

Personal Information

Filing (Marital) status code (1 = Single, 2 = Married filing joint, 3 = Married filing separate, 4 = Head of household, 5 = Qualifying widow(er)) _____

Mark if you were married but living apart all year _____

Mark if your nonresident alien spouse does not have an Individual Taxpayer Identification Number (ITIN) _____

	Taxpayer	Spouse
Social security number	_____	_____
First name	_____	_____
Last name	_____	_____
Occupation	_____	_____
Designate \$3.00 to the presidential election campaign fund? (1 = Yes, 2 = No, 3 = Blank)	_____	_____
Mark if dependent of another taxpayer	_____	_____
Taxpayer with income less than 1/2 support age 18 or 19 - 23 full-time student? (Y, N)	_____	_____
Mark if legally blind	_____	_____
Date of birth	_____	_____
Date of death	_____	_____
Work/daytime telephone number/ext number	_____	_____
Home/evening telephone number	_____	_____
Do you authorize us to discuss your return with the IRS? (Y, N)	_____	_____

Present Mailing Address

Address _____

Apartment number _____

City, state postal code, zip code _____

Foreign country name _____

Foreign phone number _____

In care of addressee _____

Dependent Information

(*Please refer to Dependent Codes located at the bottom)

First Name	Last Name	Date of Birth	Social Security No.	Relationship	Months in home	**Dep Codes * **	Care expenses paid for dependent

Name of child who lived with you but is not your dependent _____

Social security number of qualifying person _____

Dependent Codes

- | | |
|---|---|
| <p>*Basic</p> <ul style="list-style-type: none"> 1 = Child who lived with you 2 = Child who did not live with you due to divorce/separation 3 = Other dependent 4 = Other dependents, but do not qualify for Credit for Other Dependents (ODC) 5 = Qualifying child for Earned Income Credit only 6 = Children who lived with you, but do not qualify for Earned Income Credit 7 = Children who lived with you, but do not qualify for Child Tax Credit 8 = Children who lived with you, but do not qualify for Child Tax Credit/Credit for Other Dependents/Earned Income Credit <p>***Months</p> <ul style="list-style-type: none"> 77 = Reported on odd year return 88 = Reported on even year return 99 = Not reported on return | <p>**Other</p> <ul style="list-style-type: none"> 1 = Student (Age 19 - 23) 2 = Disabled dependent 3 = Dependent who is both a student and disabled |
|---|---|

Preparer - Enter on Screen Contact

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

Taxpayer email address _____

Spouse email address _____

Taxpayer

Spouse

Fax telephone number _____

Mobile telephone number _____

Mobile telephone #2 number _____

Pager number _____

Other: _____

 Telephone number _____

 Extension _____

Preferred method of contact: _____

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

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. _____

Primary account:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

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

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

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

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

Secondary account #1:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

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

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

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

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

Secondary account #2:

Financial institution routing transit number _____

Name of financial institution _____

Your account number _____

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

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

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

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

*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 _____ or Percent (xxx.xx) _____

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~~ _____ or Percent (xxx.xx) _____

Owner's name (First Last) _____

Co-owner or beneficiary (First Last) _____

Mark if the name listed above is a beneficiary _____

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~~ _____ or Percent (xxx.xx) _____

Owner's name (First Last) _____

Co-owner or beneficiary (First Last) _____

Mark if the name listed above is a beneficiary _____

If you have an overpayment of 2019 taxes, do you want the excess:

Refunded _____

Applied to 2020 estimated tax liability _____

Do you expect a considerable change in your 2020 income? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in your deductions for 2020? (Y, N) _____

If yes, please explain any differences:

Do you expect a considerable change in the amount of your 2020 withholding? (Y, N) _____

If yes, please explain any differences:

Do you expect a change in the number of dependents claimed for 2020? (Y, N) _____

If yes, please explain any differences:

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

2019 Federal Estimated Tax Payments

2018 overpayment applied to 2019 estimates _____

+ _____

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

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	4/15/19	_____	+ _____	_____	_____
2nd quarter payment	6/17/19	_____	+ _____	_____	_____
3rd quarter payment	9/16/19	_____	+ _____	_____	_____
4th quarter payment	1/15/20	_____	+ _____	_____	_____
Additional payment		_____	+ _____	_____	_____

***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:

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

State postal code _____

Amount paid with 2018 return + _____
 2018 overpayment applied to '19 estimates + _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid	Calculated Amount
1st quarter payment	_____	+ _____	_____ _____ _____ _____
2nd quarter payment	_____	+ _____	
3rd quarter payment	_____	+ _____	
4th quarter payment	_____	+ _____	
Additional payment	_____	+ _____	

2019 City Estimated Tax Payments

City #1

City name _____
 Amount paid with 2018 return + _____
 2018 overpayment applied to '19 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #2

City name _____
 Amount paid with 2018 return + _____
 2018 overpayment applied to '19 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #3

City name _____
 Amount paid with 2018 return + _____
 2018 overpayment applied to '19 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

City #4

City name _____
 Amount paid with 2018 return + _____
 2018 overpayment applied to '19 estimates _____
 Treat calculated amounts as paid _____

	Date Paid	Amount Paid
1st quarter payment	_____	+ _____
2nd quarter payment	_____	+ _____
3rd quarter payment	_____	+ _____
4th quarter payment	_____	+ _____

Calculated Amount

1st quarter payment	_____
2nd quarter payment	_____
3rd quarter payment	_____
4th quarter payment	_____

Interest Income

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/J	Type Code (**See codes below)	Interest 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

Dividend Income

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 Code (**See codes below)	Ordinary Dividends	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
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 +											

**Dividend Codes	
Blank = Other	3 = Nominee

State and local income tax refunds		2019 Information	+	
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Prior Year Information

	T/S	Agreement Date		2019 Information	
Alimony received			+		
			+		

Prior Year Information

		Taxpayer		Spouse	
Unemployment compensation	+		+		
Unemployment compensation federal withholding	+		+		
Unemployment compensation state withholding	+		+		
Unemployment compensation repaid	+		+		
Alaska Permanent Fund dividends	+		+		

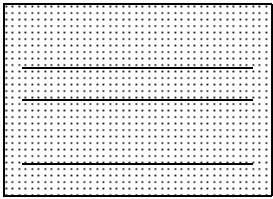
		Self- Employment Income ?							
T/S/J	(Y, N)			2019 Information	+		Prior Year Information		
		Other income, such as: Commissions, Jury pay, Director fees, Taxable scholarships			+				
					+				
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Social Security, Tier 1 Railroad Benefits

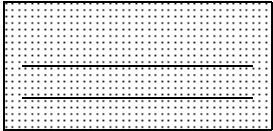
Please provide a copy of Form(s) SSA-1099 or RRB-1099

Taxpayer/Spouse (T, S) _____
State postal code _____

Social Security Benefits

	2019 Information	Prior Year Information
If you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2019 (Box 3 minus Box 4) (Box 5)	+ _____	
Voluntary Federal Income Tax Withheld (Box 6)	+ _____	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+ _____	
Prescription drug (Part D) premiums	+ _____	

Tier 1 Railroad Benefits

	2019 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 2019 (Box 5)	+ _____	
Federal Income Tax Withheld (Box 10)	+ _____	
Medicare Premium Total (Box 11)	+ _____	

Additional Information About Benefits Received

Additional information about the benefits received not reported above. For example did you repay any benefits in 2019 or receive any prior year benefits in 2019. 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

NOTES/QUESTIONS:

Traditional IRA

	Taxpayer	Spouse
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement plan? (Y, N)	—	—
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)	—	—
Enter the total traditional IRA contributions made for use in 2019	+ _____	+ _____
	Taxpayer	Spouse
Enter the nondeductible contribution amount made for use in 2019	+ _____	+ _____
Enter the nondeductible contribution amount made in 2020 for use in 2019	+ _____	+ _____
Traditional IRA basis	+ _____	+ _____
Value of all your traditional IRA's on December 31, 2019:		
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

Roth IRA

Please provide copies of any 1998 through 2018 Form 8606 not prepared by this office

	Taxpayer	Spouse
Mark if you want to contribute the maximum Roth IRA contribution	—	—
Enter the total Roth IRA contributions made for use in 2019	+ _____	+ _____
Enter the amount a 2019 Roth IRA conversion should be adjusted by	+ _____	+ _____
Enter the total contribution Roth IRA basis on December 31, 2018	+ _____	+ _____
Enter the total Roth IRA contribution recharacterizations for 2019	+ _____	+ _____
Enter the Roth conversion IRA basis on December 31, 2018	+ _____	+ _____
Value of all your Roth IRA's on December 31, 2019:		
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____
_____	+ _____	+ _____

NOTES/QUESTIONS:

Preparer use only

Business activity or profession name _____
 Taxpayer/Spouse (T, S) _____
 State postal code _____
 Contribute the maximum allowable contribution amount? (1 = Keogh, 2 = SEP, 3 = SIMPLE 401(k), 4 = Solo 401(k), 5 = SIMPLE IRA, 6 = SARSEP) _____
 Plan contribution rate. Enter in xx.xx format (Limitation percentage) _____
 Enter the total amount of contributions made to a Keogh plan in 2019 + _____
 Enter the total amount of contributions made to a Solo 401(k) plan in 2019 + _____
 Enter the total amount of contributions made to a SEP plan in 2019 + _____
 Enter the total amount of contributions made to a SARSEP plan in 2019 + _____
 Enter the total amount of contributions made to a defined benefit plan in 2019 + _____
 Enter the total amount of contributions made to a profit-sharing plan in 2019 + _____
 Enter the total amount of contributions made to a money purchase plan in 2019 + _____
 Enter the total amount of contributions made to a SIMPLE 401(k) plan in 2019 + _____
 Enter the total amount of contributions to a SIMPLE IRA plan in 2019 + _____

Catch-up Contributions

Enter the amount of catch-up contributions made to a Solo 401(k) or SARSEP in 2019 + _____
 Enter the amount of catch-up contributions made to a SIMPLE Plan in 2019 + _____

Elective Deferrals

Enter the total contributions to a Solo 401(k) or SARSEP made through elective deferrals in 2019 + _____
 Enter the amount of elective deferrals designated as Roth contributions in 2019 + _____

NOTES/QUESTIONS:

Please provide all Forms 1099-K

Preparer use only

	2019 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_____	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Employer identification number	_____	
Description	_____	
Principal Product	_____	
State postal code	_____	
Accounting method (1 = Cash, 2 = Accrual)	_____	
Agricultural activity code	_____	
Did you "materially participate" in this business? (Y, N)	_____	
Did you make any payments in 2019 that require you to file Form(s) 1099? (Y, N)	_____	
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_____	
Mark if Schedule F net income or loss should be excluded from self-employment income	_____	
Medical insurance premiums paid by this activity	+ _____	
Long-term care premiums paid by this activity	+ _____	

Schedule F Income

Sales Code**	Income description	2019 Information	Prior Year Information
—	_____	+ _____	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	
—	_____	+ _____	

**** Sales Codes**

<p>1 = Cash sales of items bought for resale</p> <p>2 = Cash sales of items raised</p> <p>3 = Accrual sales</p>	<p>4 = Custom hire (machine work)</p> <p>5 = Other income</p>
--	---

	2019 Information	Prior Year Information
Cost or other basis of livestock and other items you bought for resale (Cash method)	+ _____	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Beginning inventory of livestock and other items (Accrual method)	+ _____	
Accrual cost of livestock, produce, grains, and other products purchased	+ _____	
Ending Inventory of livestock and other items (Accrual method)	+ _____	
Total cooperative distributions you received	+ _____	
Taxable cooperative distributions you received	+ _____	

	2019 Total	2019 Taxable	Prior Year Information
Agricultural program payments	_____	_____	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____ + _____	+ _____	+ _____	
_____ + _____	+ _____	+ _____	

	2019 Information	Prior Year Information
CRP payments received while enrolled to receive social security or disability benefits	_____	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Commodity credit loans reported under election:	_____	
_____	_____	
Total commodity credit loans forfeited	+ _____	
Taxable commodity credit loans forfeited	+ _____	
_____	+ _____	

	2019 Total	2019 Taxable	Prior Year Information
Total crop insurance proceeds you received in 2019	_____	_____	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
_____ + _____	+ _____	+ _____	
_____ + _____	+ _____	+ _____	
Mark if electing to defer crop insurance proceeds to 2020	_____	_____	<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Crop insurance proceeds deferred from 2018	+ _____	+ _____	

This form is used to report other foreign assets (not held in a foreign financial account), as required by the Internal Revenue Service. Report foreign financial assets held in a foreign financial account on Organizer Form ID: FrgnAcct.

	2019 Information	Prior Year Information
Asset description	_____	[Grid]
Asset identifying number or other designation	_____	
Date asset acquired	_____	
Date asset disposed	_____	
Asset jointly owned with spouse	_____	
Maximum value of asset	_____	

Asset foreign entity information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type of foreign entity: (P = Partnership, C = Corporation, T = Trust, E = Estate) _____

Foreign entity name _____

Foreign entity address _____

City, state, zip code _____

Foreign country code/name _____

Foreign province/county _____

Foreign postal code _____

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____

Individual or organization name _____

Address of issuer or counterparty _____

City, state, zip code _____

Foreign country code/name _____

Foreign province/county _____

Foreign postal code _____

Asset issuer or counterparty information - (Enter either foreign entity information or issuer/counterparty information, but not both)

Type: (I = Issuer, C = Counterparty) _____

Entity: (I = Individual, P = Partnership, C = Corporation, T = Trust, E = Estate) _____

If an individual, select either U.S. or foreign (1 = U.S. Person, 2 = Foreign Person) _____

Individual or organization name _____

Address of issuer or counterparty _____

City, state, zip code _____

Foreign country code/name _____

Foreign province/county _____

Foreign postal code _____

NOTES/QUESTIONS:

This form is used to report financial accounts in foreign countries, as required by the Internal Revenue Service.

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

	2019 Information	Prior Year Information
Deposit or Custodial account (D= Deposit, C = Custodial)	—	[Redacted]
Type of Account:		
Bank	—	
Securities	—	
Other	_____	
Maximum value of account	_____	
Account number or other designation	_____	
Financial institution	_____	
Address of financial institution	_____	
City, state, zip code	_____	
Foreign country code/name	_____	
For addresses in Mexico, enter state	_____	
Foreign province/country	_____	
Foreign postal code	_____	
Account jointly owned with spouse	—	
Account opened during the tax year	—	
Account closed during the tax year	—	
Information is reported for a financial account which is:	—	

2 = Owned separately, 3 = Owned jointly, 4 = Authority over but no financial interest

Complete this section if there is a joint owner other than the spouse, or you have signature authority only over the account

Taxpayer identification number of account holder/joint owner _____

Foreign identification number of account holder/joint owner (If no Taxpayer identification number) _____

Last name or organization name of account holder/joint owner _____

First name and middle initial of account holder/joint owner _____

Address and apartment _____

City, state, zip code _____

Foreign country code/name _____

 For addresses in Mexico, enter state _____

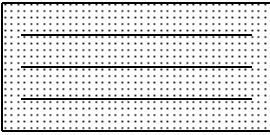
Foreign postal code _____

Number of joint owners (Not including taxpayer, if applicable) _____

Filer's title with this owner (If applicable) _____

NOTES/QUESTIONS:

Complete this section if you paid interest on a qualified student loan in 2019 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2019. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	+	2019 Interest Paid	Prior Year Information
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	
—	_____	+	_____	

NOTES/QUESTIONS:

Education Credits and Tuition and Fees Deduction

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college, university, or vocational school eligible to participate in a student aid program administered by the U.S. Department of Education.

Preparer - Enter on Screen Educate2

Taxpayer/Spouse (T, S) _____
 Education Code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction) _____
 Student's social security number _____
 Student's first name _____
 Student's last name _____

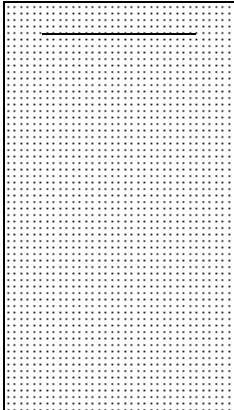
Institution Information

Enter information from each institution on a separate page, including the complete address and federal identification number of the institution.

Institution's federal identification number _____
 Institution's name _____
 Institution's street address _____
 Institution's city, state, zip code _____

Tuition Paid and Related Information

**Amounts reported in Box 1 may not reflect the actual amount paid for the student during 2019.
 Enter the amount actually paid during 2019.**

	2019 Information	Prior Year Information
Tuition paid (Enter only the amount actually paid) (Box 1)	+ _____	
Field no longer applicable	_____	
Educational institution changed its reporting method for 2019 (Box 3)	_____	
Adjustments made for a prior year (Box 4)	_____	
Scholarships or grants (Box 5)	_____	
Adjustments to scholarships or grants for a prior year (Box 6)	_____	
Box 1 or 2 includes amounts for an academic period beginning January - March 2020 (Box 7)	_____	
At least half-time student (Box 8)	_____	
Graduate student (Box 9) (1=Yes, 2=No)	_____	
Insurance contract reimbursement/refund (Box 10)	_____	
Non-Institution expenses (Books and fees not paid directly to the educational institution)	_____	
American Opportunity Tax Credit (AOTC) disqualifier	_____	
1 = Not pursuing degree, 2 = Not enrolled at least half-time, 3 = Felony drug conviction, 4 = 4 yrs post-secondary education before 2019		

NOTES/QUESTIONS:

Qualified Education Programs
Please provide all copies of Form 1099Q

Taxpayer/Spouse (T, S) _____
 Payer name _____
 State postal code _____
 Type of account (1= Private QTP, 2 = State QTP, 3 = ESA) _____
 Relationship to account (1 = Beneficiary, 2 = Account owner, 3 = Both, 4 = Neither) _____
 Final distribution _____

Contributions and Basis

Beneficiary's Information (if not taxpayer or spouse)

Social security number _____
 First name _____
 Last name _____

	2019 Information	Prior Year Information
Amount contributed in current year	+ _____	_____ _____ _____ _____
Basis of this account at 12/31/18	+ _____	
Value of this account at 12/31/19	+ _____	
Distribution by beneficiary of previously taxed contributions (if not taxpayer or spouse)	+ _____	

Payments from Qualified Education Programs

	2019 Information	Prior Year Information
Gross distribution (Box 1)	+ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Earnings (Box 2)	+ _____	
Basis (Box 3)	+ _____	
Trustee-to-trustee rollover (Box 4)	_____	
Trustee-to-trustee rollover amount if different than Box 1	+ _____	
Box 5 -		
Private QTP	_____	
State QTP	_____	
Coverdell ESA	_____	
Check if the recipient is not the designated beneficiary (Box 6)	_____	
Qualified education expenses	+ _____	
Elementary and secondary education expenses	+ _____	

NOTES/QUESTIONS:

Interest Expenses

T/S/J	2019 Interest Paid	2019 Points Paid	Type*	2019 Mortgage Ins. Premiums Paid	Prior Year Information
Home mortgage interest: From Form 1098					
—	+	+	+	+	
—	+	+	+	+	
—	+	+	+	+	
—	+	+	+	+	
—	+	+	+	+	
—	+	+	+	+	
—	+	+	+	+	
—	+	+	+	+	

***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	2019 Information	Prior Year Information
Other, such as: Home mortgage interest paid to individuals				
			+	
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 _____
 — Street Address _____
 — City/State/Zip code _____

Refinancing Points paid in 2019 -

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

Recipient/Lender name _____

Total points paid at time of refinance _____

Points deemed as paid in 2019 (**Preparer use only**) + _____

Date of refinance _____

Term of new loan (in months) _____

Reported on Form 1098 in 2019 _____

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

Recipient/Lender name _____

Total points paid at time of refinance _____

Points deemed as paid in 2019 (**Preparer use only**) + _____

Date of refinance _____

Term of new loan (in months) _____

Reported on Form 1098 in 2019 _____

T/S/J	2019 Information	Prior Year Information
Investment interest expense, other than on Schedule(s) K-1:		
—	+	+
—	+	+
—	+	+
—	+	+
—	+	+
—	+	+
—	+	+
—	+	+

Complete this section if either of the following applies:

- You have home acquisition/improvement debt over \$750,000 for loans taken out in 2018 or later
- You have home acquisition/improvement debt over \$1,000,000 for loans taken out in 2017 or earlier

Mortgages taken out before 10/14/87 generally qualify as grandfather debt regardless of how the proceeds are used.

Home acquisition debt is a mortgage taken out after 10/13/87, the proceeds of which are used to buy, build or substantially improve your home.

	2019 Information	Prior Year Information
Description of loan/property _____		<div style="border: 1px solid black; height: 100%; width: 100%;"></div>
Taxpayer/Spouse/Joint (T, S, J) _____	_____	
Loan origination date _____	_____	
If refinanced debt, date of initial loan _____	_____	
Fair market value of home _____	+ _____	
Number of months loan was outstanding in 2019, if not 12 _____	_____	
Number of months home was a qualifying home _____	_____	
(If different from number of months loan was outstanding)		
Principal paid in 2019 _____	+ _____	
Interest paid during 2019 _____	+ _____	
Points reported on Form 1098 for 2019 _____	+ _____	
Home mortgage interest you paid, not reported on Form 1098:		
Recipient name _____		
Recipient SSN or EIN _____		
Recipient address _____		
Recipient city, state, zip code _____		
Grandfather debt as of 12/31/18 (or first day mortgage was outstanding) _____	+ _____	
Grandfather debt as of 12/31/19 (or last day mortgage was outstanding) _____	+ _____	
Home acquisition/improvement debt as of 12/31/18 (or first day mortgage was outstanding) _____	_____	
Home acquisition/improvement debt as of 12/31/19 (or last day mortgage was outstanding) _____	_____	
Home equity debt as of 12/31/18*** (or first day mortgage was outstanding) _____	+ _____	
Home equity debt as of 12/31/19*** (or last day mortgage was outstanding) _____	+ _____	
*** ONLY portion of loan proceeds used to buy, build, or improve qualified residence		
Average balance in 2019 of grandfather debt _____	+ _____	
Average balance in 2019 of home acquisition/improvement debt _____	+ _____	
Average balance for 2019 all types of debt _____	+ _____	

NOTES/QUESTIONS:

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

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

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____ + _____

Fair market value _____ + _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

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

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____ + _____

Fair market value _____ + _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Control Totals +

Noncash Contributions Exceeding \$500

For donated securities, include the company name and number of shares in the donated property description, below

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

Donated property description _____

Name of donee organization _____

Address of donee organization _____

City _____

State postal code _____

Zip code _____

Date contributed _____

Date acquired by donor _____

How was donated property acquired: (P = Purchase, I = Inheritance, G = Gift, E = Exchange) _____

Donor's cost or basis _____ + _____

Fair market value _____ + _____

Method used to determine fair market value (A = Appraisal, C = Catalog, T = Thrift shop value, S = Sales/comparative, O = Other) _____

If other: _____

Control Totals +

Preparer use only

Principal business or profession
Taxpayer/Spouse/Joint (T, S, J)
State postal code

Business Use of Home

Table with 2 columns: 2019 Information, Prior Year Information. Rows include: Total area of home, Area used exclusively for business, Information for day-care facilities only (Total hours used for day-care during this year, Total hours used this year, if less than 8760), Special computation for certain day-care facilities (Area used regularly and exclusively for day-care business, Area used partly for day-care business).

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

Table with 3 columns: 2019 Information (Direct Expenses, Indirect Expenses), Prior Year Information. Rows include: Mortgage interest, Mortgage insurance premiums, Real estate taxes, Excess mortgage interest, Insurance, Rent, Repairs & maintenance, Utilities, Other expenses, such as: Supplies & Security system, Excess casualty losses, Carryovers (Operating expenses, Casualty losses, Depreciation), Business expenses not from business use of home, such as: Travel, Supplies, Business telephone expenses, Depreciation.

NOTES/QUESTIONS:

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

Preparer use only

Description of business or profession _____

Vehicles

Vehicle 1 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 2 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 3 -	Date placed in service	_____
	Description	_____
	Comments	_____
Vehicle 4 -	Date placed in service	_____
	Description	_____
	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)	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>
Was another vehicle available for personal use? (Y, N)	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>
Do you have evidence to support your deduction? (Y, N)	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>
Is this evidence written? (Y, N)	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>	—	<input type="checkbox"/>

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	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
Commuting miles	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
Business miles	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
Parking fees	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Tolls	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Gasoline	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Oil	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Repairs	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Maintenance	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Tires	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Car washes	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Insurance	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Interest	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Registration	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Licenses	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Property taxes	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Other vehicle expenses	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Vehicle rentals	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Inclusion amt (Preparer only)	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>
Depreciation	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>	+ _____	<input type="checkbox"/>

Control Totals +

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____
 Marketplace identifier (Box 1) _____
 Marketplace-assigned policy number (Box 2) _____
 Policy issuer's name (Box 3) _____

Part III Household Information -

	A. 2019 Monthly Premium Amount	Prior Year Information	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2019 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____		+ _____	+ _____	
February	+ _____		+ _____	+ _____	
March	+ _____		+ _____	+ _____	
April	+ _____		+ _____	+ _____	
May	+ _____		+ _____	+ _____	
June	+ _____		+ _____	+ _____	
July	+ _____		+ _____	+ _____	
August	+ _____		+ _____	+ _____	
September	+ _____		+ _____	+ _____	
October	+ _____		+ _____	+ _____	
November	+ _____		+ _____	+ _____	
December	+ _____		+ _____	+ _____	
Annual total	+ _____		+ _____	+ _____	

Control Totals +

ACA - Health Insurance Marketplace Statement #2

Please provide all Forms 1095-A

Taxpayer/Spouse (T,S) _____
 Marketplace identifier (Box 1) _____
 Marketplace-assigned policy number (Box 2) _____
 Policy issuer's name (Box 3) _____

Part III Household Information -

	A. 2019 Monthly Premium Amount	Prior Year Information	B. 2019 Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. 2019 Monthly Advance Payment of Premium Tax Credit	Prior Year Information
January	+ _____		+ _____	+ _____	
February	+ _____		+ _____	+ _____	
March	+ _____		+ _____	+ _____	
April	+ _____		+ _____	+ _____	
May	+ _____		+ _____	+ _____	
June	+ _____		+ _____	+ _____	
July	+ _____		+ _____	+ _____	
August	+ _____		+ _____	+ _____	
September	+ _____		+ _____	+ _____	
October	+ _____		+ _____	+ _____	
November	+ _____		+ _____	+ _____	
December	+ _____		+ _____	+ _____	
Annual total	+ _____		+ _____	+ _____	

Control Totals +

NOTES/QUESTIONS:

Please provide all Forms 5498-SA.

	2019 Information	Prior Year Information
Taxpayer/Spouse (T, S)	—	<div style="border: 1px solid black; height: 250px; width: 100%;"></div>
Name of Trustee _____	—	
State postal code _____	—	
Indicate type of health or medical savings account:		
HSA	—	
Archer MSA	—	
MA (Medicare Advantage) MSA	—	
Total HSA/MSA contributions made	—	
for 2019 (Enter all amounts contributed, including through employer cafeteria plans)	+ _____	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = Family)	—	
Number of months in qualified high deductible health plan in 2019	—	
Mark if you want to contribute the maximum allowable health or medical savings account contribution amount	—	
Total HSA/MSA contribution to be made for 2019	+ _____	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+ _____	
Excess contributions for 2018 taken as constructive contributions for 2019	+ _____	
Rollover contribution (Form 5498-SA, Box 4)	+ _____	

Complete this section if your account is an Archer MSA or MA MSA

Amount of annual deductible	+ _____	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Enter compensation from employer maintaining high deductible health plan	+ _____	
If self-employed, enter earned income from business under which plan was established	+ _____	

Complete this section if your account is an HSA

Was the high deductible health plan in effect for December 2019? (Y, N) _____

NOTES/QUESTIONS:

Health, Medical Savings Account Distributions

Please provide all Forms 1099-SA.

2019 Information

Prior Year Information

Taxpayer/Spouse (T, S)		—	
Name of Trustee		_____	
State postal code		_____	
Gross distributions received (Box 1)	+	_____	
Earnings on excess contributions (Box 2)	+	_____	
Distribution code (Box 3)		—	
Fair Market Value on date of death (Box 4)	+	_____	
Box 5 -			
HSA		—	
Archer MSA		—	
MA MSA		—	
All distributions were used to pay unreimbursed qualified medical expenses		—	
If some distributions were used to pay for other than qualified medical expenses, enter the unreimbursed qualified medical expenses for 2019	+	_____	
Withdrawal of excess contributions by the due date of the return	+	_____	
Amount of distribution rolled over for 2019	+	_____	
If the distribution is due to the death of the account holder, enter the qualified decedent medical expenses paid by the taxpayer	+	_____	
If MA (Medicare Advantage) MSA, enter value of account on 12/31/18	+	_____	
For HSA accounts:			
Was the high deductible health plan coverage started in 2018 and in effect for the month of December 2018? (Y, N)		—	
Was the high deductible health plan coverage ended before 12/31/19? (Y, N)		—	

Long Term Care (LTC) Service and Contracts

Please provide all Forms 1099-LTC.

2019 Information

Prior Year Information

Name of the insured chronically ill individual		_____	
Social security number of insured		_____	
Gross long-term care (LTC) benefits paid (Box 1)	+	_____	
Accelerated death benefits paid (Box 2)	+	_____	
Check one (Box 3)			
Per diem		—	
Reimbursed amount		—	
Qualified contract (Box 4)			
Check, if applicable (Box 5)			
Chronically ill		—	
Terminally ill		—	
Are there other individuals who received LTC payments during 2019? (Y, N)		—	
If the insured is terminally ill, were payments received on account of terminal illness? (Y, N)		—	
Number of days during the long-term care period		_____	
Cost incurred for qualified long-term care services during the long-term care period	+	_____	

NOTES/QUESTIONS:

Complete if you paid cash wages of \$1,000 or more to any household employee.

Taxpayer/Spouse (T, S)	_____
Employer identification number	_____
Total cash wages subject to social security taxes	+ _____
Total cash wages subject to Medicare taxes	+ _____
Total cash wages subject to Additional Medicare Tax withholding	+ _____
Federal income tax withheld	+ _____
State disability plan social security & Medicare withheld	+ _____
Did you:	
(A) pay any household employee cash wages of \$2100 or more in 2019? (Y, N)	_____
(B) withhold Federal income tax for any household employee? (Y, N)	_____
(C) pay household employees cash wages equal to or greater than \$1,000 in any quarter of 2018 or 2019? (Y, N)	_____

Federal Unemployment (FUTA) Tax

If you answered "Yes" to question (C) above, complete the following information.
 Complete only items marked with an asterisk (*) if total cash wages subject to FUTA tax amount is also taxable as defined by your State act and unemployment contributions are paid to only one State.

Total cash wages subject to FUTA tax	+ _____
State #1 information	
State postal code where you have to pay unemployment contributions *	_____
State reporting number as shown on state unemployment tax return	_____
Taxable wages (as defined in state act)	+ _____
State experience rate period:	
From	_____
To	_____
State experience rate (xxx.xx)	_____
Contributions paid to state unemployment fund *	+ _____
Contributions for 2019 paid after 04/15/20	+ _____
State #2 information	
State postal code where you have to pay unemployment contributions	_____
State reporting number as shown on state unemployment tax return	_____
Taxable wages (as defined in state act)	+ _____
State experience rate period:	
From	_____
To	_____
State experience rate (xxx.xx)	_____
Contributions paid to state unemployment fund	+ _____
Contributions for 2019 paid after 04/15/20	+ _____

NOTES/QUESTIONS:

Child and Dependent Care Expenses

**Please enter all amounts paid in 2019 for the care of one or more dependents which enables you to work or attend school.
Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040**

	Taxpayer	Spouse
2018 employer-provided dependent care benefits used during 2019 grace period	+ _____	+ _____
Employer-provided dependent care benefits that were forfeited in 2019	+ _____	+ _____
Total qualified expenses incurred in 2019		_____
Were you or your spouse a full time student or disabled? (Yes or No)	_____	_____
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		_____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2019 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2019 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2019 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2019 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Business name of provider _____
 First and last name of provider _____
 Street address of provider _____
 City, State and Zip code _____
 Social security number OR Employer identification number _____
 Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider moved and unable to get TIN, 4 = Provider refuses to give TIN) _____
 Amount paid to care provider in 2019 + _____
 Foreign province or state of provider _____
 Foreign country and Foreign postal code of provider _____

Control Totals +

Residential Energy Credit

The American Tax Relief Act of 2012 provides credits for energy efficient improvements made to personal residences. There are certain restrictions and limits but some of the home improvements that may qualify include exterior windows and doors, metal roofs, solar electric, or solar heating property. Please provide copies of any prior year Forms 5695 not prepared by this office.

Taxpayer/Spouse/Joint (T, S, J)		—
Were the costs incurred made to your main home located in the United States?(Y, N)		—
Were the costs incurred related to the construction of your main home located in the United States?(Y, N)		—
Enter the total amount of costs for insulation material or system to reduce heat loss or gain	+	_____
Enter the total amount of costs for exterior windows	+	_____
Enter the total amount of costs for exterior doors	+	_____
Enter the total amount of costs for qualified metal roofs	+	_____
Enter the total amount of costs for energy-efficient building property	+	_____
Enter the total amount of costs for qualified natural gas, propane, or oil furnace or hot water boilers	+	_____
Enter the total amount of costs for advanced main circulating fan used in a natural gas, propane, or oil furnace	+	_____
Enter the total amount of costs for qualified solar electric property	+	_____
Enter the total amount of costs for qualified solar water heating property	+	_____
Enter the total amount of costs for qualified small wind energy property	+	_____
Enter the total amount of costs for qualified geothermal heat pump property	+	_____
Enter the total amount of costs for qualified fuel cell property	+	_____
Enter the total amount of kilowatt capacity of the qualified fuel cell property		_____

NOTES/QUESTIONS: