

Provider 1:

Name _____Street address _____City, state, ZIP or postal code, and country _____Social security number OR _____Employer identification number _____Telephone number (California only) _____

2020 Amount	2019 Amount

Expenses incurred and paid in 2020 _____Expenses incurred and not paid in 2020 _____

Provider 2:

Name _____Street address _____City, state, ZIP or postal code, and country _____Social security number OR _____Employer identification number _____Telephone number (California only) _____

2020 Amount	2019 Amount

Expenses incurred and paid in 2020 _____Expenses incurred and not paid in 2020 _____

Qualifying Persons for Child/Dependent Care Expenses:

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

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

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

Include copies of all Forms 1098-T

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



2020

Household Employment Taxes

19

General Information:

TSJ

Employer identification number

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

Did you withhold any federal income tax from wages paid to any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020?

Social Security, Medicare and Income Taxes:

2020 Amount	2019 Amount

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)

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?

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



2020

Federal Tax Payments

20

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

Yes No

A change in the number of your dependents

Yes No

A substantial change in your income

Yes No

A substantial change in your withholding

Yes No

A substantial change in deductions

Yes No

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



Minnesota Information (Page 1 of 3)

2020

Residency Information:

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

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
-----	----

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	_____	_____
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	_____	_____



Minnesota Information (Page 2 of 3)

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.

Policy Owner	Policy Company Name	Policy Number
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		

Property Tax Refund Information:

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

County of residence

Yes	No

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?

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

Taxpayer

Spouse

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

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

Enter the original balance of your or your spouse's qualified student loans



Enter Any Additional Minnesota Information: