

This Tax Organizer is designed to help you collect and report the information needed to prepare your 2019 income tax return. The attached worksheets cover income, deductions, and credits, and will help in the preparation of your tax return by focusing attention on your special needs.

Please enter your 2019 information in the designated areas on the worksheets. If you need to include additional information, you may use the back of a worksheet or an additional page.

When possible, 2018 information is included for your reference. You do not need to make any 2018 entries.

Note: The General Questions and Business/Investment Questions worksheets include a variety of questions designed to assist in completing your tax return. If you answer **yes** to any of the questions, be sure to provide the applicable details.

Please provide the following information:

- ☐ A copy of your 2018 tax return (if not in our possession).
- ☐ Original Form(s) W-2.
- ☐ Schedule(s) K-1 showing income or loss from partnerships, S corporations or estates or trusts.
- ☐ Copies of other compensation or pension documentation, such as Form 1099-MISC or Form 1099-R.
- ☐ Form(s) 1099 or statements reporting dividend and interest income.
- ☐ Brokerage statements showing transactions for stocks, bonds, etc.
- ☐ Form(s) 1098 reporting interest paid, copies of real estate tax bills and other information relating to real property holdings.
- ☐ Copies of closing statements regarding the sale or purchase of real property.
- ☐ All other information notices you received, or any items you have questions about.

Thank you for taking the time to complete this Tax Organizer.

# General Questions

ORG3

## PERSONAL INFORMATION

Yes No

- 1 Did your marital status change during 2019? ..... ☐ ☐  
If **yes**, explain .....
- 2 Do you want to allow your tax preparer to discuss this year's return with the IRS? ..... ☐ ☐  
If **no**, enter another person (if desired) to be allowed to discuss this return with the IRS.  
**Caution:** Review any transferred information for accuracy.  
Designee's Name ..... ▶  
Phone Number ..... ▶ Personal Identification Number (5 digit PIN) ..... ▶
- 3 Do you or your spouse plan to retire in 2020? ..... ☐ ☐
- 4 Were you or your spouse permanently and totally disabled in 2019? ..... ☐ ☐
- 5 Enter date of death for taxpayer or spouse (if during 2019 or 2020): Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_
- 6 Were you or your spouse a member of the U.S. Armed Forces during 2019? ..... ☐ ☐

## DEPENDENT INFORMATION

Yes No

- 7 a Do you have dependents who must file? ..... ☐ ☐  
b If **yes**, do you want us to prepare the return(s)? ..... ☐ ☐
- 8 a Do you have children who are under age 19 or a full time student under age 24 with investment income greater than \$2,200? ..... ☐ ☐  
b If **yes**, do you want to include your child's income on your return? ..... ☐ ☐
- 9 Are any of your dependents **not** U.S. citizens or residents? ..... ☐ ☐
- 10 Did you provide over half the support for any other person during 2019? ..... ☐ ☐
- 11 Did you incur adoption expenses during 2019? ..... ☐ ☐

## IRA, PENSION AND EDUCATION SAVINGS PLANS

Yes No

- 12 Did you receive payments from a pension or profit-sharing plan? ..... ☐ ☐
- 13 Did you receive a total distribution from an IRA or other qualified plan that was partially or totally rolled over into another IRA or qualified plan within 60 days of the distribution? ..... ☐ ☐
- 14 a Did you convert all or part of a regular IRA into a Roth IRA? ..... ☐ ☐  
b Did you roll over all or part of a qualified plan into a Roth IRA? ..... ☐ ☐
- 15 Did you contribute to a Coverdell Education Savings Account? ..... ☐ ☐

## ITEMS RELATED TO INCOME/LOSSES

Yes No

- 16 Did you receive any disability payments in 2019? ..... ☐ ☐
- 17 Did you receive tip income **not** reported to your employer? ..... ☐ ☐
- 18 a Did you buy, sell, refinance, or abandon a principal residence or other real property in 2019? (Attach copies of any escrow statements or Forms 1099.) ..... ☐ ☐  
b If you sold or abandoned a home, did you claim the First-Time Homebuyer Credit when you purchased the home? ..... ☐ ☐  
c Are you planning to purchase a home soon? ..... ☐ ☐
- 19 Did you incur any casualty or theft losses during 2019? ..... ☐ ☐
- 20 Did you incur any non-business bad debts? ..... ☐ ☐

## PRIOR YEAR TAX RETURNS

Yes No

- 21 Were you notified by the Internal Revenue Service or state taxing authority of changes to a prior year's return? ..... ☐ ☐  
If **yes**, enclose agent's report or notice of change.
- 22 Were there changes to a prior year's income, deductions, credits, etc which would require filing an amended return? ..... ☐ ☐

## General Questions (continued)

ORG3

## FOREIGN BANK ACCOUNTS, FOREIGN ASSETS AND FOREIGN TAXES

	Yes	No
23 Did you have foreign income or pay any foreign taxes in 2019 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
24a At any time during 2019, did you have an interest in or a signature or other authority over a bank account, or other financial account in a foreign country? .....	<input type="checkbox"/>	<input type="checkbox"/>
b Did the aggregate value of all your foreign accounts exceed \$10,000 at any time during 2019 ? Report all interest income on Org 11 .....	<input type="checkbox"/>	<input type="checkbox"/>
25 Were you the grantor of or transferor to a foreign trust which existed during the tax year, whether or not you have any beneficial interest in the trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
26 Did you at any time during 2019, have an interest in or any authority over any foreign accounts or assets (i.e. stocks, bonds, mutual funds, partnership interests, etc.) held in foreign financial institutions that exceeded \$50,000 in value at any time during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>

## HEALTH AND LIFE INSURANCE

	Yes	No
27 Did you receive Form 1095-A (Health Coverage)? If so, please attach .....	<input type="checkbox"/>	<input type="checkbox"/>
28a Did you or your spouse have self-employed health insurance? .....	<input type="checkbox"/>	<input type="checkbox"/>
b If you or your spouse are self-employed, are either of you eligible to participate in an employer's health plan at another job? .....	<input type="checkbox"/>	<input type="checkbox"/>
29 Did your employer pay premiums on life insurance in excess of \$50,000 where the proceeds are payable to beneficiaries named by you? .....	<input type="checkbox"/>	<input type="checkbox"/>
30 Did you contribute to or receive distributions from a Health Savings Account (HSA)? .....	<input type="checkbox"/>	<input type="checkbox"/>

## MISCELLANEOUS

	Yes	No
31 Did you make energy efficient improvements to your home or purchase any energy-saving property during 2019 ? If yes, please attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
32 Did you start paying mortgage insurance premiums in 2019 ? If yes, please attach details .....	<input type="checkbox"/>	<input type="checkbox"/>
33 Did you purchase a motor vehicle or boat during 2019 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, attach documentation showing sales tax paid.		
34 Did you purchase an energy efficient vehicle in 2019 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, enter year, make, model, and date purchased: .....		
35 Did you donate a vehicle in 2019 ? If yes, attach Form 1098C .....	<input type="checkbox"/>	<input type="checkbox"/>
36 What was the sales tax rate in your locality in 2019 ? _____ % State ID .....		
37 Did you or your spouse make gifts of over \$15,000 to an individual or contribute to a prepaid tuition plan? .....	<input type="checkbox"/>	<input type="checkbox"/>
38 Did you make gifts to a trust? .....	<input type="checkbox"/>	<input type="checkbox"/>
39 If there were dues paid to an association, was any portion required to be non-deductible due to political lobbying by the association? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach details.		
40 Did you or your spouse participate in a medical savings account in 2019 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach Form 1099-SA (Distributions from an HSA, Archer MSA or Medicare+Choice MSA.)		
41 Did you make a loan at an interest rate below market rate? .....	<input type="checkbox"/>	<input type="checkbox"/>
42 Did you pay any individual for domestic services in 2019 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
43 Did you pay interest on a student loan for yourself, your spouse, or your dependents? .....	<input type="checkbox"/>	<input type="checkbox"/>
44 Did you, your spouse, or your dependents attend post-secondary school in 2019 ? .....	<input type="checkbox"/>	<input type="checkbox"/>
45 Did a lender cancel any of your debt in 2019 ? (Attach any Forms 1099-A or 1099-C) .....	<input type="checkbox"/>	<input type="checkbox"/>
46 Did you receive any income not included in this Tax Organizer? .....	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please attach information.		
47 At any time during 2019, did you sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ..	<input type="checkbox"/>	<input type="checkbox"/>

## ELECTRONIC FILING AND DIRECT DEPOSIT OF REFUND

	Yes	No
48 If your tax return is eligible for Electronic Filing, would you like to file electronically? .....	<input type="checkbox"/>	<input type="checkbox"/>
49 The Internal Revenue Service is able to deposit many refunds directly into taxpayers' accounts. If you receive a refund, would you like direct deposit? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Caution:** Review transferred information for accuracy.

50 If yes, please provide the following information:

a Name of your financial institution .....	
b Routing Transit Number (must begin with 01 through 12 or 21 through 32) .....	
c Account number .....	
d What type of account is this? .....	Checking <input type="checkbox"/> Savings <input type="checkbox"/>

☒ Please attach a **voided** check (not a deposit slip) if your bank account information has changed.

# Health Insurance Coverage

ORG3A

**Preparer note:** The fields on this form are non-enterable. This worksheet is meant to gather client data only. This worksheet will not transfer to the ProSeries/1040 product. Data from this worksheet must be manually entered on the appropriate form in ProSeries/1040.

## Part 1 Coverage

Enter the name, SSN/DOB and health insurance status for each person who will claim on your return in the table below:

Name of covered individual(s)	SSN or DOB	Covered 12 mos	Exchange Policy	Exemption Received	Indicate which months each person was covered by MEC*:											
					Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																

\*Minimum Essential Coverage (MEC) includes employer-sponsored coverage, health insurance purchased through the Health Insurance Marketplace (Exchange), Medicare, Medicaid, certain VA coverage, Tricare, etc.

For tax year 2019, the Federal ACA tax penalty has been eliminated, however, you may still be subject to a state tax penalty depending on where you live because some states have created their own individual insurance mandates to replace the federal version. These mandates require state residents to have qualifying health coverage or pay a fee with their state taxes.

Use this worksheet to list the names of individuals listed on the income tax return and their health care insurance coverage status. It will help your tax preparer determine who has health insurance coverage.

If you purchased a health insurance policy from an exchange (or Marketplace), check the Exchange Policy box above. You will receive Form 1095-A from the exchange that issued your policy. Please provide this form with your Organizer documents to your tax preparer.

Please call with any questions on this worksheet.

ORG3A

## Business/Investment Questions

**ORG4**

	Yes	No
<b>1</b> Did you receive stock from a stock bonus plan with your employer? ..... (Do not include stock sales included on your W-2.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Did you buy or sell any stocks or bonds in 2019? ..... If <b>yes</b> , attach broker's information (such as Form 1099-Bs and broker annual statements) related to the transactions.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you surrender any U.S. savings bonds during 2019? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Did you use the proceeds from Series EE or I U.S. savings bonds purchased after 1989 to pay for higher education expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Did you realize a gain or loss on property which was taken from you by destruction, theft, seizure, or condemnation? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did you start a business, purchase a rental property or farm, or acquire interests in partnerships or S corporations? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Do you have any investments for which you were <b>not</b> personally 'at risk' (other than sole proprietorship or farm)? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC) during 2019? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Did you sell property or equipment on installment in 2019? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did you have any business related educational expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>11</b> Did you do a 'like-kind' exchange of property in 2019? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Deductions for travel and meals may be allowed under certain circumstances. Adequate records must be presented. Information must include: 1 Amount; 2 Time and place; 3 Date; 4 Business purpose; 5 Description of gift(s); and 6 Business relationship of recipient Do you have records to support expenses? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Did you purchase special fuels for non-highway use? ..... If <b>yes</b> , please list the type of use and the number of gallons for each fuel.	<input type="checkbox"/>	<input type="checkbox"/>
_____		
_____		
_____		
_____		
_____		

## PERSONAL INFORMATION

	TAXPAYER	SPOUSE
Last name.....	_____	_____
First name .....	_____	_____
Middle initial and suffix .....	MI ..... Suffix .....	MI ..... Suffix .....
Social security number .....	_____	_____
Occupation.....	_____	_____
Work phone/extension .....	_____	_____
Cell phone .....	_____	_____
E-mail address.....	_____	_____
Driver's License/Id issuing state ....	_____	_____
License /Id number .....	_____	_____
License/Id issue date .....	_____	_____
License/Id expiration date.....	_____	_____
Birthdate .....	MM/DD/YYYY .....	MM/DD/YYYY .....
Blind .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contribute to Presidential Election Campaign Fund .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eligible to be claimed as a dependent on another return .....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street address.....	_____	Apartment number .....
City .....	State .....	ZIP code.....
Home phone.....	Foreign country .....	_____
Fax .....	Foreign phone .....	_____

## FILING STATUS

☐ **1** Single  
☐ **2** Married filing jointly  
☐ **3** Married filing separately  
 Check this box if you **did not** live with spouse at any time during the year..... ☐  
 Check this box if you are eligible to claim spouse's exemption .....

☐ **4** Head of household  
 If the qualifying person is a child but not your dependent, enter  
 Child's name..... Child's social security number.....  
☐ **5** Qualifying widow(er)  
 Check the box for the year the spouse died ..... 2017 ☐ 2018 ☐

## DEPENDENT INFORMATION

Full Name (first name, middle initial, last name, suffix)	Social Security Number	**Code	Not qualified credit Other dep	Date of Birth	2019 Child Care Expense 2018 Child Care Expense
	Relationship	+Months in U.S.		*Not Citizen	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

\*\* For the Dependent Code, enter the following:

L = dependent child who lived with you

N = dependent child who didn't live with you due to divorce or separation

O = other dependent

Q = not a dependent (but is a person who qualifies your client for the earned income credit and/or the credit for child and dependent care expenses)

+ Enter the number of months dependent lived with you, and/or your spouse if married filing jointly, in the U.S.

\* Check this box if dependent child is not a U.S. citizen or resident alien

**W-2 – WAGES, SALARIES, TIPS, AND OTHER COMPENSATION**

☒ **Attach all copies of your W-2 forms here.**

<b>1</b>	Employer's name .....	Check if not applicable for 2019 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account .....		
	3 Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance .....		
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value .....		
	c Check SE tax on: (a) housing or parsonage allowance .....	(b) W-2 wages .....	(c) both .....
		<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b>	Employer's name .....	Check if not applicable for 2019 .....	<input type="checkbox"/>
	Employer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if this employer hired an on-staff care provider or furnished dependent care at your workplace .....		<input type="checkbox"/>
	2 Enter any amounts forfeited from a flexible spending account .....		
	3 Check if the income reported is from a foreign source .....		<input type="checkbox"/>
	4 a Clergy: Enter your designated housing or parsonage allowance .....		
	b Clergy: Enter smallest of (a) the designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value .....		
	c Check SE tax on: (a) housing or parsonage allowance .....	(b) W-2 wages .....	(c) both .....
		<input type="checkbox"/>	<input type="checkbox"/>

**1099-R – DISTRIBUTIONS FROM PENSIONS, ANNUITIES, RETIREMENT OR PROFIT-SHARING PLANS, IRAS, INSURANCE CONTRACTS, ETC**

☒ **Attach all copies of your 1099-R forms here.**

<b>1</b>	Payer's name .....	Check if not applicable for 2019 .....	<input type="checkbox"/>
	Payer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	2 a If a <b>partial</b> rollover, enter the amount rolled over .....		
	b If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		
	3 Health insurance premiums deductible on Schedule A .....		
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	b If <b>only part</b> of distribution is RMD, enter the part that is RMD .....		
<b>2</b>	Payer's name .....	Check if not applicable for 2019 .....	<input type="checkbox"/>
	Payer's name .....	Check if for spouse .....	<input type="checkbox"/>
	1 Check if either box applies: Rollover .....	Conversion to Roth IRA .....	<input type="checkbox"/>
	2 a If a <b>partial</b> rollover, enter the amount rolled over .....		
	b If a <b>partial</b> conversion to a Roth IRA, enter the amount converted to Roth IRA .....		
	3 Health insurance premiums deductible on Schedule A .....		
	4 a If entire distribution is a Required Minimum Distribution (RMD), check this box .....		<input type="checkbox"/>
	b If <b>only part</b> of distribution is RMD, enter the part that is RMD .....		

**W-2G – GAMBLING OR LOTTERY WINNINGS**

☒ **Attach all copies of your W-2G forms here.**

Name of Payer	Check if Spouse	Gross Winnings (Box 1)	Federal Tax Withheld (Box 2)	State Tax Withheld (Box 14)	State Code (Box 13)
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

## MISCELLANEOUS INCOME

☒ Attach all copies of 1099-MISC forms here.

Box	Description	Payer 1	Payer 2	Payer 3
	Check if spouse .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check if you did not receive income from this payer in 2019 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Payer's name.....			
	Payer's federal identification number <b>or</b> ..... Payer's social security number.....			
1	Rents .....			
2	Royalties .....			
3	Other income .....			
4	Federal income tax withheld.....			
5	Fishing boat proceeds .....			
6	Medical/health care payments.....			
7	Nonemployee compensation.....			
8	Substitute payments .....			
10	Crop insurance proceeds.....			
13	Excess golden parachute payments.....			
14	Gross proceeds paid to an attorney .....			
15a	Section 409A deferrals .....			
15b	Section 409A income .....			
16	State tax withheld – 1st state.....			
17	State name – two letters – 1st state .....			
	Payer's state number – 1st state.....			
18	State income – 1st state.....			
16	State tax withheld – 2nd state .....			
17	State name – two letters – 2nd state .....			
	Payer's state number – 2nd state.....			
18	State income – 2nd state.....			
	FATCA filing requirement .....	<input type="checkbox"/>		



# Interest and Dividend Income

ORG11

T = Taxpayer, S = Spouse, J = Joint

## INTEREST INCOME

☒ Attach all copies of your Form 1099-INTs here.

**\*\*Type of Interest**

blank = Regular taxable interest

ME1 = ME bond interest in federal income

MD1 = MD nontaxable interest — taxable federal

MA1 = MA bank interest

NH1 = NH nontaxable interest — taxable federal

NJ1 = NJ nontaxable interest — taxable federal

OK1 = OK bank interest

TN1 = TN nontaxable interest — taxable federal

WV1 = WV bond interest in federal income

TSJ	X*	Payer Name	2019 Box 1 Interest	Type of Interest**	2019 Box 3 US/Treasury Interest	2019 Box 8 Tax Exempt	State	2018 Box 1 + 3

X\* Check if you did not receive income from this account in 2019.

## DIVIDEND INCOME

☒ Attach all copies of your Form 1099-DIVs here.

TSJ	X*	Payer Name	2019 Box 1a Ordinary Dividends	2019 Box 1b Qualified Dividends	2019 Box 2a Capital Gains	State	2018 Box 1a + 2a

X\* Check if you did not receive income from this account in 2019.

# **Seller-Financed Interest/Child's Interest and Dividends**

**ORG12**

T = Taxpayer, S = Spouse, J = Joint

SELLER-FINANCED MORTGAGE INTEREST					
TSJ	*X	Name of Payer	Address	SSN or EIN	Amount

\*X Check if you did not receive interest from this payer in 2019.

CHILD'S INTEREST AND DIVIDENDS (greater than \$1,050)			
*X	Child's Name	2019	2018
	First name _____ MI ____		
	Last name _____ Suffix ____ SSN _____		
	Child's taxable interest .....		
	Child's tax-exempt interest.....		
	Child's ordinary dividends.....		
	Child's capital gain distributions .....		
	First name _____ MI ____		
	Last name _____ Suffix ____ SSN _____		
	Child's taxable interest .....		
	Child's tax-exempt interest.....		
	Child's ordinary dividends.....		
	Child's capital gain distributions .....		
	First name _____ MI ____		
	Last name _____ Suffix ____ SSN _____		
	Child's taxable interest .....		
	Child's tax-exempt interest.....		
	Child's ordinary dividends.....		
	Child's capital gain distributions .....		

\*X Check if this child did not receive interest or dividend income in 2019.

# Medical and Tax Expenses

ORG13

MEDICAL AND DENTAL EXPENSES		2019	2018
1	Prescription medications.....		
2	Health insurance premiums (enter Medicare B on ORG10)..... Exclude premiums paid through an exchange (Form 1095-A)		
3	Qualified long-term care premiums		
a	Taxpayer's gross long-term care premiums .....		
b	Spouse's gross long-term care premiums .....		
c	Dependent's gross long-term care premiums .....		
4	Enter self-employed health insurance premiums on ORG19, ORG27, ORG45A, or ORG46A for the appropriate activity.....		
5	Insurance reimbursement.....		
6	Doctors, dentists, etc .....		
7	Hospitals, clinics, etc .....		
8	Lab and X-ray fees.....		
9	Expenses for qualified long-term care.....		
10	Eyeglasses and contact lenses .....		
11	Medical equipment and supplies .....		
12	Miles driven for medical purposes.....		
13	Ambulance fees and other medical transportation costs.....		
14	Lodging.....		
15	Other medical and dental expenses:		
a	_____		
b	_____		
c	_____		
d	_____		
e	_____		
f	_____		
g	_____		
h	_____		
i	_____		
j	_____		
TAXES		2019	2018
Enter state and local income taxes on <b>ORG7, ORG8, ORG10,</b> and <b>ORG40.</b>			
16	Real estate taxes paid on principal residence .....		
17	Real estate taxes paid on additional homes or land .....		
18	Auto registration fees based on the value of the vehicle.....		
19	Other personal property taxes .....		
20	Other taxes:		
	_____		
	_____		

# Interest Paid and Cash Contributions

ORG14

HOME MORTGAGE INTEREST PAID			
Lender's Name	Check if NOT on Form 1098	2019	2018
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

POINTS PAID ON LOAN TO BUY, BUILD, OR IMPROVE MAIN HOME		
Lender's Name	Check if NOT on Form 1098	2019
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

SELLER FINANCED MORTGAGE		
Individual's Name	Identifying Number	Address

OTHER PERSON RECEIVING FORM 1098	
Form 1098 Recipient's Name	Address

OTHER POINTS					
Enter below any points paid on a home equity loan (other than to improve your main home), a loan for a second home, or a refinanced mortgage.					
Lender's Name	Loan Over	Points Paid	Date of Loan	Loan Length (years)	2018 Points Deducted
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

QUALIFIED MORTGAGE INSURANCE PREMIUMS		
	2019	2018
Premiums paid in 2019 for qualified mortgage insurance not from Form 1098 import .....		

**ORG14**

CASH CONTRIBUTIONS			
Name of Donee Organization	Check if Statement Exists for Gifts \$250 or More	2019	2018
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Charitable miles driven.....			
Miles driven to deliver noncash contributions .....			
Parking fees, tolls, and local transportation .....			

# Noncash Contributions

ORG14A

Name of Donee Organization	Check if Statement Exists for Gifts of \$250 or More	Fair Market Value	Prior Year Fair Market Value
A			
B			
C			
D			
E			
F			
G			
H			
I			

**Note:** Complete sections below **only** if the **total** noncash contributions are **more than \$500**.

Description of Donated Property	Type**	Address of Donee Organization
A		
B		
C		
D		
E		
F		
G		
H		
I		

Method for Fair Market Value*	Date of Contribution	Complete these columns <b>only</b> for each contribution over \$500		
		Date Acquired (month, year)	How Acquired***	Your Cost
A				
B				
C				
D				
E				
F				
G				
H				
I				

## \*Methods of determining FMV:

Appraisal	Capitalization of income	Present value	Thrift shop
Average share	Comparative sales	Replacement cost	
Catalog	Consignment shop	Reproduction cost	

## \*\*Type of Donated Property

Household/clothing items	Business equipment	Intellectual property
Motor vehicle, boat or airplane	Business inventory	Real property, conservation property
Art, other than self-created	Stock, publicly traded	Real property, other than conservation
Art, self-created	Stock, other than publicly traded	Other personal property
Collectibles	Securities, other than stock	Other intangible property

\*\*\*How Property was Acquired: Purchase, Gift, Inheritance, Exchange

# Miscellaneous Itemized Deductions (FOR STATE USE ONLY)

ORG15

MISCELLANEOUS DEDUCTIONS (2% LIMITATION)		2019	2018
<b>Employee Business Expenses</b>			
<b>Note:</b> If you have any travel, transportation, meal expenses or your employer reimbursed you for <b>any</b> of your job-related expenses, complete <b>ORG17</b> for all your employee expenses.			
1 Union and professional dues .....			
2 Professional subscriptions .....			
3 Uniforms and protective clothing .....			
4 Job search costs .....			
5 Other unreimbursed employee expenses:			
a .....			
b .....			
c .....			
d .....			
e .....			
<b>Other Expenses Subject to the 2% Limitation</b>			
Treat all MACRS assets for this activity as qualified Indian reservation property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... <input type="checkbox"/> Regular <input type="checkbox"/> Extension <input type="checkbox"/> No			
Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this property located in a Qualified Disaster Area? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Check to code assets as Investment Expense ..... <input type="checkbox"/>			
Use <b>ORG50</b> to record dispositions.			
Use <b>ORG51A</b> to enter additional assets.			
Use <b>ORG11a</b> for investment expenses related to interest income.			
Use <b>ORG11b</b> for investment interest related to dividend income.			
6 Tax return preparation fees .....			
7 Investment counsel and advisory fees .....			
8 Certain attorney and accounting fees .....			
9 Safe deposit box rental .....			
10 IRA custodial fees .....			
11 a Government unemployment benefits repaid in 2019 ..... <input type="checkbox"/>			
b Other expenses (list):			
.....			
.....			
.....			
.....			
.....			
<b>OTHER MISCELLANEOUS DEDUCTIONS</b>		<b>2019</b>	<b>2018</b>
12 Federal estate tax paid on income in respect of a decedent .....			
13 Amortizable bond premiums (acquired before 10/23/86) .....			
14 Gambling losses (to the extent of gambling income) .....			
15 Claim repayments .....			
16 Unrecovered investment in annuity .....			
17 Ordinary loss attributable to certain debt instruments .....			

# Moving Expenses

ORG16

If you sold your principal residence during 2019, also complete Sale of Your Home (ORG22).

## FIRST MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply..... ☐

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States  
Enter storage fees applicable to you foreign move (no other expenses claimed).
- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace.....

Number of miles from your old home to old workplace.....

Are you a member of the armed forces? ..... Yes ☐ No ☐

If **Yes**, did you move due to a permanent change of station? ..... Yes ☐ No ☐

Enter the total amount your employer paid for your move.

**Do not enter** amounts already reported on Form W-2 Box 12

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Expenses of moving from old to new home:	
Travel and lodging expenses for this move (excluding auto and meals) .....	
Parking fees and tolls paid during this move .....	
Gasoline and oil expense for this move.....	
Miles driven traveling to new home for this move.....	

## SECOND MOVE

If you moved your residence because of a change in job location (taxpayer or spouse), please complete the following information.

Check here **only** if **all** of the following apply..... ☐

- You moved in an earlier year
- You are claiming **only** storage fees while you are **away** from the United States

Enter storage fees applicable to you foreign move (no other expenses claimed).

- Any amount your employer paid for the storage fees is included as wages in box 1 of your W-2

Enter the new principal place of work for this move:

New workplace: \_\_\_\_\_

Enter mileage if required to meet **Distance Test**:

Number of miles from your old home to new workplace.....

Number of miles from your old home to old workplace.....

Are you a member of the armed forces? ..... Yes ☐ No ☐

If **Yes**, did you move due to a permanent change of station? ..... Yes ☐ No ☐

Enter the total amount your employer paid for your move.

**Do not enter** amounts already reported on Form W-2 Box 12

Description of Expense	Amount
Expenses of transport and storage of household goods and personal effects:	
Expenses of moving from old to new home:	
Travel and lodging expenses for this move (excluding auto and meals) .....	
Parking fees and tolls paid during this move .....	
Gasoline and oil expense for this move .....	
Miles driven traveling to new home for this move .....	



# Employee Business Expenses

ORG17

Occupation in which expenses were incurred .....

Check box if spouse's employee expenses. If blank, taxpayer assumed .....

Check box if a fee-basis state or local government official .....

Check box if a Qualifying Performing Artist.....

Check box if armed forces reservist related travel more than 100 miles from home .....

Check box if impairment-related work expenses.....

Check box if miscellaneous 2% itemized deduction **(state only use)** .....

Check box if subject to Department of Transportation (DOT) hours of service limits.....

Treat all MACRS assets for activity as qualified Indian reservation property?..... ☐ Yes ☐ No

Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... ☐ Regular ☐ Extension ☐ No

Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?..... ☐ Yes ☐ No

Was this activity located in a Qualified Disaster Area..... ☐ Yes ☐ No

EXPENSES	2019	2018
1 Parking fees, tolls, and local transportation .....		
2 Travel expenses while away from home (excluding meal expenses) .....		
3 Meal expenses.....		
4 Business gifts .....		
5 Education .....		
6 Home office expenses <b>(Preparer Use Only — complete ORG17A)</b> .....		
7 Trade publications.....		
8 Depreciation expense other than vehicle <b>(Preparer Use Only)</b> .....		
9 Carryover of Section 179 expense from prior year .....		
10 Other:		
.....		
.....		
.....		

EMPLOYER REIMBURSEMENTS	2019	2018
Enter amounts not reported in Box 1 on Form W-2 (include amounts reported under code 'L' in Box 12 of Form W-2).		
11 Reimbursements for other than meals and entertainment .....		
12 Reimbursements for meals and entertainment .....		

QUALIFIED PERFORMING ARTIST	2019	2018
13 Did you perform services in the performing arts as an employee for at least two employers during the year, and receive from at least two of those employers wages of \$200 or more per employer? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPAIRMENT-RELATED WORK EXPENSES	2019	2018
14 If you are disabled, were any of your expenses for attendant care at your place of employment, or were any of your expenses in connection with your place of employment that enabled you to work? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Employee Business Expenses (continued)

ORG17

GENERAL VEHICLE INFORMATION		Vehicle 1	Vehicle 2
15	Description of vehicle.....		
16	Date placed in service.....		
17	Enter detail on lines 17a and 17b, or total on line 17c:		
a	Ending mileage reading.....		
b	Beginning mileage reading.....		
c	Total miles for the year (line 17a less line 17b).....		
18	Business miles.....		
19	Total commuting miles.....		
20	Average daily commuting miles.....		

STANDARD MILEAGE RATE		Vehicle 1	Vehicle 2
21	Do you qualify for standard mileage? (Preparer Use Only).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Is this a leased vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACTUAL EXPENSES		Vehicle 1	Vehicle 2
23	Gasoline, oil, repairs, insurance, etc.....		
24	Vehicle registration fee (excluding property tax).....		
25	Vehicle lease or rental fee.....		
26	Inclusion amount (Preparer Use Only).....		
27	Value of employer provided vehicle (only if 100% of annual lease value was included on Form W-2).....		
28	Depreciation (Preparer Use Only).....		

VEHICLE DEPRECIATION/DISPOSITIONS		Vehicle 1	Vehicle 2
29	Cost or basis.....		
30	Is this an electric vehicle? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31	Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32	Type of vehicle (Preparer Use Only).....		
33	Section 179 expense (Preparer Use Only).....		
34	Qualified Property for Economic Stimulus? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Qualified Property for Qualified Disaster Area? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36	Qualified Property for Kansas Disaster Zone (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	Qualified property for GO Zone? (Preparer Use Only).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
38	Percentage for Special Depreciation Allowance? (Preparer Use).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> N/A
39	Elect OUT of Special Depreciation Allowance? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	Elect 30% in place of 50% Allowance? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	Date sold.....		
42	Date acquired, if different from line 16.....		
43	Sales price.....		
44	Expense of sale.....		
45	Gain/loss basis, if different (Preparer Use Only).....		
46	AMT gain/loss basis, if different (Preparer Use Only).....		

VEHICLE QUESTIONS	
47	Was your vehicle available for personal use during off-duty hours? .....
48	Is another vehicle available for personal use? .....
49	Do you have evidence to support the business use claimed? .....
50	If yes, is the evidence written? .....

# Employee Home Office Expense

ORG17A

for:

copy:

Simplified method election for Home Office expenses:

Elect the simplified method in 2019 instead of entering actual expenses ☐  
 Elected the simplified method in 2018 instead of entering actual expenses ☐

GENERAL INFORMATION		2019	2018
1	Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
2	Area used only partly for day care (square footage) .....		
3	Total area of home (square footage) .....		
4	Daycare hours		
a	Number of weeks used for daycare, if less than full year .....		
b	Number of days used for day care each week .....		
c	Number of days closed for holidays, vacations, etc. ....		
d	Number of hours used for daycare each day .....		
5	Total wages from this business .....		
6	Enter the percent of wages above that are from the business use of this home. ....		
7	Gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) ...		
8	Any losses from this business shown on Schedule D or Form 4797 (Preparer Use Only) .....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2019		2018	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only) .....				
10 Mortgage interest/points on Form 1098 .....				
11 Interest not on Form 1098 .....				
12 Points not of Form 1098 .....				
13 Real estate taxes .....				
14 Qualified mortgage insurance .....				
15 Other insurance .....				
16 Rent .....				
17 Repairs and maintenance .....				
18 Utilities .....				
19 Other expenses (e.g., rent) .....				
20 Carryover of operating expenses .....				
21 Excess casualty losses (Preparer Use Only) .....				
22 Depreciation of your home (Preparer Use Only) .....				
23 Carryover of excess casualty losses and depreciation .....				

## DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this occupation, please complete the following information.

24	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
25	Enter the land value included in cost for residence .....			

**Car And Truck Expenses**  
(Employees use ORG17 – Employee Business Expenses)

**ORG18**

for:

GENERAL INFORMATION-		Vehicle 1	Vehicle 2	Vehicle 3
1	Description of vehicle.....			
2	Date placed in service.....			
3	Enter detail on lines 3a and 3b, or total on line 3c:			
a	Ending mileage reading.....			
b	Beginning mileage reading.....			
c	Total miles for the year (line 3a less line 3b).....			
4	Business miles.....			
5	Total commuting miles.....			
STANDARD MILEAGE RATE		Vehicle 1	Vehicle 2	Vehicle 3
6	Do you qualify for standard mileage? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Is this a leased vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTUAL EXPENSES		Vehicle 1	Vehicle 2	Vehicle 3
8	Gasoline, oil, repairs, insurance, etc.....			
9	Vehicle registration fee (excluding property tax).....			
10	Vehicle lease or rental fee.....			
11	Inclusion amount (Preparer Use Only).....			
12	Depreciation (Preparer Use Only).....			
13	Parking fees, tolls, and local transportation.....			
14	Portion of vehicle registration fee based on value.....			
15	Interest on vehicle.....			
DEPRECIATION/DISPOSITIONS		Vehicle 1	Vehicle 2	Vehicle 3
16	Cost or basis.....			
17	Is this an electric vehicle?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Is this qualified Indian reservation property?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Type of vehicle (Preparer Use).....			
20	Section 179 expense (Preparer Use).....			
21	Qualified Property for Economic Stimulus? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Qualified Property for Qualified Disaster Area? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	Kansas Disaster Zone? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Qualified GO Zone Property (Preparer Use).....	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A	<input type="checkbox"/> Reg <input type="checkbox"/> Ext <input type="checkbox"/> N/A
25	Percentage for SDA? (Preparer Use).....	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No	<input type="checkbox"/> 100%/50% <input type="checkbox"/> 30% <input type="checkbox"/> No
26	Elect OUT of SDA? (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27	Elect 30% in place of 50% SDA (Preparer Use).....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28	Date sold.....			
29	Date acquired, if different from line 2.....			
30	Sales price.....			
31	Expense of sale.....			
32	Gain/loss basis, if different (Preparer Use).....			
33	AMT gain/loss basis, if different (Preparer Use).....			
VEHICLE QUESTIONS		Vehicle 1	Vehicle 2	Vehicle 3
34	Is another vehicle available for personal use?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Was vehicle available during off duty hours?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36	Was vehicle used primarily by a greater than 5% owner or related person?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37	Do you have evidence to support the business use claimed?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
38	If yes, is the evidence written?.....			<input type="checkbox"/> Yes <input type="checkbox"/> No

# Business Income and Expenses

ORG19

## GENERAL INFORMATION

Is this activity a qualified trade or business under Section 199A? ☐ Yes ☐ No

1 Check ownership ☐ Taxpayer ☐ Spouse ☐ Joint

2 Business name .....

3 a Business street address.....

b 1 City, State and Zip Code, or .....

2 Foreign country.....

4 Principal business/profession .....

5 Employer ID number.....

6 Business code (Preparer Use Only) ....

7 Was this business fully disposed of in a fully taxable transaction during 2019 ? ☐ Yes ☐ No

8 Accounting method:  
Cash ☐ Accrual ☐ Other (specify) ☐ .....

9 Method used to value closing inventory:  
Cost ☐ Lower of cost or market ☐ Other (explain) ☐ .....

10 Was there a change in determining quantities, costs, or valuations between opening/closing inventory?  
(If yes, attach explanation) ..... ☐ Yes ☐ No

11 Did you materially participate in the operation of this business during 2019 ? ..... ☐ Yes ☐ No

12 Did you start or acquire this business during 2019 ? ..... ☐ Yes ☐ No

13 a Did you make any payments in 2019 that require you to file Forms 1099? ..... ☐ Yes ☐ No

b If yes, did you or will you file all the required Forms 1099? ..... ☐ Yes ☐ No

14 At-risk determination:  
a Is all of the investment in this activity at risk? ..... ☐ Yes ☐ No

b Is some of the investment in this activity not at risk? ..... ☐ Yes ☐ No

15 Did you have unallowed passive losses in 2018 ? ..... ☐ Yes ☐ No

16 a Treat all MACRS assets for this activity as qualified Indian reservation property? ..... ☐ Yes ☐ No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property?..... Regular ☐ Extension ☐ No ☐ Yes ☐ No

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... ☐ Yes ☐ No

d Was this business located in a Qualified Disaster Area? ..... ☐ Yes ☐ No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME		2019	2018
17	Gross receipts or sales.....		
18	Returns and allowances plus other adjustments.....		
19	Other income (include federal/state gas tax credit/refund) .....		
COST OF GOODS SOLD – IF APPLICABLE		2019	2018
20	Inventory at beginning of year .....		
21	Purchases .....		
22	Items withdrawn for personal use .....		
23	Cost of labor (do not include your salary) .....		
24	Materials and supplies .....		
25	Other costs .....		
26	Inventory at end of year.....		

# Business Income and Expenses (continued)

ORG19

EXPENSES	2019	2018
Business name _____		
27 Advertising .....		
28 Car and truck expenses (complete ORG18).....		
29 Commissions and fees.....		
30 Contract labor .....		
31 Depletion .....		
32 Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
33 Employee benefit programs:		
a Employee health insurance premiums .....		
b Other employee benefit programs .....		
34 Insurance (other than health).....		
35 Self-employed health insurance attributable to this business.....		
36 Interest:		
a Mortgage paid to banks not reported to you on Form 1098.....		
b Other .....		
37 Legal and professional services .....		
38 Office expenses .....		
39 Pension and profit-sharing plans.....		
40 Rent or lease:		
a Machinery and equipment (enter vehicle lease on ORG18) .....		
b Other business property.....		
41 Repairs and maintenance .....		
42 Supplies (not included in cost of goods sold) .....		
43 Taxes and licenses not reported to you on Form 1098.....		
44 Travel and meals		
a Travel.....		
b Meals subject to 50% limit.....		
c Meals subject to 80% limit.....		
d Meals not subject to limit .....		
45 Utilities .....		
46 Gross wages .....		
47 Other expenses:		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
48 Expenses for business use of your home <b>(Preparer Use Only)</b> .....		
Complete ORG20 for Business Use of Home.		
49 Qualified pension plan start-up costs .....		
50 DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018.....		
51 DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017 .....		

# Business Use of Home

ORG20

for:

copy:

Simplified method election for Home Office expenses: Elect the simplified method in 2019 instead of entering actual expenses

Elected the simplified method in 2018 instead of entering actual expenses

GENERAL INFORMATION		2019	2018
1	Area used regularly and exclusively for business, regularly and exclusively for day care, or regularly for inventory storage (square footage) .....		
2	Area used only partly for day care (square footage) .....		
3	Total area of home (square footage) .....		
4	Daycare hours		
a	Number of weeks used for day care, if less than full year .....		
b	Number of days used for day care each week .....		
c	Number of days closed for holidays, vacations, etc. ....		
d	Number of hours used for day care each day .....		
e	Total hours used for day care .....		
f	Total hours available for use .....		
5	Enter the date you began using this home office for this business .....		
6	If part of your income is from a place of business other than this home, enter % of gross income from business use of this home .....		
7	Adjustment to gain from business use of home shown on Schedule D or Form 4797 (Preparer Use Only) .....		
8	Adjustment to losses from this business shown on Schedule D or Form 4797 (Preparer Use Only) .....		

Enter expenses that benefit only your business area in the 'Direct' column and expenses that benefit your entire home in the 'Indirect' column.

EXPENSES	2019		2018	
	Direct	Indirect	Direct	Indirect
9 Casualty losses (Preparer Use Only) .....				
10 Total mortgage interest/points .....				
11 Mortgage interest/points on Form 1098 .....				
12 Interest <b>not</b> on Form 1098 .....				
13 Points <b>not</b> of Form 1098 .....				
14 Real estate taxes .....				
15 Excess mortgage interest (Preparer Use) .....				
16 Excess real estate taxes (Preparer Use) .....				
17 Qualified mortgage insurance .....				
18 Other insurance .....				
19 Rent .....				
20 Repairs and maintenance .....				
21 Utilities .....				
22 Other expenses (e.g., rent) .....				
23 Carryover of operating expenses .....				
24 Excess casualty losses (Preparer Use Only) .....				
25 Depreciation of your home (Preparer Use Only) .....				
26 Carryover of excess casualty losses and depreciation .....				

## DEPRECIATION

If your home and any additions or improvements to your home are not already listed on ORG50 for this business, please complete the following information.

26	Description	Date Acquired (MM/DD/YY)	Date Placed in Service (MM/DD/YY)	Cost (include land for residence only)
	Residence .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
	Addition/Improvement .....			
27	Enter the land value included in cost for residence .....			

# Sales of Stocks and Securities

ORG21



Attach all copies of Forms 1099-B and/or 1099-S here.

Yes No

- 1 Did you exchange any securities for other securities or any other property held for investment? ☐ Yes ☐ No
- 2 Did you acquire stock identical to stock sold at a loss within a period beginning 30 days prior to and ending 30 days after the date of the sale? ☐ Yes ☐ No
- 3 Did you engage in any transactions involving traded options? ☐ Yes ☐ No
- 4 Did you engage in any transactions involving commodity future contracts and straddle positions? ☐ Yes ☐ No
- 5 Did you engage in any transactions involving *employee* stock options? ☐ Yes ☐ No
- 6 Schedule D included in the 2018 Federal income tax return? ☐ Yes ☐ No

Do not include installment sales transactions here. Complete information on Installment Sales Income (ORG23) instead.  
See notes below for entries to be made on lines 1d, 4a, 4b and 5

## FORMS 1099-B, 1099-S – SALES OF STOCKS, BONDS, REAL ESTATE, ETC.

Transaction number.....

- 1a Check if this sale was reported to you on Form 1099-B or substitute statement ☐ ☐
- b If so, check if Box 6a is marked (i.e., this is the sale of noncovered security)..... ☐ ☐
- c If so, check if Box 6b is marked (i.e., the basis amount was reported to the IRS)..... ☐ ☐
- d If so, select type of gain (loss) indicated in Box 1c \*..... ☐ ☐
- 2 Description of property .....
- 3a Date acquired ..... b Date sold .....
- 4a Type of transaction \*\*\* ..... b Property ownership \*\* .....
- 5 Holding period \* .....
- 6 Sales price .....
- 7 Cost or other basis.....
- 8 Wash sale loss disallowed.....
- 9 Federal Tax withheld (if any).....
- 10a State..... b State identification ..... c State tax withheld .....

Transaction number.....

- 1a Check if this sale was reported to you on Form 1099-B or substitute statement ☐ ☐
- b If so, check if Box 6a is marked (i.e., this is the sale of noncovered security)..... ☐ ☐
- c If so, check if Box 6b is marked (i.e., the basis amount was reported to the IRS)..... ☐ ☐
- d If so, select type of gain (loss) indicated in Box 1c \*..... ☐ ☐
- 2 Description of property .....
- 3a Date acquired ..... b Date sold .....
- 4a Type of transaction \*\*\* ..... b Property ownership \*\* .....
- 5 Holding period \* .....
- 6 Sales price .....
- 7 Cost or other basis.....
- 8 Wash sale loss disallowed.....
- 9 Federal Tax withheld (if any).....
- 10a State..... b State identification ..... c State tax withheld .....

### \* Type of Holding Period

S = Short-term (one year or less)  
L = Long-term (more than one year)

### \*\* Type of Ownership

T = Taxpayer Ownership  
S = Spouse Ownership  
J = Joint Ownership

### \*\*\* Type of Transaction

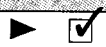
S = Regular Sale of Stocks, Bonds, etc  
W = Wash Sale  
M = Collectible (28% Rate)  
P = Personal Loss on Noninvestment Property  
X = Expired (options, etc)  
O = Worthless Securities  
K = Bankrupt  
N = Nonbusiness Bad Debt  
E = Stock sales to ESOP's or EWOC's



# Sale of Your Home

ORG22

## GENERAL INFORMATION



Attach copies of your original purchase and the current sale settlement sheets here.

Complete if the sale of your home occurred in the current year (2019).

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1 a Was the sale amount of your residence \$250,000 or less (\$500,000 or less if married filing a joint return)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did you acquire this home in a like-kind (Section 1031) exchange and sell it within 5 years of acquiring it? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c Did you use this home partially or completely in a trade or business or hold it for investment <b>AND</b> dispose of it in a like-kind (Section 1031) exchange? .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| d Did you claim the First-Time Homebuyer Credit when you purchased this home? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 a Did <b>you</b> live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If married filing a joint return, did your <b>spouse</b> live in your home as a principal residence for a total of at least 2 years during the 5-year period ending on the date of sale? .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you receive a Form 1099-S? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 a Have <b>you</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If married filing a joint return, has your <b>spouse</b> sold and excluded gain from another principal residence within 2 years before the sale of this home? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Did you sell this home due to a change of health, place of employment or other unforeseen circumstances? (If this is a joint sale, answer both questions the same. Otherwise, answer as applicable.) |                          |                          |
| a <b>You</b> .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b Your <b>spouse</b> .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 a Did you or your spouse use any part of your residence for business or rental purposes after May 6, 1997? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b Was the home used as investment or rental property after December 31, 2008? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 a Will you be receiving periodic payments of principal or interest from this sale? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b If <b>Yes</b> , what is the amount of the financial instrument? .....  |                          |                          |

8 Address of former home sold .....

9 a Date former home was sold .....

b Date former home was bought .....

10 Sales price of the home sold .....

## COST BASIS OF HOME SOLD

Description	Amount
<b>Original cost of home sold:</b>	
11 a Purchase price of home sold .....	
b Postponed gain on the sale of your previous home (from Form 2119 for the year this home was bought) .....	
<b>Additions and increases to basis:</b>	
12 a Settlement fees or closing costs when home was purchased. <b>Do not</b> include amounts previously deducted as moving expenses .....	
b Cost of capital improvements .....	
c Additions, including costs of materials and labor .....	
d Other additions and increases to basis .....	
<b>Decreases to basis:</b>	
13 a Seller-paid points (for old home bought after 1990) .....	
b Other decreases to basis .....	

## COMMISSIONS AND OTHER EXPENSES OF SALE

Description	Amount
14 a .....	
b .....	
c .....	
d .....	

# Sales of Business Property

ORG24

T = Taxpayer, S = Spouse, J = Joint



Attach all copies of 1099-S and 1099-B forms here.

**Note:** Enter asset dispositions here or on ORG50 (Transferred Assets), but not both.

## SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD MORE THAN 1 YEAR (Include in this table asset dispositions which resulted in long-term loss, and dispositions of raised livestock for long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

## SALE OF PROPERTY USED IN A TRADE OR BUSINESS AND HELD 1 YEAR OR LESS (Include in this table asset dispositions which resulted in short-term gain or loss)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

## GAIN FROM THE SALE OF PROPERTY HELD MORE THAN 1 YEAR (Include in this table dispositions of depreciable trade, business, or residential rental assets which resulted in long-term gain)

TSJ	Description of Property	Date Acquired	Date Sold	Sales Price	Cost Plus Expense of Sale

# Rent and Royalty Income and Expenses

ORG25

## BASIC PROPERTY INFORMATION

Property description: \_\_\_\_\_  
 Property type: \* \_\_\_\_\_ If type is other, enter a description: \_\_\_\_\_  
 Location (street address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If a foreign address: Foreign province or state: \_\_\_\_\_  
 Foreign postal code: \_\_\_\_\_ Foreign Country: \_\_\_\_\_

Is this activity a qualified trade or business under Section 199A? ..... ☐ Yes ☐ No

- 1 Check property owner ..... ☐ Taxpayer ☐ Spouse ☐ Joint Yes No
- 2 a Did you make any payments that would require you to file Form(s) 1099? ..... ☐ Yes ☐ No
- b If yes, did you or will you file all required Forms(s) 1099? ..... ☐ Yes ☐ No
- 3 a Enter the ownership percentage (if not 100%) ..... \_\_\_\_\_
- b If not 100%, are you reporting 100% of the income and expenses? ..... ☐ Yes ☐ No
- 4 Is this a rental property? (If yes, answer questions 5 through 11; if no, skip to question 12.) ..... ☐ Yes ☐ No
- 5 Did you have personal use of this property or rent it for part of the year at less than fair rental value? ..... ☐ Yes ☐ No
- 6 For all rental properties, enter the number of days during 2019 that:
- a The property was rented at fair rental value ..... \_\_\_\_\_
- b The property was used personally or rented at less than fair rental value ..... \_\_\_\_\_
- c You owned the property, if not the entire year ..... \_\_\_\_\_
- 7 a Does this rental have multiple living units and you live in one of the units? ..... ☐ Yes ☐ No
- b If yes, enter percentage of rental use ..... \_\_\_\_\_
- 8 Did you actively participate in this property's management during 2019? ..... ☐ Yes ☐ No
- 9 Did you materially participate in this property's management during 2019? ..... ☐ Yes ☐ No
- 10 Do you want to treat this property as non-passive? ..... ☐ Yes ☐ No
- 11 Did this property have unallowed passive losses in 2018? ..... ☐ Yes ☐ No
- 12 Did you dispose of this property in a fully taxable transaction? ..... ☐ Yes ☐ No
- 13 Check this box if some of this investment was not at-risk ..... ☐ Yes ☐ No
- 14 a Treat all MACRS assets for this activity as qualified Indian reservation property? ..... ☐ Yes ☐ No
- b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... Regular ☐ Extension ☐ No ☐ Yes
- c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... ☐ Yes ☐ No
- d Was this activity located in a Qualified Disaster Area? ..... ☐ Yes ☐ No

Complete ORG51 for Asset Acquisitions and ORG50 for Dispositions.

INCOME		2019	2018
15 Rents or royalties received .....			
<div><div>* Property Types:</div><div><div>1 Single family residence</div><div>2 Multi-family residence</div><div>3 Vacation/short-term rental</div><div>4 Commercial</div></div><div><div>5 Land</div><div>6 Royalties</div><div>7 Self-rental</div><div>8 Other</div></div></div>			

# Rent and Royalty Income and Expenses (continued)

ORG25

EXPENSES	2019	2018
Property location .....		
<b>16</b> Advertising .....		
<b>17a</b> Automobile (complete ORG18 for autos) .....		
<b>b</b> Travel .....		
<b>18</b> Cleaning and maintenance .....		
<b>19</b> Commissions .....		
<b>20a</b> Mortgage insurance premiums — qualified .....		
<b>b</b> Other insurance .....		
<b>21</b> Legal and professional fees .....		
<b>22</b> Management fees .....		
<b>23a</b> Mortgage interest paid to banks — qualified .....		
<b>b</b> Mortgage interest paid to banks — other .....		
<b>24</b> Other interest .....		
<b>25</b> Repairs .....		
<b>26</b> Supplies .....		
<b>27a</b> Real estate taxes .....		
<b>b</b> Other taxes .....		
<b>28</b> Utilities .....		
<b>29</b> Other expenses:		
<b>a</b> .....		
<b>b</b> .....		
<b>c</b> .....		
<b>d</b> .....		
<b>e</b> .....		
<b>30a</b> Depreciation and Section 179 deduction ( <b>Preparer Use Only</b> ) .....		
<b>b</b> Depletion ( <b>Preparer Use Only</b> ) .....		

# Farm Income and Expenses

ORG27

## GENERAL INFORMATION

Name of this farm .....

Is this activity a qualified trade or business under Section 199A? ..... ☐ Yes ☐ No

1 Check ownership ..... ☐ Taxpayer ☐ Spouse ☐ Joint

2 Principal product .....

3 Employer identification number .....

4 Agricultural activity code (Preparer Use Only) .....

5 Accounting method ..... ☐ Cash ☐ Accrual

6 Was this farm fully disposed of in a fully taxable transaction during 2019? ..... ☐ Yes ☐ No

7 Did you materially participate in the operation of this business during 2019? ..... ☐ Yes ☐ No

8 Did you make any payments in 2019 that would require you to file Form(s) 1099 ..... ☐ Yes ☐ No

9 If 'Yes,' did you or will you file all required Forms 1099? ..... ☐ Yes ☐ No

10 At-risk determination:

a Is all of the investment in this activity at risk? ..... ☐ Yes ☐ No

b Is some of the investment in this activity not at risk? ..... ☐ Yes ☐ No

c Did you receive a subsidy in 2019? ..... ☐ Yes ☐ No

11 Did you have unallowed passive losses in 2018? ..... ☐ Yes ☐ No

12a Treat all MACRS assets for this activity as qualified Indian reservation property? ..... ☐ Yes ☐ No

b Treat all assets acquired after August 27, 2005 as qualified GO Zone property? ..... Regular ☐ Extension ☐ No ☐

c Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property? ..... ☐ Yes ☐ No

d Was this farm located in a Qualified Disaster Area? ..... ☐ Yes ☐ No

FARM INCOME – CASH METHOD	2019	2018
13 Sales of livestock, etc purchased for resale .....		
14 Cost/Basis of livestock, etc purchased for resale .....		
15 Sales of livestock, produce, grains, etc raised .....		
16a Total distributions received from cooperatives .....		
b Taxable amount of distributions from cooperatives .....		
17a Total agricultural program payments .....		
b Taxable amount of agricultural program payments .....		
c If you received social security retirement or disability benefits, enter any Conservation Reserve Program payments included on line 15 .....		
18a Commodity Credit Corporation (CCC) loans under election .....		
b CCC loans forfeited/repaid with certificates .....		
c Taxable amount of CCC loans forfeited/repaid .....		
19a Crop insurance proceeds/federal crop disaster payments received in 2019 .....		
b Taxable crop insurance proceeds/federal crop disaster payments .....		
c Crop insurance proceeds/federal crop disaster payments deferred from 2018 .....		
20 Custom hire (machine work) income .....		
21 Other income – include federal/state gas tax credit/refund .....		

FARM INCOME – ACCRUAL METHOD	2019	2018
22 Sales – livestock, produce, grain, other products .....		
23a Total distributions received from cooperatives .....		
b Taxable amount of distributions from cooperatives .....		
24a Total agricultural program payments .....		
b Taxable amount of agricultural program payments .....		
25a Commodity Credit Corporation (CCC) loans under election .....		
b CCC loans forfeited/repaid with certificates .....		
c Taxable amount of CCC loans forfeited/repaid .....		
26 Crop insurance proceeds and certain disaster payments .....		
27 Custom hire (machine work) income .....		
28 Other income include federal/state gas tax credit/refund .....		

# **Farm Income and Expenses (continued)**

**ORG27**

<b>FARM INCOME – ACCRUAL METHOD (continued)</b>		<b>2019</b>	<b>2018</b>
<b>29</b>	Cost of Goods Sold:		
<b>a</b>	Beginning inventory – livestock, produce, etc .....		
<b>b</b>	Cost of livestock, produce, etc purchased .....		
<b>c</b>	Ending inventory – livestock, produce, etc .....		
<b>30</b>	Check if you used the unit-livestock price method or farm-price method to value inventory.....	<input type="checkbox"/>	<input type="checkbox"/>

Complete ORG51 for acquisitions and ORG50 for dispositions.

<b>FARM EXPENSES – CASH AND ACCRUAL METHODS</b>		<b>2019</b>	<b>2018</b>
	Name of this farm .....		
<b>31</b>	Car and truck expense (complete ORG18) .....		
<b>32</b>	Chemicals .....		
<b>33</b>	Conservation expenses .....		
<b>34</b>	Custom hire (machine work) .....		
<b>35</b>	Depreciation and Section 179 deduction <b>(Preparer Use Only)</b> .....		
<b>36</b>	Employee benefit programs other than pension and profit-sharing plans.....		
<b>37</b>	Feed .....		
<b>38</b>	Fertilizers and lime.....		
<b>39</b>	Freight and trucking.....		
<b>40</b>	Gasoline, fuel and oil .....		
<b>41 a</b>	Insurance (other than health) .....		
<b>b</b>	Self-employed health insurance attributable to this farm business.....		
<b>42</b>	Interest:		
<b>a</b>	Mortgage (paid to banks, etc).....		
<b>b</b>	Other .....		
<b>43</b>	Labor hired .....		
<b>44</b>	Pension and profit-sharing plans.....		
<b>45</b>	Rent or lease:		
<b>a</b>	Machinery, equipment, etc (for vehicle rent or lease, see ORG18) .....		
<b>b</b>	Other (land, animals, etc) .....		
<b>46</b>	Repairs and maintenance .....		
<b>47</b>	Seeds and plants purchased .....		
<b>48</b>	Storage and warehousing.....		
<b>49</b>	Supplies purchased.....		
<b>50</b>	Taxes.....		
<b>51</b>	Utilities .....		
<b>52</b>	Veterinary, breeding and medicine.....		
<b>53</b>	Other expenses (specify):		
	_____		
	_____		
	_____		
	_____		
	_____		
<b>54</b>	Qualified pension plan start-up costs.....		
<b>55</b>	DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018 .....		
<b>56</b>	DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017.....		

# Child and Dependent Care Expenses

ORG35

## CHILD AND DEPENDENT CARE EXPENSES

Enter below the persons or organizations who provided the child and dependent care.

First Name (if person) Last Name (if person) OR Provider Business Name Additional Business Name	Provider Address	ID Number SSN on first line OR EIN on second line	Amount Paid
Provider Phone			
1 .....	..... ..... ..... Care at above address?..... <input type="checkbox"/>	..... ..... ..... Tax-Exempt.. ► <input type="checkbox"/>	..... ..... ..... Foreign..... ► <input type="checkbox"/>
2 .....	..... ..... ..... Care at above address?..... <input type="checkbox"/>	..... ..... ..... Tax-Exempt.. ► <input type="checkbox"/>	..... ..... ..... Foreign..... ► <input type="checkbox"/>
3 .....	..... ..... ..... Care at above address?..... <input type="checkbox"/>	..... ..... ..... Tax-Exempt.. ► <input type="checkbox"/>	..... ..... ..... Foreign..... ► <input type="checkbox"/>
4 .....	..... ..... ..... Care at above address?..... <input type="checkbox"/>	..... ..... ..... Tax-Exempt.. ► <input type="checkbox"/>	..... ..... ..... Foreign..... ► <input type="checkbox"/>

## EXPENSES

2019

2018

1 Total employment taxes paid on wages for child care expenses .....		
2 Total expenses paid in 2019 but not incurred in 2019 .....		
3 Total expenses incurred in 2019 but not paid in 2019 .....		
4 Medical expenses paid for qualifying persons unable to care for themselves .....		

## STUDENT/DISABLED PERSON INFORMATION FOR 2019

Taxpayer

Spouse

5 If taxpayer or spouse was a full-time student or disabled in 2019, answer the following questions:		
a Number of months that taxpayer/spouse was a full-time student or disabled .....		
b Did taxpayer or spouse work and earn less than \$250/\$500 during the months entered on line 5a? If No, leave line 5b blank. If Yes, multiply the number of months working and earning less by either \$250/\$500 and enter that amount here .....		

# Education Information

ORG36

## EDUCATION TUITION AND FEES

Attach all Form 1098-Ts and a list of your qualified expenses.

### EDUCATOR EXPENSES

2019

2018

1 a Taxpayer educator expenses.....

b Spouse educator expenses.....

### STUDENT LOAN INTEREST PAID

#### Student Loan Interest Reported on a 1098-E in 2019

2 a Enter detail below or total interest in Part 2b

Lender's Name

2019

2018

Total Student Loan Interest

2019

2018

2 b Enter the total interest paid on qualified student loans.....

### FORM 1099-Q

3 Enter 1099-Q detail below.

State Code	Name of Payer or Program	Gross Distribution Box 1	Earnings Box 2	* Type Box 5

\* For the Type Code, enter the following:

P = Private Qualified Tuition Program  
S = State Qualified Tuition Program  
E = Coverdell ESA



## Tax Payments

ORG40

### 2019 ESTIMATED TAX PAYMENTS

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 Qtr 1 due by 04/18/19.....								
2 Qtr 2 due by 06/15/19.....								
3 Qtr 3 due by 09/15/19.....								
4 Qtr 4 due by 01/16/20 .....								
5 a Additional payments ...								
b Additional payments ...								
c Additional payments ...								
d Additional payments ...								

### OTHER TAX PAYMENTS

	Federal	State	Local
6 2018 overpayment applied to 2019 .....			
7 Balance due paid with 2018 return .....			
8 a 2018 Quarter 4 payments paid in 2019 .....			
b 2018 extension payments paid in 2019 .....			
9 Other taxes paid in 2019 for prior years (include explanation) .....			

### 2020 ESTIMATED TAX WORKSHEET

If you expect any significant change in your income or expenses in 2020, please enter the increase or decrease below.

#### Income

10 Wages .....	Taxpayer .....	
	Spouse.....	
11 Self-Employment Income .....	Taxpayer .....	
	Spouse.....	
12 Capital Gains (sale of stock, real estate, etc) .....		
13 Other Income:		
Description .....		

#### Deductions

14 Allowable Itemized Deductions .....	
15 Other deductions (such as alimony paid, early withdrawal penalties, etc):	
Description .....	
16 Federal Withholding.....	
17 Number of personal exemptions expected for 2020 .....	

### ADDITIONAL INFORMATION

18 Check to use your 2019 tax amount for your 2020 estimate.....	<input type="checkbox"/>
19 If you have an overpayment of 2019 taxes, check the box to indicate how you want your overpayment applied.	
a Apply entire overpayment to next year and refund excess .....	<input type="checkbox"/>
b Apply entire overpayment to first quarter and refund excess .....	<input type="checkbox"/>
20 Amount to apply if not entire overpayment.....	
21 Number of installments for estimated tax (1 - 4) .....	

# K-1 Partner's Share of Income, Credits, Deductions, Etc

ORG45A

Name of Partnership .....	Partnership ID .....	Tax Shelter Reg No. ....
Is this activity a qualified trade or business under Section 199A? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Ownership ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint ..... <b>Yes</b> <b>No</b> Is this the final K-1 for this Partnership? ..... <input type="checkbox"/> <input type="checkbox"/>		
<b>GENERAL QUESTIONS</b>		
		<b>Yes</b> <b>No</b>
1 Was <b>all</b> of the investment in this activity <b>at-risk</b> .....		<input type="checkbox"/> <input type="checkbox"/>
2 Trade or business activities (Schedule K-1, line 1):		
a Did you materially participate in this activity during 2019? .....		<input type="checkbox"/> <input type="checkbox"/>
3 Rental real estate activities (Schedule K-1, line 2):		
a Did you materially participate in this activity during 2019? .....		<input type="checkbox"/> <input type="checkbox"/>
b Did you actively participate in this activity during 2019? .....		<input type="checkbox"/> <input type="checkbox"/>
4 Are there suspended passive losses carried over from 2018? .....		<input type="checkbox"/> <input type="checkbox"/>
5 Is this a publicly traded partnership? .....		<input type="checkbox"/> <input type="checkbox"/>
6 Is this a foreign partnership? .....		<input type="checkbox"/> <input type="checkbox"/>
7 Are you a general partner (or managing member, if limited liability company)? .....		<input type="checkbox"/> <input type="checkbox"/>
8 Enter health insurance paid by you personally and related to this activity.....		
<b>K-1 LINE ITEMS</b>		
1 Ordinary business income (loss) .....		
2 Net rental real estate income (loss) .....		
3 Other net rental income (loss) .....		
4 Guaranteed payments .....		
5 Interest income .....		
a Income from U.S. Bonds (nontaxable to states) included in line 5.....		
6 a Ordinary dividends .....		
b Qualified dividends .....		
8 Net short-term capital gain (loss) .....		
9 a Net long-term capital gain (loss) .....		
b Collectibles (28%) gain (loss) .....		
c Unrecaptured Section 1250 gain .....		
10 Net Section 1231 gain (loss) .....		
12 Section 179 expense deduction.....		
<b>Domestic Production Activity Deduction from Form 1099-PATR</b>		
DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018.....		
DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017 .....		

# K-1 Shareholder's Share of Income, Credits, Deductions, Etc

ORG46A

Name of S Corporation	S Corporation ID	Tax Shelter Reg No.
-----------------------	------------------	---------------------

Is this activity a qualified trade or business under Section 199A? ..... ☐ Yes ☐ No

Ownership ..... ☐ Taxpayer ☐ Spouse ☐ Joint Yes No

Is this the final K-1 for this S Corporation? ..... ☐ ☐

## GENERAL QUESTIONS

	Yes	No
1 Was <b>all</b> of the investment in this activity <b>at-risk</b> ?	<input type="checkbox"/>	<input type="checkbox"/>
2 Trade or business activities (Schedule K-1, line 1):		
a Did you materially participate in this activity during 2019?	<input type="checkbox"/>	<input type="checkbox"/>
3 Rental real estate activities (Schedule K-1, line 2):		
a Did you materially participate in this activity during 2019?	<input type="checkbox"/>	<input type="checkbox"/>
b Did you actively participate in this activity during 2019?	<input type="checkbox"/>	<input type="checkbox"/>
4 Are there suspended passive losses carried over from 2018?	<input type="checkbox"/>	<input type="checkbox"/>
5 Enter health insurance paid by you personally and related to this activity.....		

## K-1 LINE ITEMS

1 Ordinary business income (loss)	
2 Net rental real estate income (loss)	
3 Other net rental income (loss)	
4 Interest income	
a Income from U.S. Bonds (nontaxable to states) included in line 4.....	
5 a Ordinary dividends	
b Qualified dividends.....	
7 Net short-term capital gain (loss)	
8 a Net long-term capital gain (loss)	
b Collectibles (28%) gain (loss).....	
c Unrecaptured section 1250 gain.....	
9 Net section 1231 gain (loss).....	
10 Section 179 expense deduction.....	

## Domestic Production Activity Deduction from Form 1099-PATR

DPAD (line 6) from cooperative(s) with tax year beginning <b>before</b> Jan. 1, 2018 .....	
DPAD (line 6) from cooperative(s) with tax year beginning <b>after</b> Dec. 31, 2017.....	

# K-1 Estate & Trust – Beneficiary's Questions

ORG47

<input checked="" type="checkbox"/> <b>Attach all copies of K-1's from estates and trusts.</b>	
<b>1</b>	Name of estate or trust.....
	Estate or trust identification no... Tax shelter registration number.....
	1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2</b>	Name of estate or trust.....
	Estate or trust identification no... Tax shelter registration number.....
	1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	Name of estate or trust.....
	Estate or trust identification no... Tax shelter registration number.....
	1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b>	Name of estate or trust.....
	Estate or trust identification no... Tax shelter registration number.....
	1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5</b>	Name of estate or trust.....
	Estate or trust identification no... Tax shelter registration number.....
	1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b>	Name of estate or trust.....
	Estate or trust identification no... Tax shelter registration number.....
	1 Beneficiary ..... <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
	2 Is this the final K-1 for this estate or trust? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No

# State Information Worksheet

ORG60

## GENERAL INFORMATION

	<b>Taxpayer</b>	<b>Spouse</b>
1 Enter your state of residence .....	_____	_____
2 Check the appropriate box if:	<b>Taxpayer</b>	<b>Spouse</b>
a Full year resident .....	<input type="checkbox"/>	<input type="checkbox"/>
b Part year resident .....	<input type="checkbox"/>	<input type="checkbox"/>
c Nonresident .....	<input type="checkbox"/>	<input type="checkbox"/>
	Date of entry: _____	Date of exit: _____
3 Resident locality: _____		
4 County: _____	School district: _____	School district number: _____
	<b>Taxpayer</b>	<b>Spouse</b>
5 Check if disabled .....	<input type="checkbox"/>	<input type="checkbox"/>

## STATE CREDITS

6 Description/type of credit (for example, solar energy, carpool)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## VOLUNTARY STATE CONTRIBUTIONS

7 Description/type of contribution (for example, wildlife, cancer)	Code	Amount
a _____		
b _____		
c _____		
d _____		
e _____		

## MISCELLANEOUS QUESTIONS

	<b>Yes</b>	<b>No</b>
8 Did you file a state return for 2018? .....	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you want state forms and instructions sent to you next year? .....	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you want any applicable penalty and interest calculated and added to the return? .....	<input type="checkbox"/>	<input type="checkbox"/>
11 How do you want your state refund (if any) applied?		
a Refunded ..... <input type="checkbox"/>	b Apply to 2020 estimates ..... <input type="checkbox"/>	c Apply to 2020 taxes ..... <input type="checkbox"/>
12 Additional state information: _____		
_____		
_____		