

RLB CPA's, Inc.
1600 Lexington Ave
Mansfield, OH 44907-2907

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2020 Client Organizer

RLB CPA's, Inc.
1600 Lexington Ave
Mansfield, OH 44907-2907
419-756-3400

Dear

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 state income tax returns from information which you will furnish to 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 worksheets to guide you in gathering the necessary information. Your use of such forms will assist in keeping the fee to a minimum.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled 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 and/or irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

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.

It is our policy to keep records related to this engagement for seven years. However, we do not keep any of your original records, so we will return those to you upon the completion of the engagement. When records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies.

By signing this engagement letter, you acknowledge and agree that upon the expiration of the seven year period, we are free to destroy our records related to this engagement.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

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

Very truly yours,

RLB CPA's, Inc.

Accepted By: _____

Date: _____

RLB CPA's, Inc.
1600 Lexington Ave
Mansfield, OH 44907-2907
419-756-3400

Dear

This Tax Organizer is designed to help you gather the tax information needed to prepare your 2020 personal income tax return. To help you complete the Organizer with minimal time and effort, when available, you will find certain information from your 2019 personal income tax return.

Enter 2020 information on the Tax Organizer pages provided. If any information does not apply to you or is incorrect, please draw a line through it or make the necessary corrections.

The Client Questionnaire asks about pertinent tax items necessary for preparing the most accurate tax return possible. Please answer all questions and attach a statement when necessary for additional information not provided in the Client Organizer.

You will also need to provide the following information:

- Forms W-2 for wages, salaries and tips.
- All Forms 1099 for interest, dividends, retirement, miscellaneous income, unemployment compensation, nonemployee compensation, Social Security, state or local refunds, gambling winnings, etc.
- Brokerage statements showing investment transactions for stocks, bonds, virtual currencies, etc.
- Schedule K-1 from partnerships, S corporations, estates and trusts.
- Statements supporting educational expenses, deductions or distributions, including any Forms 1098-T, 1098-E, or 1099-Q.
- All Forms 1095-A, 1095-B, and/or 1095-C related to health care coverage or the Premium Tax Credit.
- Statements supporting deductions for mortgage interest, taxes, and charitable contributions (including any Form 1098-C).
- Copies of closing statements regarding the sale or purchase of real property.
- Legal papers for adoption, divorce, or separation involving custody of your dependent children.
- Notice 1444 or 1444-B showing the amount of the Economic Impact Payment (EIP or EIP 2) you received.
- Six-digit Identity Protection PIN if sent to you by the IRS.
- Any tax notices sent to you by the IRS or other taxing authority.
- A copy of your income tax return from last year, if not prepared by this office.

IRS regulations require paid tax preparers who expect to prepare and file 11 or more federal individual, nonresident alien, or trust tax returns to file them electronically. To comply with this

requirement your return will be electronically filed this year. The benefits of e-filing include a secure way to file tax returns and it provides proof of acceptance that the IRS has accepted your return for processing. Contact this office if you prefer your return be filed on paper.

Thank you for the opportunity to serve you.

Sincerely,

RLB CPA's, Inc.

Questions

Please check the appropriate box and include all necessary details and documentation.

	Yes	No
Personal Information		
Did your marital status change during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Did your address change from last year?	<input type="checkbox"/>	<input type="checkbox"/>
Can you be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you change any bank accounts, or did routing transit numbers (RTN) and/or bank account number change for existing bank accounts that have been used to direct deposit (or direct debit) funds from (or to) the IRS or other taxing authority during the tax year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you, your spouse (if applicable), and any dependents have a taxpayer identification number (SSN, ITIN, or ATIN)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS letter.	<input type="checkbox"/>	<input type="checkbox"/>
Did you reside in or operate a business in a Federally declared disaster area? The Federally declared disaster areas include victims of hurricanes, tropical storms, floods, as well as wildfires.	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 Information		
Did you receive an Economic Impact Payment (EIP or EIP 2) as reported on Notice 1444 or 1444-B?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a Paycheck Protection Program (PPP) loan?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a telecommuting employee that was required to "shelter in place" due to local COVID-19 protocols while working in a state that was not your home state?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency leave sick pay?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive emergency family leave wages?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any special unemployment benefits or compensation under the Coronavirus Relief Act during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you needed?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to your son or daughter under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
If you are self-employed, were you unable to perform your self-employed activities due to coronavirus related care you provided to another?	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Information		
Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have any children under age 19 or a full-time student under age 24 with unearned income in excess of \$2,200?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents who must file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>
Did you provide over half the support for any other person(s) other than your dependent children during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay for child care while you worked, looked for work, or while a full-time student?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any expenses related to the adoption of a child during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>

Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? If yes, attach the IRS letter.

☐ ☐

Purchases, Sales and Debt Information

Did you start a new business or purchase rental property during the year?

☐ ☐

Did you sell, exchange, or purchase any assets used in your trade or business?

☐ ☐

Did you acquire a new or additional interest in a partnership or S corporation?

☐ ☐

Did you sell, exchange, or purchase any real estate during the year?

☐ ☐

Did you purchase or sell a principal residence during the year?

☐ ☐

Did you foreclose or abandon a principal residence or real property during the year?

☐ ☐

Did you acquire or dispose of any stock during the year?

☐ ☐

Did you take out a home equity loan this year?

☐ ☐

Did you refinance a principal residence or second home this year?

☐ ☐

Did you sell an existing business, rental, or other property this year?

☐ ☐

Did you lend money with the understanding of repayment and this year it became totally uncollectable?

☐ ☐

Did you have any debts canceled or forgiven this year, such as a home mortgage or student loan(s)?

☐ ☐

Did you purchase a qualified plug-in electric drive vehicle or qualified fuel cell vehicle this year?

☐ ☐

☐ ☐

Income Information

Did you have any foreign income or pay any foreign taxes during the year, directly or indirectly, such as from investment accounts, partnerships or a foreign employer?

☐ ☐

Did you receive any income from property sold prior to this year?

☐ ☐

Did you receive any unemployment benefits during the year?

☐ ☐

Did you receive any disability income during the year?

☐ ☐

Did you receive any Medicaid waiver payments as difficulty of care during the year?

☐ ☐

Did you receive tip income not reported to your employer this year?

☐ ☐

Did any of your life insurance policies mature, or did you surrender any policies?

☐ ☐

Did you receive any awards, prizes, hobby income, gambling or lottery winnings?

☐ ☐

Did you receive any income considered to be nonemployee compensation?

☐ ☐

Do you expect a large fluctuation in income, deductions, or withholding next year?

☐ ☐

Did you have any sales or other exchanges of virtual currencies (including from an airdrop or a hard fork, or used virtual currencies to pay for goods or services)?

☐ ☐

Retirement Information

Are you an active participant in a pension or retirement plan?

☐ ☐

Did you receive any Social Security benefits during the year?

☐ ☐

Did you make any withdrawals from an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

☐ ☐

If yes, were any withdrawals due to a Federally declared disaster or COVID-19?

☐ ☐

If you received any qualified disaster retirement plan distributions, did you repay any of the distributions in 2020?

☐ ☐

Did you receive any lump-sum payments from a pension, profit sharing or 401(k) plan?

☐ ☐

☐ ☐

Did you make any contributions to an IRA, Roth, myRA, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan?

☐ ☐

☐ ☐

☐ ☐

Education Information

Did you, your spouse, or your dependents attend a post-secondary school during the year, or plan to attend one in the coming year?

☐ ☐

Did you have any educational expenses during the year on behalf of yourself, your spouse, or a dependent? If yes, attach any Form(s) 1098-T and receipts for qualified tuition and related expenses

☐ ☐

☐ ☐

Did anyone in your family receive a scholarship of any kind during the year?

☐ ☐

☐ ☐

If yes, were any of the scholarship funds used for expenses other than tuition, such as room and board?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any withdrawals from an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, were any of these withdrawals rolled over into an ABLE (Achieving a Better Life Experience) account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an education savings or 529 Plan account?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any student loan interest this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you cash any Series EE or I U.S. Savings bonds issued after 1989?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like a worksheet to aid in the completion of a Free Application for Federal Student Aid (FAFSA) with the U.S. Department of Education?	<input type="checkbox"/>	<input type="checkbox"/>

Health Care Information

Did you have qualifying health care coverage, such as employer-sponsored coverage or government-sponsored coverage (i.e. Medicare/Medicaid) for your family? "Your family" for health care coverage refers to you, your spouse if filing jointly, and anyone you can claim as a dependent. If yes, attach any Form(s) 1095-B and/or 1095-C you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act? If yes, attach any Form(s) 1095-A you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you enroll for lower cost Marketplace Coverage through healthcare.gov under the Affordable Care Act and share a policy with anyone who is not included in your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to a Health savings account (HSA) or Archer MSA?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any distributions from a Health savings account (HSA), Archer MSA, or Medicare Advantage MSA this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay long-term care premiums for yourself or your family?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any contributions to an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 5498-QA you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any withdrawals from an ABLE (Achieving a Better Life Experience) account? If yes, attach any Form(s) 1099-QA you received.	<input type="checkbox"/>	<input type="checkbox"/>
If you are a business owner, did you pay health insurance premiums for your employees this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive any Health Coverage Tax Credit (HCTC) advance payments? If yes, attach any Form(s) 1099-H you received.	<input type="checkbox"/>	<input type="checkbox"/>

Itemized Deduction Information

Did you incur a casualty or theft loss or any condemnation awards during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the loss occur in a Federally declared disaster area?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay out-of-pocket medical expenses (Co-pays, prescription drugs, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any cash or noncash charitable contributions (clothes, furniture, etc.)? If yes, please provide evidence such as a receipt from the donee organization, a canceled check, or record of payment, to substantiate all contributions made.	<input type="checkbox"/>	<input type="checkbox"/>
Did you donate a vehicle or boat during the year? If yes, attach Form 1098-C or other written acknowledgment from the donee organization.	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay real estate taxes for your primary home and/or second home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any mortgage interest on an existing home loan? If yes, attach any Form(s) 1098 you received.	<input type="checkbox"/>	<input type="checkbox"/>
Did you incur interest expenses associated with any investment accounts you held?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any major purchases during the year (cars, boats, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make any out-of-state purchases (by telephone, internet, mail, or in person) for which the seller did not collect state sales or use tax?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous Information

Did you make gifts of more than \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you utilize an area of your home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Did you engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Did you retire or change jobs this year?	<input type="checkbox"/>	<input type="checkbox"/>

Did you incur moving costs because of a permanent change of station as a member of the Armed Forces on active duty?	<input type="checkbox"/>	<input type="checkbox"/>
Did you pay any individual as a household employee during the year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you make energy efficient improvements to your main home this year?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive a distribution from, or were you a grantor or transferor for a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any foreign financial accounts, foreign financial assets, or hold interest in a foreign entity?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive correspondence from the State or the IRS?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain: _____		
Do you have previous years of tax returns that are either unfiled or filed with unpaid balances due?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want to designate \$3 to the Presidential Election Campaign Fund? If you check yes, it will not change your tax or reduce your refund.	<input type="checkbox"/>	<input type="checkbox"/>

Preparer - Enter on Screen Contact

Tax matters person (Indicate which spouse handles tax return related questions) (Blank = Both, T = Taxpayer, S = Spouse)

[8]

Taxpayer email address

[9]

Spouse email address

[10]

Taxpayer

Spouse

Fax telephone number

[11]

[19]

Mobile telephone number

[12]

[20]

Mobile telephone #2 number

[13]

[21]

Pager number

[14]

[22]

Other:

[15]

[23]

Telephone number

[16]

[24]

Extension

[17]

[25]

Preferred method of contact:

Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2

[18]

[26]

NOTES/QUESTIONS:

Per IRS Security Summit requirements, verify the name of financial institution, routing transit number, account number, and type of account below. If you would like to have a refund direct deposited into or a balance due debited from your bank account(s), please enter information in the fields below. Note that electronic funds will be withdrawn only from the primary account listed below.

Mark to verify all accounts listed below have been reviewed, updated as needed, and are correct. _____ [1]

Primary account:

Financial institution routing transit number _____ [3]

Name of financial institution _____ [4]

Your account number _____ [5]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [6]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [7]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [8]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [9] or Percent (xxx.xx) _____ [10]

Secondary account #1:

Financial institution routing transit number _____ [25]

Name of financial institution _____ [26]

Your account number _____ [27]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [28]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [29]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [30]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [11] or Percent (xxx.xx) _____ [12]

Secondary account #2:

Financial institution routing transit number _____ [31]

Name of financial institution _____ [32]

Your account number _____ [33]

Type of account (1 = Savings, 2 = Checking, 3 = IRA*) _____ [34]

Mark if married filing jointly and this is a joint account (Both taxpayer and spouse names are on the account) _____ [35]

Mark if financial institution is foreign based (Not located in the territorial jurisdiction of the United States) _____ [36]

Enter the maximum dollar amount, or percentage of total refund Dollar _____ [15] or Percent (xxx.xx) _____ [16]

*Refunds may only be direct deposited to established traditional, Roth or SEP-IRA accounts. Make sure direct deposits will be accepted by the bank or financial institution.

Refund - U.S. Series I Savings Bond Purchases

A tax refund may be used to buy up to \$5,000 of U.S. Series I Savings bonds and registered for up to three different persons. If you would like to purchase U.S. Series I Savings bonds (in increments of \$50) with your refund, if applicable, please complete the following information. Please note you may enter only one name per registration (with exception of married filing joint returns) and must enter the party's given name, do not use nicknames.

Indicate either a maximum dollar amount (up to \$5,000), or percentage of refund you would like used to purchase bonds

The bonds will be registered to the name(s) on the return. For married filing joint returns this means the bonds will be registered in both names listed on the return.

To register the bonds separately, leave these fields blank and use the fields provided below.

Enter either a dollar amount or percent, but not both

Dollar _____ [13] or Percent (xxx.xx) _____ [14]

Bond Information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [17] or Percent (xxx.xx) _____ [18]

Owner's name (First Last) _____ [38] _____ [39]

Co-owner or beneficiary (First Last) _____ [40] _____ [41]

Mark if the name listed above is a beneficiary _____ [42]

Bond Information for someone other than taxpayer and spouse, if married filing jointly

Maximum dollar amount (up to \$5,000), or percentage of refund used to purchase bonds Dollar _____ [21] or Percent (xxx.xx) _____ [22]

Owner's name (First Last) _____ [43] _____ [44]

Co-owner or beneficiary (First Last) _____ [45] _____ [46]

Mark if the name listed above is a beneficiary _____ [47]

IRS regulations require paid tax preparers who expect to prepare a certain amount of federal individual tax returns to file them electronically. To comply with this requirement your return will be electronically filed this year if it qualifies for electronic filing under IRS rules. Taxpayers may choose to file a paper return instead of filing electronically.

Mark if you want to file a paper return even if you qualify for electronic filing

____ [1]

Receive email notification(s) when your electronic file is accepted by the taxing agency (Blank = None, 1 = Return, 2 = Return & Extension)

____ [2]

If 1 or 2, please provide email address on Organizer Form ID: Info

Mark if you are filing a balance due return electronically and you want to pay the amount due by debiting your financial institution account

____ [9]

The IRS requires a Personal Identification Number (PIN) be used in signing returns that are electronically filed.

Each taxpayer and spouse, if applicable, must provide a 5 digit self-selected PIN of your choice other than all zeroes.

Taxpayer self-selected Personal Identification Number (PIN)

____ [7]

Spouse self-selected Personal Identification Number (PIN)

____ [8]

NOTES/QUESTIONS:

Taxpayer -

Form of Identification (1 = Driver's license, 2 = State issued identification card)

[1]

Identification number

[2]

Issue date

[3]

Expiration date (mm/dd/yyyy)

[4]

Location of Issuance (State issued only)

[5]

Document number (New York only)

[6]

Spouse -

Form of Identification (1 = Driver's license, 2 = State issued identification card)

[7]

Identification number

[8]

Issue date

[9]

Expiration date (mm/dd/yyyy)

[10]

Location of Issuance (State issued only)

[11]

Document number (New York only)

[12]

NOTES/QUESTIONS:

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

Refunded

____ [52]

Applied to 2021 estimated tax liability

____ [53]

Do you expect a considerable change in your 2021 income? (Y, N)

____ [54]

If yes, please explain any differences:

____ [55]

____ [56]

____ [57]

____ [58]

____ [59]

Do you expect a considerable change in your deductions for 2021? (Y, N)

If yes, please explain any differences:

____ [60]

____ [61]

____ [62]

____ [63]

____ [64]

Do you expect a considerable change in the amount of your 2021 withholding? (Y, N)

If yes, please explain any differences:

____ [65]

____ [66]

____ [67]

____ [68]

____ [69]

Do you expect a change in the number of dependents claimed for 2021? (Y, N)

If yes, please explain any differences:

____ [70]

____ [71]

____ [72]

____ [73]

____ [74]

Mark if you use the Electronic Federal Tax Payment System (EFTPS) to pay your estimated taxes

2020 Federal Estimated Tax Payments

2019 overpayment applied to 2020 estimates

+ _____ [1]

Mark if you paid the calculated amounts on the dates due indicated below. Skip the remaining fields.

____ [5]

If your estimated payments were not made on the date due or were for an amount other than the calculated amount below, please enter the actual date and amount paid.

	Date Due	Date Paid if After Date Due	Amount Paid	Calculated Amount	Method*
1st quarter payment	7/15/20	____ [6]	+ _____ [7]	_____	_____
2nd quarter payment	7/15/20	____ [8]	+ _____ [9]	_____	_____
3rd quarter payment	9/15/20	____ [10]	+ _____ [11]	_____	_____
4th quarter payment	1/15/21	____ [12]	+ _____ [13]	_____	_____
Additional payment		____ [14]	+ _____ [15]	_____	_____

*Method of payment indicated in prior year

EFW = Electronic funds withdrawal

EFTPS = Electronic Federal Tax Payment System

Voucher = Form 1040-ES estimated tax payment voucher

NOTES/QUESTIONS:

Control Totals +

PAYMENTS

Form ID: Est

Taxpayer/Spouse/Joint (T, S, J)

[1]

State postal code

[2]

Amount paid with 2019 return

+ [3]

2019 overpayment applied to '20 estimates

+ [4]

Treat calculated amounts as paid

[8]

Date Paid	Amount Paid	Calculated Amount
1st quarter payment [9]	+ [10]	
2nd quarter payment [11]	+ [12]	
3rd quarter payment [13]	+ [14]	
4th quarter payment [15]	+ [16]	
Additional payment [17]	+ [18]	

2020 City Estimated Tax Payments

City #1	City #2
City name [28]	City name [50]
Amount paid with 2019 return + [31]	Amount paid with 2019 return + [53]
2019 overpayment applied to '20 estimates + [32]	2019 overpayment applied to '20 estimates + [54]
Treat calculated amounts as paid [36]	Treat calculated amounts as paid [58]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment [37]	+ [38]	1st quarter payment [59]	+ [60]
2nd quarter payment [39]	+ [40]	2nd quarter payment [61]	+ [62]
3rd quarter payment [41]	+ [42]	3rd quarter payment [63]	+ [64]
4th quarter payment [43]	+ [44]	4th quarter payment [65]	+ [66]

Calculated Amount	Calculated Amount
1st quarter payment	1st quarter payment
2nd quarter payment	2nd quarter payment
3rd quarter payment	3rd quarter payment
4th quarter payment	4th quarter payment

City #3	City #4
City name [72]	City name [94]
Amount paid with 2019 return + [75]	Amount paid with 2019 return + [97]
2019 overpayment applied to '20 estimates + [76]	2019 overpayment applied to '20 estimates + [98]
Treat calculated amounts as paid [80]	Treat calculated amounts as paid [102]

Date Paid	Amount Paid	Date Paid	Amount Paid
1st quarter payment [81]	+ [82]	1st quarter payment [103]	+ [104]
2nd quarter payment [83]	+ [84]	2nd quarter payment [105]	+ [106]
3rd quarter payment [85]	+ [86]	3rd quarter payment [107]	+ [108]
4th quarter payment [87]	+ [88]	4th quarter payment [109]	+ [110]

Calculated Amount	Calculated Amount
1st quarter payment	1st quarter payment
2nd quarter payment	2nd quarter payment
3rd quarter payment	3rd quarter payment
4th quarter payment	4th quarter payment

Interest Income

13

Please provide copies of all Form 1099-INT or other statements reporting interest income.
 *Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T/S/I Code (*See codes below)	Type	Interest (1) Income	Tax Exempt Income	Penalty on Early Withdrawal	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
1	Payer	+						
	Amounts							
2	Payer	+						
	Amounts							
3	Payer	+						
	Amounts							
4	Payer	+						
	Amounts							
5	Payer	+						
	Amounts							
6	Payer	+						
	Amounts							
7	Payer	+						
	Amounts							
8	Payer	+						
	Amounts							
9	Payer	+						
	Amounts							
10	Payer	+						
	Amounts							

**Interest Codes			
Blank = Regular Interest	4 = Accrued Interest	6 = ABP Adjustment	
3 = Nominee Distribution	5 = OID Adjustment	7 = Series EE & I Bond	

INCOME

Control Totals +

Form ID: B-1

Please provide copies of all Form 1099-DIV or other statements reporting dividend income.

*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

T S J	Type (**See codes below)	Ordinary Dividends	(2) Qualified Dividends	Total Cap Gain Distributions	Section 1250	Sec. 199A	28% Capital Gain	Tax Exempt Dividends	U.S. Obligations* \$ or %	Tax Exempt* \$ or %	Foreign Taxes Paid	Prior Year Information
T	1	Payer	+									
		Amounts										
S	2	Payer	+									
		Amounts										
J	3	Payer	+									
		Amounts										
	4	Payer	+									
		Amounts										
	5	Payer	+									
		Amounts										
	6	Payer	+									
		Amounts										
	7	Payer	+									
		Amounts										
	8	Payer	+									
		Amounts										
	9	Payer	+									
		Amounts										
	10	Payer	+									
		Amounts										

**Dividend Codes	
Blank = Other	3 = Nominee

Please provide copies of all Forms 1099-B and 1099-S

Did you have any securities become worthless during 2020? (Y, N)

[9]

Did you have any debts become uncollectible during 2020? (Y, N)

[10]

Did you have any commodity sales, short sales, or straddles? (Y, N)

[11]

Did you exchange any securities or investments for something other than cash? (Y, N)

[13]

Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? (Y, N)

[3]

[illegible]

Social Security, Tier 1 Railroad Benefits

Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S)

T [1]

State postal code

____ [2]

Social Security Benefits**2020 Information****Prior Year Information**

If you received a Form SSA - 1099, please complete the following information:

Net Benefits for 2020 (Box 3 minus Box 4) **(Box 5)**

+ _____ [8]

Voluntary Federal Income Tax Withheld **(Box 6)**

+ _____ [10]

From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:

Medicare premiums

+ _____ [12]

Prescription drug (Part D) premiums

+ _____ [14]

Tier 1 Railroad Benefits**2020 Information****Prior Year Information**

If you received a Form RRB - 1099, please complete the following information:

Net Social Security Equivalent Benefit:

Portion of Tier 1 Paid in 2020 **(Box 5)**

+ _____ [22]

Federal Income Tax Withheld **(Box 10)**

+ _____ [25]

Medicare Premium Total **(Box 11)**

+ _____ [27]

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2020 or receive any prior year benefits in 2020. This information will be reported in the SSA-1099 DESCRIPTION OF AMOUNT IN BOX 3 area or in the RRB-1099 Boxes 7 through 9.

____ [40]

____ [41]

____ [42]

____ [43]

____ [44]

NOTES/QUESTIONS:

Form ID: IRA

Traditional IRA**26****Taxpayer****Spouse**

Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)

___[1]

___[2]

Do you want to contribute the maximum allowable traditional IRA contribution amount? If yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)

___[3]

___[4]

Enter the total traditional IRA contributions made for use in 2020

+ _____[5]

+ _____[6]

Taxpayer**Spouse**

Enter the nondeductible contribution amount made for use in 2020

+ _____[5]

+ _____[6]

Enter the nondeductible contribution amount made in 2021 for use in 2020

+ _____[7]

+ _____[8]

Traditional IRA basis

+ _____[17]

+ _____[18]

Value of all your traditional IRA's on December 31, 2020:

+ _____[19]

+ _____[20]

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

Roth IRA

Please provide copies of any 1998 through 2019 Form 8606 not prepared by this office

Taxpayer**Spouse**

Mark if you want to contribute the maximum Roth IRA contribution

___[29]

___[30]

Enter the total Roth IRA contributions made for use in 2020

+ _____[31]

+ _____[32]

Enter the amount a 2020 Roth IRA conversion should be adjusted by

+ _____[39]

+ _____[40]

Enter the total contribution Roth IRA basis on December 31, 2019

+ _____[43]

+ _____[44]

Enter the total Roth IRA contribution recharacterizations for 2020

+ _____[45]

+ _____[46]

Enter the Roth conversion IRA basis on December 31, 2019

+ _____[47]

+ _____[48]

Value of all your Roth IRA's on December 31, 2020:

+ _____[49]

+ _____[50]

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

NOTES/QUESTIONS:

Control Totals +

RETIREMENT

Form ID: IRA

T/S/J	2020 Information	Prior Year Information
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nursing home fees, Lab/x-ray fees, Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance reimbursements received		
[1] _____	+ _____ [2]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Medical insurance premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Form SSA-1099.		
[4] _____	+ _____ [5]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
Long-term care premiums you paid: Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entered elsewhere, such as amounts paid for your self-employed business (Sch C, Sch F, Sch K-1, etc.)		
[7] _____	+ _____ [8]	_____
_____	+ _____	_____
Prescription medicines and drugs:		
[10] _____	+ _____ [11]	_____
_____	+ _____	_____
_____	+ _____	_____
[13] Miles driven for medical items _____	_____ [14]	_____

Schedule A - Tax Expenses

T/S/J	2020 Information	Prior Year Information
State/local income taxes paid:		
[18] _____	+ _____ [19]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
2019 state and local income taxes paid in 2020:		
[21] _____	+ _____ [22]	_____
_____	+ _____	_____
_____	+ _____	_____
Real estate taxes paid:		
[24] REAL ESTATE TAXES _____	+ _____ [25]	_____
_____	+ _____	_____
_____	+ _____	_____
Personal property taxes:		
[27] _____	+ _____ [28]	_____
_____	+ _____	_____
Other taxes, such as: foreign taxes and State disability taxes		
[30] _____	+ _____ [31]	_____
_____	+ _____	_____
_____	+ _____	_____
Sales tax paid on major purchases:		
[36] _____	+ _____ [37]	_____
_____	+ _____	_____
Sales tax paid on actual expenses:		
[39] _____	+ _____ [40]	_____
_____	+ _____	_____
_____	+ _____	_____

Control Totals +

ITEMIZED DEDUCTIONS

Form ID: A-1

Interest Expenses

58

T/S/J	2020 Interest Paid ^[2]	2020 Points Paid	Type*	2020 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
[1] HOME MORTGAGE INTEREST	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		
	+	+	+		

*Mortgage Types

Blank = Used to buy, build or improve main/qualified second home 1 = Not used to buy, build, improve home or investment

T/S/J	Payee's Name	SSN or EIN	2020 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
[4]			+	[5]
Address				
City, state and zip code				
			+	
Address				
City, state and zip code				

T/S/J Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid -

Payer's/Borrower's name	[7]
Street Address	
City/State/Zip code	
Refinancing Points paid in 2020 -	
Taxpayer/Spouse/Joint (T, S, J)	[11]
Recipient/Lender name	
Total points paid at time of refinance	
Points deemed as paid in 2020 (Preparer use only)	[12]
Date of refinance	
Term of new loan (in months)	
Reported on Form 1098 in 2020	
Taxpayer/Spouse/Joint (T, S, J)	
Recipient/Lender name	
Total points paid at time of refinance	
Points deemed as paid in 2020 (Preparer use only)	
Date of refinance	
Term of new loan (in months)	
Reported on Form 1098 in 2020	

T/S/J	2020 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
[15]	[16]	

Control Totals +

ITEMIZED DEDUCTIONS

Form ID: A-2

69

Please provide all copies of Form(s) 1095-B and/or 1095-C

2020 Information **Prior Year Information**

Was your entire family covered for the full year with minimum essential health care coverage? (Y, N) 1

If your entire family was not covered for the full year with minimum essential health care coverage, enter information for all family members who are covered, or are exempt from the requirement to maintain minimum essential health coverage. Enter either the Exemption Certificate Number issued by the Marketplace, or the Other Exemption Type you are claiming. Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

Mark Full Year if the coverage or exemption is for the entire year, otherwise indicate the Start Month and End Month.

[illegible]

A = Unaffordable coverage

B = Short coverage gap

C = Exempt noncitizen

D = Health care sharing ministry

E = Indian tribe member

F = Incarcerated individual

G = Hardship (combined coverage unaffordable, Initial open enrollment, CHIP)

H = Member of tax household born, adopted, or died

X = Insured with minimum essential coverage (coverage info found on Form(s) 1095-B or 1095-C)

2020 Information

Taxpayer

Spouse

Prior Year Information

Self-employed health insurance premiums: (Not entered elsewhere)

$$\begin{array}{rcl} & + & \text{[13]} + \text{[14]} \\ \hline & + & + \end{array}$$

Self-employed long-term care premiums: (Not entered elsewhere)

_____ + _____ [16] + _____ [17]

NOTES/QUESTIONS:

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S)

T [1]

Marketplace identifier (Box 1)

[6]

Marketplace-assigned policy number (Box 2)

[7]

Policy issuer's name (Box 3)

[2]

Part III Household Information -

	A. 2020 Monthly Premium Amount	Prior Year Information	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2020 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ [12]		+ [25]	+ [38]	
February	+ [13]		+ [26]	+ [39]	
March	+ [14]		+ [27]	+ [40]	
April	+ [15]		+ [28]	+ [41]	
May	+ [16]		+ [29]	+ [42]	
June	+ [17]		+ [30]	+ [43]	
July	+ [18]		+ [31]	+ [44]	
August	+ [19]		+ [32]	+ [45]	
September	+ [20]		+ [33]	+ [46]	
October	+ [21]		+ [34]	+ [47]	
November	+ [22]		+ [35]	+ [48]	
December	+ [23]		+ [36]	+ [49]	
Annual total	+ [24]		+ [37]	+ [50]	

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S)

[1]

Marketplace identifier (Box 1)

[6]

Marketplace-assigned policy number (Box 2)

[7]

Policy issuer's name (Box 3)

[2]

Part III Household Information -

	A. 2020 Monthly Premium Amount	Prior Year Information	B. 2020 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2020 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ [12]		+ [25]	+ [38]	
February	+ [13]		+ [26]	+ [39]	
March	+ [14]		+ [27]	+ [40]	
April	+ [15]		+ [28]	+ [41]	
May	+ [16]		+ [29]	+ [42]	
June	+ [17]		+ [30]	+ [43]	
July	+ [18]		+ [31]	+ [44]	
August	+ [19]		+ [32]	+ [45]	
September	+ [20]		+ [33]	+ [46]	
October	+ [21]		+ [34]	+ [47]	
November	+ [22]		+ [35]	+ [48]	
December	+ [23]		+ [36]	+ [49]	
Annual total	+ [24]		+ [37]	+ [50]	

Control Totals +

NOTES/QUESTIONS:

1 Preparer use only**2020 Information****Prior Year Information**

Taxpayer/Spouse/Joint (T, S, J) _____ [2]
 Employer identification number _____ [3]
 Business name _____ [5]
 Principal business/profession _____ [6]
 Business code _____ [12]
 Business address, if different from home address on Organizer Form ID: 1040
 Address _____ [15]
 City/State/Zip _____ [16] _____ [17] _____ [18]
 Accounting method (1 = Cash, 2 = Accrual, 3 = Other) _____ [19]
 If other: _____ [21]
 Inventory method (1 = Cost, 2 = LCM, 3 = Other) _____ [22]
 If other enter explanation: _____ [24]

 Enter an explanation if there was a change in determining your inventory: _____ [25]

 Did you "materially participate" in this business? (Y, N) _____ [26]
 If not, number of hours you did significantly participate _____ [28]
 Mark if you began or acquired this business in 2020 _____ [30]
 Did you make any payments in 2020 that require you to file Form(s) 1099? (Y, N) _____ [31]
 If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [33]
 Mark if this business is considered related to qualified services as a minister or religious worker _____ [35]
 Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister) _____ [37]
 Medical insurance premiums paid by this activity + _____ [40]
 Long-term care premiums paid by this activity + _____ [44]
 Amount of wages received as a statutory employee + _____ [47]

Business Income**2020 Information****Prior Year Information**

Gross receipts and sales
GROSS RECEIPTS AND SALES _____ + _____ [52]
 _____ + _____
 _____ + _____
 _____ + _____
 Returns and allowances _____ + _____ [55]
 Other income: _____ + _____ [57]
 _____ + _____
 _____ + _____
 _____ + _____

Cost of Goods Sold**2020 Information****Prior Year Information**

Beginning inventory _____ + _____ [59]
 Purchases _____ + _____ [61]
 Labor: _____ + _____ [63]
 _____ + _____
 Materials _____ + _____ [65]
 Other costs: _____ + _____ [67]
 _____ + _____
 _____ + _____
 _____ + _____
 Ending inventory _____ + _____ [69]

Control Totals +

BUSINESS

Form ID: C-1

1 Preparer use only

Principal business or profession _____

2020 Information**Prior Year Information**

Advertising	+ _____ [6]
Car and truck expenses	+ _____ [8]
Commissions and fees	+ _____ [10]
Contract labor	+ _____ [12]
Depletion	+ _____ [14]
Depreciation	+ _____ [16]
Employee benefit programs (Include Small Employer Health Ins Premiums credit):	
_____	+ _____ [18]
_____	+ _____
Insurance (Other than health):	
_____	+ _____ [20]
_____	+ _____
Interest:	
Mortgage (Paid to banks, etc.)	
_____	+ _____ [22]
_____	+ _____
_____	+ _____
Other:	
_____	+ _____ [24]
_____	+ _____
Legal and professional services	+ _____ [26]
Office expense	+ _____ [29]
Pension and profit sharing:	
_____	+ _____ [31]
_____	+ _____
Rent or lease:	
Vehicles, machinery, and equipment	+ _____ [33]
Other business property	+ _____ [35]
Repairs and maintenance	+ _____ [37]
Supplies	+ _____ [39]
Taxes and licenses:	
_____	+ _____ [41]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
Travel and meals:	
Travel	+ _____ [43]
Meals (Enter 100% subject to 50% limitation)	+ _____ [45]
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]
Utilities	+ _____ [51]
Wages (Less employment credit):	
_____	+ _____ [53]
_____	+ _____
Other expenses:	
_____	+ _____ [55]
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____
_____	+ _____

Control Totals +

BUSINESS

Form ID: C-2

Form ID: Auto

Auto Worksheet

68

If you used your automobile for business purposes, please complete the following information.

C

1

Preparer use only

Description of business or profession

[3]

Vehicles

Vehicle 1 -	Date placed in service	_____	[4]
	Description	_____	[5]
	Comments	_____	
Vehicle 2 -	Date placed in service	_____	[9]
	Description	_____	[10]
	Comments	_____	
Vehicle 3 -	Date placed in service	_____	[14]
	Description	_____	[15]
	Comments	_____	
Vehicle 4 -	Date placed in service	_____	[19]
	Description	_____	[20]
	Comments	_____	

Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the following questions:								
Was the vehicle available for off-duty personal use? (Y, N)	[60]		[62]		[64]		[66]	
Was another vehicle available for personal use? (Y, N)	[68]		[70]		[72]		[74]	
Do you have evidence to support your deduction? (Y, N)	[76]		[78]		[80]		[82]	
Is this evidence written? (Y, N)	[84]		[86]		[88]		[90]	

Vehicle Expenses

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	[32]		[34]		[36]		[38]	
Commuting miles	[42]		[44]		[46]		[48]	
Business miles	[52]		[54]		[56]		[58]	
Parking fees	+ [92]		+ [94]		+ [96]		+ [98]	
Tolls	+ [100]		+ [102]		+ [104]		+ [106]	
Gasoline	+ [108]		+ [110]		+ [112]		+ [114]	
Oil	+ [116]		+ [118]		+ [120]		+ [122]	
Repairs	+ [124]		+ [126]		+ [128]		+ [130]	
Maintenance	+ [132]		+ [134]		+ [136]		+ [138]	
Tires	+ [140]		+ [142]		+ [144]		+ [146]	
Car washes	+ [148]		+ [150]		+ [152]		+ [154]	
Insurance	+ [156]		+ [158]		+ [160]		+ [162]	
Interest	+ [164]		+ [166]		+ [168]		+ [170]	
Registration	+ [172]		+ [174]		+ [176]		+ [178]	
Licenses	+ [180]		+ [182]		+ [184]		+ [186]	
Property taxes	+ [188]		+ [190]		+ [192]		+ [194]	
Other vehicle expenses	+ [196]		+ [198]		+ [200]		+ [202]	
Vehicle rentals	+ [204]		+ [206]		+ [208]		+ [210]	
Inclusion amt (Preparer only)	[212]		[214]		[216]		[218]	
Depreciation	+ [220]		+ [222]		+ [224]		+ [226]	

Control Totals +

BUSINESS

Form ID: Auto

Form ID: Rent

Rent and Royalty Property - General Information

31

1 Preparer use only

Information		Prior Year Information
Description _____ [2]		
Taxpayer/Spouse/Joint (T, S, J) <u>T</u> [3]	State postal code _____ [5]	
Physical address: Street _____ [6]		
City, state, zip code _____ [7] _____ [8] _____ [9]		
Foreign country _____ [11]		
Foreign province/county _____ [12]		
Foreign postal code _____ [13]		
Type (1=Single-family, 2=Multi-family, 3=Vacation/short-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-rental, 8=Other, 9=Personal ppty) _____ [14]		
Description of other type (Type code #8) _____ [15]		
Did you make any payments in 2012 that require you to file Form(s) 1099? (Y, N) _____ [16]		
If "Yes", did you or will you file all required Forms 1099? (Y, N) _____ [18]		
Fair rental days (If not full year) (For types 1, 2, 4, 5, 7 and 8 only) (Use Rent-2 for type 3) _____ [20]		
Percentage of ownership if not 100% _____ [22]		
Business use percentage, if not 100% (Not vacation home percentage) _____ [24]		

Rent and Royalty Income

Information	Prior Year Information
Rents and royalties	
RENTS AND ROYALTIES _____ + _____ [34]	

Rent and Royalty Expenses

Information	Percent if not 100%	Prior Year Information
Advertising _____ + _____ [36]	_____ [37]	
Auto _____ + _____ [39]	_____ [40]	
Travel _____ + _____ [42]	_____ [43]	
Cleaning and maintenance _____ + _____ [45]	_____ [46]	
Commissions: _____ + _____ [48]	_____ [50]	
Insurance: _____ + _____ [51]	_____ [53]	
Legal and professional fees _____ + _____ [55]	_____ [56]	
Management fees: _____ + _____ [58]	_____ [60]	
Mortgage interest paid to banks, etc (Form 1098) _____ + _____ [61]	_____ [63]	
Other mortgage interest _____ + _____ [64]	_____ [66]	
Qualified mortgage insurance premiums _____ + _____ [67]	_____ [68]	
Other interest: _____ + _____ [70]	_____ [72]	
Repairs _____ + _____ [73]	_____ [74]	
Supplies _____ + _____ [76]	_____ [77]	
Taxes: LOCAL INCOME TAXES _____ + _____ [79]	_____ [81]	
Utilities _____ + _____ [82]	_____ [83]	
Depreciation _____ + _____ [85]	_____ [86]	
Depletion _____ + _____ [88]	_____ [89]	
Other expenses: _____ + _____ [91]		

Control Totals +

RENT & ROYALTY

Form ID: Rent

Form ID: OH

Ohio General Information

Enter your current Ohio county of residence _____ [1]

School district number _____ [2]

Use Tax

Mark this field to certify no sales or use tax is due _____ [3]

Purchases subject to use tax _____ [4]

Contributions

Amount of charitable contributions you wish to make to:

Military injury relief fund _____ [5]

Natural areas and endangered species fund _____ [6]

Wildlife species and endangered wildlife _____ [7]

Ohio History Fund _____ [8]

Breast and cervical cancer project _____ [9]

Wishes for sick children _____ [10]

Credits

Taxpayer

Spouse

Displaced worker training expenses for 12-month period since loss of job _____ [11]

Amount contributed to Ohio political campaigns _____ [13]

_____ [12]

_____ [14]

Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Ohio

Part-year residency dates:

From

To

Taxpayer

Spouse

_____ [15]

_____ [16]

_____ [17]

_____ [18]

Taxpayer

Spouse

Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident) _____ [19]

If nonresident, enter state of residency _____ [21]

If foreign, enter country of residency _____ [23]

_____ [20]

_____ [22]

_____ [24]

NOTES/QUESTIONS:

Form ID: OH