

2019 Tax Organizer Personal and Dependent Information

Personal Information

| | | | |
|--------------------------------------|------------|---------------|---------------|
| | Name | SSN | Date of birth |
| Taxpayer | | | |
| Spouse | | | |
| Street address, city, state, and ZIP | | | |
| | Occupation | Daytime phone | Evening phone |
| Taxpayer | | | |
| Spouse | | | |
| Taxpayer email | | | |
| Spouse email | | | |

Marital Status at end of 2019

- Married
 Married filing separately
 Single
 Widow(er) If spouse died in 2019 enter the date of death _____

Other information

- Are you blind? Yes No
 Are you disabled? Yes No
 Are you a full-time student? Yes No
 Do you want \$3 to go to the Presidential Election Campaign Fund? Yes No

Taxpayer

- Yes No
 Yes No
 Yes No
 Yes No

Spouse

- Yes No
 Yes No
 Yes No
 Yes No

Dependent Information

| First and last name | SSN | Relationship | Months in home | Date of birth | Disabled | Full-time student |
|---------------------|-----|--------------|----------------|---------------|----------|-------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

List dependents required to file a return _____

Estimates

| | Federal | | Resident state | | Resident city | |
|-------------------------------|-----------|--------|----------------|--------|---------------|--------|
| | Date paid | Amount | Date paid | Amount | Date paid | Amount |
| Overpayment applied from 2018 | _____ | _____ | _____ | _____ | _____ | _____ |
| First quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Second quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Third quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Fourth quarter | _____ | _____ | _____ | _____ | _____ | _____ |
| Additional payments | _____ | _____ | _____ | _____ | _____ | _____ |

Account Information for Deposits or Withdrawals

| Name of bank | Bank routing number | Bank account number | Type of account | | Use this account for | |
|--------------|---------------------|---------------------|-----------------|---------|----------------------|-------------|
| | | | Checking | Savings | Deposits | Withdrawals |
| | | | | | | |
| | | | | | | |

Appointment Information

Your 2019 appointment is scheduled for _____

Child and Dependent Care

Name: _____

SSN: _____

Child Care Provider's Information

| | 2019 | 2018 |
|--|-------------------|---|
| Social Security Number or Employer ID Number _____ | Amount paid _____ | <div style="background-color: #cccccc; width: 50px; height: 20px; margin: 0 auto;"></div> |
| Name _____ | | |
| Street address _____ | | |
| City _____ | | Phone _____ |
| U.S. only State, ZIP _____ | | |
| Foreign only Province/State, Country, Postal code _____ | | |

| | 2019 | 2018 |
|--|-------------------|---|
| Social Security Number or Employer ID Number _____ | Amount paid _____ | <div style="background-color: #cccccc; width: 50px; height: 20px; margin: 0 auto;"></div> |
| Name _____ | | |
| Street address _____ | | |
| City _____ | | Phone _____ |
| U.S. only State, ZIP _____ | | |
| Foreign only Province/State, Country, Postal code _____ | | |

| | 2019 | 2018 |
|--|-------------------|---|
| Social Security Number or Employer ID Number _____ | Amount paid _____ | <div style="background-color: #cccccc; width: 50px; height: 20px; margin: 0 auto;"></div> |
| Name _____ | | |
| Street address _____ | | |
| City _____ | | Phone _____ |
| U.S. only State, ZIP _____ | | |
| Foreign only Province/State, Country, Postal code _____ | | |

| | 2019 | 2018 |
|--|-------------------|---|
| Social Security Number or Employer ID Number _____ | Amount paid _____ | <div style="background-color: #cccccc; width: 50px; height: 20px; margin: 0 auto;"></div> |
| Name _____ | | |
| Street address _____ | | |
| City _____ | | Phone _____ |
| U.S. only State, ZIP _____ | | |
| Foreign only Province/State, Country, Postal code _____ | | |

Wages and Salaries

Name: _____

SSN: _____

Provide all copies of Form W-2

TS _____ Employer's name and address: _____ Federal EIN _____

| | 2019 | 2018 | | 2019 | 2018 |
|---|-------|-------|------------------------------|-------|-------|
| Wages, tips, other compensation | _____ | _____ | State _____ State I.D. _____ | _____ | _____ |
| Federal income tax withheld | _____ | _____ | State wages | _____ | _____ |
| Social Security wages | _____ | _____ | State income tax | _____ | _____ |
| Social Security tax withheld | _____ | _____ | Locality name _____ | _____ | _____ |
| Medicare wages and tips | _____ | _____ | Local wages | _____ | _____ |
| Medicare tax withheld | _____ | _____ | Local income tax | _____ | _____ |
| Social Security tips | _____ | _____ | State _____ State I.D. _____ | _____ | _____ |
| Allocated tips | _____ | _____ | State wages | _____ | _____ |
| Dependent care benefits | _____ | _____ | State income tax | _____ | _____ |
| | | | Locality name _____ | _____ | _____ |
| Are you a statutory employee? _____ | | _____ | Local wages | _____ | _____ |
| Are you covered by a retirement plan? _____ | | _____ | Local income tax | _____ | _____ |
| Did you receive third-party sick pay? _____ | | _____ | | | |

TS _____ Employer's name and address: _____ Federal EIN _____

| | 2019 | 2018 | | 2019 | 2018 |
|---|-------|-------|------------------------------|-------|-------|
| Wages, tips, other compensation | _____ | _____ | State _____ State I.D. _____ | _____ | _____ |
| Federal income tax withheld | _____ | _____ | State wages | _____ | _____ |
| Social Security wages | _____ | _____ | State income tax | _____ | _____ |
| Social Security tax withheld | _____ | _____ | Locality name _____ | _____ | _____ |
| Medicare wages and tips | _____ | _____ | Local wages | _____ | _____ |
| Medicare tax withheld | _____ | _____ | Local income tax | _____ | _____ |
| Social Security tips | _____ | _____ | State _____ State I.D. _____ | _____ | _____ |
| Allocated tips | _____ | _____ | State wages | _____ | _____ |
| Dependent care benefits | _____ | _____ | State income tax | _____ | _____ |
| | | | Locality name _____ | _____ | _____ |
| Are you a statutory employee? _____ | | _____ | Local wages | _____ | _____ |
| Are you covered by a retirement plan? _____ | | _____ | Local income tax | _____ | _____ |
| Did you receive third-party sick pay? _____ | | _____ | | | |

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Principal business product or profession _____ Business code _____

Employer I.D. number _____

Business name _____

Business address _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Accounting method, if not cash Accrual Other _____

Inventory method, if not cost Lower of cost or market Other

Change of inventory method Yes No

You started or acquired this business during 2019

Some investment is NOT at risk

You disposed of this property during 2019

Did you make any payments in 2019 that would require you to file Forms 1099? Yes No

If "Yes," did you or will you file all required Forms 1099 for the individuals? Yes No

Other Information

| | 2019 | 2018 |
|----------------------------------|------|------|
| Family health coverage | | |

Income

| | 2019 | 2018 |
|-----------------------------------|------|------|
| Gross receipts or sales | | |
| Returns and allowances | | |
| Other income | | |

Cost of Goods Sold

| | 2019 | 2018 |
|---|------|------|
| Inventory at beginning of the year | | |
| Purchases (less cost of items withdrawn for personal use) | | |
| Cost of labor | | |
| Materials and supplies | | |
| Other costs (list on detail worksheet) | | |
| Inventory at end of year | | |

Casualties and Thefts

Name: _____

SSN: _____

FEMA code _____

Description of property _____

Location of property _____

Was property Personal Business Income-producing Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date of incident _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

FEMA code _____

Description of property _____

Location of property _____

Was property Personal Business Income-producing Employee income-producing

Date acquired _____ Fair market value before incident _____

Cost or other basis _____ Fair market value after incident _____

Insurance or other reimbursement (whether or not you filed a claim) _____ Date of incident _____

Theft Loss Deduction for Ponzi-Type Investment Scheme

Part I Computation of Deduction

Initial investment _____ Percentage of qualified investment _____

Subsequent investments _____ Actual recovery _____

Income reported in prior years _____ Potential insurance / SIPC recovery _____

Withdrawals _____

Part II Required Statements and Declarations

Information about the person or entity that conducted fraudulent arrangements

Name _____ SSN/EIN _____

Address _____

City _____ State _____ ZIP _____

Installment Sale Income

Name: _____

SSN: _____

TSJ _____ Description of property: _____

| Date acquired _____ Date sold _____ | 2019 | Prior years |
|---|-------|-------------|
| Selling price | _____ | _____ |
| Mortgages assumed | _____ | _____ |
| Cost of property sold | _____ | _____ |
| Depreciation allowed | _____ | _____ |
| Commissions and expense of sale | _____ | _____ |
| Gross profit percentage | _____ | _____ |
| Interest received | _____ | _____ |
| Principal payments received | _____ | _____ |

TSJ _____ Description of property: _____

| Date acquired _____ Date sold _____ | 2019 | Prior years |
|---|-------|-------------|
| Selling price | _____ | _____ |
| Mortgages assumed | _____ | _____ |
| Cost of property sold | _____ | _____ |
| Depreciation allowed | _____ | _____ |
| Commissions and expense of sale | _____ | _____ |
| Gross profit percentage | _____ | _____ |
| Interest received | _____ | _____ |
| Principal payments received | _____ | _____ |

TSJ _____ Description of property: _____

| Date acquired _____ Date sold _____ | 2019 | Prior years |
|---|-------|-------------|
| Selling price | _____ | _____ |
| Mortgages assumed | _____ | _____ |
| Cost of property sold | _____ | _____ |
| Depreciation allowed | _____ | _____ |
| Commissions and expense of sale | _____ | _____ |
| Gross profit percentage | _____ | _____ |
| Interest received | _____ | _____ |
| Principal payments received | _____ | _____ |

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: _____

SSN: _____

General Property Information

Property description _____

Address, city, state, ZIP _____

Select the property type

- | | | | |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence | <input type="checkbox"/> Commercial | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- | | | |
|---|--|--|
| <input type="checkbox"/> This property is your main home or second home | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2019 | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals |
| <input type="checkbox"/> This property was owned as a qualified joint venture | | |

Income

| | 2019 | 2018 | | 2019 | 2018 |
|-----------------------|------|------|---|------|------|
| Rent Income | | | Royalties from oil, gas, mineral, copyright or patent | | |

Expenses

| | Rental unit expenses | | Rental <u>and</u> homeowner expenses | |
|-------------------------------------|----------------------|--|--------------------------------------|---|
| Advertising | | | | If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property. If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column. |
| Auto & travel | | | | |
| Cleaning & maintenance | | | | |
| Commissions | | | | |
| Insurance | | | | |
| Legal & professional fees | | | | |
| Management fees | | | | |
| Mortgage interest | | | | |
| Other interest | | | | |
| Repairs | | | | |
| Supplies | | | | |
| Taxes | | | | |
| Utilities | | | | |
| Depletion | | | | |
| Other expenses (list) | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

Form 4835 - Farm Rental Income and Expenses

Name: _____

SSN: _____

General Information

Description _____ Employer ID number _____

This farm was disposed of during 2019

Income

| | 2019 | 2018 | | 2019 | 2018 |
|--|-------|-------|---|-------|-------|
| Income from production of livestock, grains, and other crops | _____ | _____ | Crop insurance proceeds: | | |
| Total cooperative distributions | _____ | _____ | Amount received in 2019 | _____ | _____ |
| Total agricultural payments | _____ | _____ | <input type="checkbox"/> You elect to defer to 2020 | | |
| Commodity Credit Corporation (CCC) loans: | | | Amount deferred from 2018 | _____ | _____ |
| CCC loans reported | _____ | _____ | Other income | _____ | _____ |
| CCC loans forfeited | _____ | _____ | | | |

Expenses

| | 2019 | 2018 | | 2019 | 2018 |
|--|-------|-------|--|-------|-------|
| Car & truck expenses | _____ | _____ | Seeds & plants purchased | _____ | _____ |
| Chemicals | _____ | _____ | Storage & warehousing | _____ | _____ |
| Conservation expenses | _____ | _____ | Supplies purchased | _____ | _____ |
| Custom hire (machine work) | _____ | _____ | Taxes | _____ | _____ |
| Employee benefit programs | _____ | _____ | Utilities | _____ | _____ |
| Feed purchased | _____ | _____ | Veterinary, breeding, & medicine | _____ | _____ |
| Fertilizers & lime | _____ | _____ | Other expenses (list) | | |
| Freight & trucking | _____ | _____ | _____ | _____ | _____ |
| Gasoline, fuel, & oil | _____ | _____ | _____ | _____ | _____ |
| Insurance (other than health) | _____ | _____ | _____ | _____ | _____ |
| Interest - mortgage (paid to banks, etc.) | _____ | _____ | _____ | _____ | _____ |
| Interest - other | _____ | _____ | _____ | _____ | _____ |
| Labor hired (less jobs credit) | _____ | _____ | _____ | _____ | _____ |
| Pension & profit-sharing plans | _____ | _____ | _____ | _____ | _____ |
| Rent - vehicles, machinery & equip | _____ | _____ | _____ | _____ | _____ |
| Rent - other (land, animals, etc.) | _____ | _____ | _____ | _____ | _____ |
| Repairs & maintenance | _____ | _____ | _____ | _____ | _____ |

Schedule F - Profit or Loss from Farming

Name: _____

SSN: _____

General Information

Principal product _____ Employer ID number _____

This farm was disposed of during 2019

Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes No You filed Forms 1099 for the individuals

Income

| | 2019 | 2018 | | 2019 | 2018 |
|---|-------|-------|---|-------|-------|
| Sale of livestock / other items | _____ | _____ | Custom hire income | _____ | _____ |
| Cost of items bought for resale | _____ | _____ | Beginning inventory for accrual | _____ | _____ |
| Sale of products you raised | _____ | _____ | Ending inventory for accrual | _____ | _____ |
| Total cooperative distributions | _____ | _____ | <input type="checkbox"/> You used unit-livestock-price or farm-price inventory method | | |
| Total agricultural payments | _____ | _____ | Other income | _____ | _____ |
| Commodity Credit Corporation (CCC) loans: | | | | | |
| CCC loans reported | _____ | _____ | _____ | _____ | _____ |
| CCC loans forfeited | _____ | _____ | _____ | _____ | _____ |
| Crop insurance proceeds: | | | | | |
| Amount received in 2019 | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> You elect to defer to 2020 | | | _____ | _____ | _____ |
| Amount deferred from 2018 | _____ | _____ | _____ | _____ | _____ |

Expenses

| | 2019 | 2018 | | 2019 | 2018 |
|--|-------|-------|--|-------|-------|
| Car & truck expenses | _____ | _____ | Repairs & maintenance | _____ | _____ |
| Chemicals | _____ | _____ | Seeds & plants purchased | _____ | _____ |
| Conservation expenses | _____ | _____ | Storage & warehousing | _____ | _____ |
| Custom hire (machine work) | _____ | _____ | Supplies purchased | _____ | _____ |
| Employee benefit programs | _____ | _____ | Taxes | _____ | _____ |
| Feed purchased | _____ | _____ | Utilities | _____ | _____ |
| Fertilizers & lime | _____ | _____ | Veterinary, breeding, & medicine | _____ | _____ |
| Freight & trucking | _____ | _____ | Other expenses | _____ | _____ |
| Gasoline, fuel, & oil | _____ | _____ | _____ | _____ | _____ |
| Insurance (other than health) | _____ | _____ | _____ | _____ | _____ |
| Interest - mortgage (paid to banks, etc.) | _____ | _____ | _____ | _____ | _____ |
| Interest - other | _____ | _____ | _____ | _____ | _____ |
| Non-W-2 labor hired | _____ | _____ | _____ | _____ | _____ |
| W-2 wages paid | _____ | _____ | _____ | _____ | _____ |
| Pension & profit-sharing plans | _____ | _____ | _____ | _____ | _____ |
| Rent - vehicles, machinery, & equip | _____ | _____ | _____ | _____ | _____ |
| Rent - other (land, animals, etc.) | _____ | _____ | _____ | _____ | _____ |

Form 1099-G Unemployment Compensation

Name: _____

SSN: _____

Provide all copies of Form 1099-G

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. only State, ZIP: _____

Foreign only Province/State, Country, Postal code: _____

Payer's phone: _____ Account number: _____

| | 2019 | 2018 | |
|--|-------|-------|--|
| Unemployment compensation . . . | _____ | _____ | <input type="checkbox"/> Trade/business |
| Unemployment compensation repaid in current year | _____ | _____ | Market gain |
| State/local tax refunds/credits . . | _____ | _____ | State _____ State I.D. _____ |
| Tax year | _____ | _____ | State unemployment |
| Federal tax withheld | _____ | _____ | State withholding |
| RTAA payments | _____ | _____ | <input type="checkbox"/> Unemployment benefits are from railroad |
| Taxable grants | _____ | _____ | |
| Agriculture | _____ | _____ | |

TSJ _____ Payer's Federal I.D. Number: _____

Payer's name: _____

Payer's address: _____

City: _____

U.S. only State, ZIP: _____

Foreign only Province/State, Country, Postal code: _____

Payer's phone: _____ Account number: _____

| | 2019 | 2018 | |
|--|-------|-------|--|
| Unemployment compensation . . . | _____ | _____ | <input type="checkbox"/> Trade/business |
| Unemployment compensation repaid in current year | _____ | _____ | Market gain |
| State/local tax refunds/credits . . | _____ | _____ | State _____ State I.D. _____ |
| Tax year | _____ | _____ | State unemployment |
| Federal tax withheld | _____ | _____ | State withholding |
| RTAA payments | _____ | _____ | <input type="checkbox"/> Unemployment benefits are from railroad |
| Taxable grants | _____ | _____ | |
| Agriculture | _____ | _____ | |

Form 1099-MISC

Name: _____

SSN: _____

Provide all copies of Form 1099-MISC

TS ____ For _____ Payer's federal ID number: _____

Payer's name: _____

Address: _____

| | 2019 | 2018 | | 2019 | 2018 |
|--|-------|-------|------------------------------|-------|-------|
| Rents | _____ | _____ | State _____ State I.D. _____ | _____ | _____ |
| Royalties | _____ | _____ | State tax withheld | _____ | _____ |
| Other income | _____ | _____ | State income | _____ | _____ |
| Description _____ | | | Name of locality _____ | | |
| Federal tax withheld | _____ | _____ | Local tax withheld | _____ | _____ |
| Fishing boat proceeds | _____ | _____ | Local income | _____ | _____ |
| Medical and health care payments . . | _____ | _____ | State _____ State I.D. _____ | _____ | _____ |
| Non-employee compensation | _____ | _____ | State tax withheld | _____ | _____ |
| Substitute payments | _____ | _____ | State income | _____ | _____ |
| <input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products | | | Name of locality _____ | | |
| Crop insurance proceeds | _____ | _____ | Local tax withheld | _____ | _____ |
| Excess golden parachute | _____ | _____ | Local income | _____ | _____ |
| Gross attorney proceeds | _____ | _____ | | | |
| Taxable Proceeds | _____ | _____ | | | |
| Section 409A deferrals | _____ | _____ | | | |
| Section 409A income | _____ | _____ | | | |

Pension, Annuities, Retirement, Etc. Distributions

Name: _____

SSN: _____

Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.

TS _____ Payer's name: _____ Payer's federal ID number: _____

Address: _____

| | 2019 | 2018 | | 2019 | 2018 |
|--|------------------------------|-----------------------------|-------------------------------------|------|------|
| Disability indicator | <input type="checkbox"/> | <input type="checkbox"/> | State _____ State I.D. _____ | | |
| Report as wages on 1040 | <input type="checkbox"/> | <input type="checkbox"/> | State income tax withheld | | |
| Gross distribution | | | State distribution | | |
| Taxable amount | | | Name of locality _____ | | |
| Total distribution | <input type="checkbox"/> | | Local income tax withheld | | |
| Capital gain | | | Local distribution | | |
| Federal income tax withheld | | | State _____ State I.D. _____ | | |
| Employee contributions or insurance premiums | | | State income tax withheld | | |
| Distribution code(s) | | | State distribution | | |
| IRA/SEP/SIMPLE | <input type="checkbox"/> | <input type="checkbox"/> | Name of locality _____ | | |
| Your percentage of total distribution | | | Local income tax withheld | | |
| Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Local distribution | | |

TS _____ Payer's name: _____ Payer's federal ID number: _____

Address: _____

| | 2019 | 2018 | | 2019 | 2018 |
|--|------------------------------|-----------------------------|-------------------------------------|------|------|
| Disability indicator | <input type="checkbox"/> | <input type="checkbox"/> | State _____ State I.D. _____ | | |
| Report as wages on 1040 | <input type="checkbox"/> | <input type="checkbox"/> | State income tax withheld | | |
| Gross distribution | | | State distribution | | |
| Taxable amount | | | Name of locality _____ | | |
| Total distribution | <input type="checkbox"/> | | Local income tax withheld | | |
| Capital gain | | | Local distribution | | |
| Federal income tax withheld | | | State _____ State I.D. _____ | | |
| Employee contributions or insurance premiums | | | State income tax withheld | | |
| Distribution code(s) | | | State distribution | | |
| IRA/SEP/SIMPLE | <input type="checkbox"/> | <input type="checkbox"/> | Name of locality _____ | | |
| Your percentage of total distribution | | | Local income tax withheld | | |
| Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Local distribution | | |

Social Security Benefit Statement

| TS _____ | 2019 | 2018 | TS _____ | 2019 | 2018 |
|-------------------------------|------|------|-------------------------------|------|------|
| Net benefits | | | Net benefits | | |
| Medicare premiums | | | Medicare premiums | | |
| Income tax withheld | | | Income tax withheld | | |

Adjustments

Name: _____

SSN: _____

Moving Expenses

TSJ _____

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2019

2018

| | | |
|--|-------|-------|
| Enter the number of miles from your OLD home to your NEW workplace | _____ | _____ |
| Enter the number of miles from your OLD home to your OLD workplace | _____ | _____ |
| Enter the amount you paid for transportation and storage of household goods and personal effects | _____ | _____ |
| Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals) | _____ | _____ |
| Enter the amount of moving expenses reimbursed to you by your employer | _____ | _____ |

Self-Employed Health Insurance

TSJ _____

2019

2018

| | | |
|---|-------|-------|
| Enter the qualified long term care amount | _____ | _____ |
| Enter your Medicare wages from an S corporation | _____ | _____ |

Self-Employed Pensions

TSJ _____

2019

2018

| | | |
|--|-------|-------|
| Enter your plan contribution rate as a decimal | _____ | _____ |
| Enter your allowable elective deferrals made during 2019 | _____ | _____ |
| Enter your catch-up contributions | _____ | _____ |
| Enter the amount of designated ROTH contributions included above | _____ | _____ |

Nondeductible IRAs

TS _____

2019

2018

| | | |
|---|-------|-------|
| Total traditional IRA contributions made for 2019 | _____ | _____ |
| Total basis in traditional IRAs as of 12/31/2019 | _____ | _____ |
| Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers) | _____ | _____ |
| Amount of traditional IRAs converted to ROTH IRAs | _____ | _____ |
| IRA basis before conversion | _____ | _____ |
| Total ROTH IRA contributions made for 2019 | _____ | _____ |

Health Savings Account

TSJ _____

2019

2018

| | | |
|---|-------|-------|
| HSA contributions made for 2019 | _____ | _____ |
| Total distributions from all HSAs during 2019 | _____ | _____ |
| Distributions included above that were rolled over into another account | _____ | _____ |
| Qualified medical expenses paid using HSA distributions | _____ | _____ |

Noncash Charitable Contributions

Name: _____

SSN: _____

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Capital gain property

Date contributed _____

Property type (if over \$5,000) Donated property is publicly traded security

- | | | |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000 | <input type="checkbox"/> Equipment | <input type="checkbox"/> Collectibles |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Qualified conservation | <input type="checkbox"/> Securities | <input type="checkbox"/> Other |

TSJ _____ Donee I.D. _____

Name of donee organization _____

Address of donee organization _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Description of donated property _____ Donor's cost or adjusted basis _____

Valuation method used _____ Fair market value _____

Physical condition of donated property _____ Average security price _____

How was it acquired? _____ Bargain sale price _____

Date acquired _____ Capital gain property

Date contributed _____

Property type (if over \$5,000) Donated property is publicly traded security

- | | | |
|--|--|--|
| <input type="checkbox"/> Art valued more than \$20,000 | <input type="checkbox"/> Equipment | <input type="checkbox"/> Collectibles |
| <input type="checkbox"/> Qualified conservation - qualified farmer/rancher | <input type="checkbox"/> Art valued less than \$20,000 | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Qualified conservation - non-qualified farmer/rancher | <input type="checkbox"/> Other real estate | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Qualified conservation | <input type="checkbox"/> Securities | <input type="checkbox"/> Other |

Other Income and Adjustments

Name: _____

SSN: _____

Other Income

Did you receive, sell, exchange, or otherwise acquire any financial interest in any virtual currency at any time during 2019?

| | 2019 Taxpayer | 2018 Taxpayer | 2019 Spouse | 2018 Spouse |
|--|------------------|------------------|----------------|----------------|
| Scholarships or grants not reported on Form W-2 | _____ | _____ | _____ | _____ |
| State income tax refund (attach Forms 1099-G) | _____ | _____ | _____ | _____ |
| Social Security Benefits (attach Forms 1099-SSA) | _____ | _____ | _____ | _____ |
| Railroad Retirement Benefits (attach Forms 1099-RRB) | _____ | _____ | _____ | _____ |
| Alimony received | | | | |
| Divorce or separation date _____ Amount _____ | _____ | _____ | _____ | _____ |
| Unemployment compensation (attach Forms 1099-G) | _____ | _____ | _____ | _____ |
| Unemployment compensation repaid in 2019 | _____ | _____ | _____ | _____ |
| Gambling winnings (attach Forms W2-G) | _____ | _____ | _____ | _____ |
| Alaska Permanent Fund | _____ | _____ | _____ | _____ |
| ABLE distributions | _____ | _____ | _____ | _____ |
| Other income: _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Adjustments

| | 2019 Taxpayer | 2018 Taxpayer | 2019 Spouse | 2018 Spouse |
|--|------------------|------------------|----------------|----------------|
| Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) | _____ | _____ | _____ | _____ |
| Contributions made to a Health Savings Account (HSA) | _____ | _____ | _____ | _____ |
| Contributions made to a Self-Employed Pension plan (SEP) | _____ | _____ | _____ | _____ |
| Payments made for Self-Employed Health Insurance for you, your spouse, or dependents | _____ | _____ | _____ | _____ |
| Alimony paid | | | | |
| Name _____ | | | | |
| SSN _____ Divorce or separation date _____ | _____ | _____ | _____ | _____ |
| Name _____ | | | | |
| SSN _____ Divorce or separation date _____ | _____ | _____ | _____ | _____ |
| Contributions made to an Individual Retirement Account (IRA) | _____ | _____ | _____ | _____ |
| Contributions made to a Roth IRA | _____ | _____ | _____ | _____ |
| Interest paid on a student loan | _____ | _____ | _____ | _____ |
| Other adjustments: _____ | _____ | _____ | _____ | _____ |

Schedule A - Itemized Deductions

Name: _____

SSN: _____

| Medical and Dental Expenses | |
|---|------|
| 2019 | 2018 |
| Health insurance premiums (paid by you, not through work) | |
| Long-term care premiums (you) | |
| Long-term care premiums (your spouse) _____ | |
| Long-term care premiums (dependents) _____ | |
| Mileage driven for medical purposes | |
| Out of pocket medical and dental expenses (list) | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

| Charitable Contributions | |
|---|------|
| 2019 | 2018 |
| Donations to charity (cash) | |
| Disaster relief contributions | |
| Miles driven for charitable purposes _____ | |
| Donations to charity (noncash) | |
| If noncash donations are greater than \$500, list below | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

| Taxes Paid | |
|--|--|
| State and local income taxes | |
| Sales tax | |
| Real estate taxes | |
| Personal property taxes | |
| Other taxes (list) _____ | |
| _____ | |
| _____ | |

| Other Miscellaneous Deductions | |
|---|--|
| Amortizable bond premiums | |
| Federal estate tax | |
| Gambling losses | |
| Impairment-related work expenses _____ | |
| Claim repayments | |
| Unrecovered pension investments _____ | |
| Schedule K-1 | |
| Ordinary loss debt instrument | |

| Interest Paid | |
|---|--|
| Mortgage interest paid (attach Form 1098) _____ | |
| <input type="checkbox"/> Some of your home mortgage loan was not used to buy, build, or improve your home | |
| Mortgage interest paid to an individual _____ | |
| Paid to: | |
| Name _____ | |
| Address _____ | |
| City, State, ZIP _____ | |
| SSN or EIN _____ | |
| Investment interest | |

| For state purposes ONLY | |
|--|--|
| Job Expenses & Certain Miscellaneous Deductions | |
| Necessary job expenses you paid that were not reimbursed by your employer (list) | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| Tax preparation fees | |
| Other nonpersonal expenses related to taxable income (list) | |
| _____ | |
| _____ | |
| _____ | |
| Investment expenses not entered elsewhere | |
| Qualified mortgage insurance premiums | |
| Home equity interest | |

Mortgage Interest

Name: _____

SSN: _____

Provide all copies of Form 1098

TSJ ____ For ____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

| | 2019 | 2018 | | 2019 | 2018 |
|--|-------|-------|----------------------------------|-------|-------|
| Mortgage interest received | _____ | _____ | Points paid | _____ | _____ |
| Outstanding mortgage principal | _____ | _____ | Real estate taxes paid | _____ | _____ |
| Mortgage insurance premiums | _____ | _____ | Account number _____ | | |

TSJ ____ For ____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

| | 2019 | 2018 | | 2019 | 2018 |
|--|-------|-------|----------------------------------|-------|-------|
| Mortgage interest received | _____ | _____ | Points paid | _____ | _____ |
| Outstanding mortgage principal | _____ | _____ | Real estate taxes paid | _____ | _____ |
| Mortgage insurance premiums | _____ | _____ | Account number _____ | | |

TSJ ____ For ____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

| | 2019 | 2018 | | 2019 | 2018 |
|--|-------|-------|----------------------------------|-------|-------|
| Mortgage interest received | _____ | _____ | Points paid | _____ | _____ |
| Outstanding mortgage principal | _____ | _____ | Real estate taxes paid | _____ | _____ |
| Mortgage insurance premiums | _____ | _____ | Account number _____ | | |

TSJ ____ For ____ Business name _____ Product _____

Recipient/Lender information: _____ Federal ID # _____

Name _____

Address _____

| | 2019 | 2018 | | 2019 | 2018 |
|--|-------|-------|----------------------------------|-------|-------|
| Mortgage interest received | _____ | _____ | Points paid | _____ | _____ |
| Outstanding mortgage principal | _____ | _____ | Real Estate taxes paid | _____ | _____ |
| Mortgage insurance premiums | _____ | _____ | Account number _____ | | |

Employee Business Expense

Name: _____

SSN: _____

Employee Business Expense

TSJ _____ Occupation _____

- You are a qualifying performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy

Part I - Employee Business Expense and Reimbursements

| | 2019 | 2018 |
|---|------|------|
| Parking fees, tolls, and local transportation, including train, bus, etc. | | |
| Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment | | |
| Other business expenses | | |
| Meals | | |
| DOT meals | | |
| Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for | | |
| Other business expenses | | |
| Meals | | |
| Portion of total expenses that is for impairment-related work expenses of disabled employee | | |
| Portion of total expenses that is for an Armed Forces reservist | | |

Business Vehicle Expenses

| | Vehicle 1 | | Vehicle 2 | |
|---|------------------------------|-----------------------------|-----------|------|
| | 2019 | 2018 | 2019 | 2018 |
| Enter the date vehicle was placed in service | | | | |
| Total miles vehicle was driven during 2019 | | | | |
| Business miles | | | | |
| Average daily roundtrip commuting distance | | | | |
| Commuting miles included in total miles above | | | | |
| Taxes | | | | |
| Gasoline, oil, repairs, vehicle insurance, etc. | | | | |
| Vehicle rentals | | | | |
| Inclusion amount | | | | |
| Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) | | | | |
| Enter cost or other basis | | | | |
| Enter section 179 deduction | | | | |
| Enter depreciation percentage | | | | |
| If your employer provided a vehicle, was personal use during off duty hours permitted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Do you or your spouse have another vehicle available for personal use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Do you have evidence to support your deduction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| If "Yes," is the evidence written? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

Auto Expense Worksheet

Name: _____

SSN: _____

General Information

For _____

Business name and profession/product _____

Description _____

Date placed in service _____

Was this vehicle available for use during off-duty hours? Yes No

Do you or your spouse have another vehicle available for personal use? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

| | 2019 | 2018 | | Prior year total |
|------------------------------|-------|------|----------|------------------|
| a Business | _____ | | Business | |
| b Commuting | _____ | | Total | |
| c Other | _____ | | | |

Expenses

| | 2019 | 2018 |
|--------------------------------|------------------|------|
| Garage rent | _____ | |
| Gas | _____ | |
| Insurance | _____ | |
| Licenses | _____ | |
| Oil | _____ | |
| Parking fees | _____ | |
| Rental fees | _____ | |
| Interest | _____ | |
| Property tax | _____ | |
| Repairs | _____ | |
| Tires | _____ | |
| Tolls | _____ | |
| Lease addbacks | _____ | |
| Other expenses (list): | Apply business % | |
| _____ <input type="checkbox"/> | _____ | |
| _____ <input type="checkbox"/> | _____ | |
| _____ <input type="checkbox"/> | _____ | |

Expenses for Business Use of Your Home

Name: _____

SSN: _____

Business Use of Home

TSJ _____ For _____

| | 2019 | 2018 |
|---|------|------|
| Square footage of home used exclusively for business. | | |
| Total square footage of home. | | |

Use of Home for Daycare

| | 2019 | 2018 |
|--|------|------|
| Area used part time for business | | |
| Total hours used for daycare | | |
| Total hours available | | |

Did you live in the home all year? Yes No

Expenses

| | Office expenses | | Home expenses | | |
|------------------------------------|-----------------|------|---------------|------|---|
| | 2019 | 2018 | 2019 | 2018 | |
| Mortgage interest | | | | | In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling. |
| Real estate taxes | | | | | |
| Excess mortgage interest | | | | | |
| Excess real estate taxes | | | | | |
| Insurance | | | | | |
| Rent | | | | | |
| Repairs & maintenance | | | | | |
| Utilities | | | | | |
| Other expenses | | | | | |

Cost of Home

| | 2019 | 2018 |
|---|------|------|
| Enter the smaller of your home's adjusted basis or its fair market value | | |
| Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No Value of land | | |
| Date placed in service | | |
| Date taken out of service | | |

Foreign Earned Income

Name: _____

SSN: _____

Part I - General Information

Taxpayer's foreign address

Street 1 _____

Street 2 _____

Foreign city _____

Province/State _____ Country _____ Postal code _____

Occupation _____

Employer's name _____

Employer's U.S. address

Street _____

City _____ ST _____ Zip _____

Employer's foreign address

Street 1 _____

Street 2 _____

City _____

Province/State _____ Country _____ Postal code _____

Employer is: (check any that apply)

- A foreign entity A U.S. company Self
 A foreign affiliate of a U.S. company Other (specify): _____

If you have previously filed Form 2555, enter the last year you filed Form 2555. _____

If you claimed an exclusion in an earlier year, have you ever revoked your choice? Yes No

If "Yes," give the type of exclusion _____ and tax year _____

Of which country are you a citizen? _____

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home? Yes No

If yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

| City and country | Number of days |
|------------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

List your tax homes during your tax year and dates established

| Home | Date established |
|-------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Foreign Earned Income

Name: _____

SSN: _____

Part II - Bona Fide Residence Test

Date bona fide residence began _____, ended _____

Type of living quarters in foreign country Purchased house Rented house or apartment
 Rented room Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year? Yes No

If yes, who and for what period Relationship For what period

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country? Yes No

Are you required to pay income tax to the country where you claim bona fide residence? Yes No

If you were present in the United States during the tax year, enter the information below.

| Date arrived in U.S. | Date left U.S. | Number of days in U.S. on business | Income earned in U.S. on business | | Date arrived in U.S. | Date left U.S. | Number of days in U.S. on business | Income earned in U.S. on business |
|----------------------|----------------|------------------------------------|-----------------------------------|--|----------------------|----------------|------------------------------------|-----------------------------------|
| _____ | _____ | _____ | _____ | | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | | _____ | _____ | _____ | _____ |

List any contractual terms or other conditions relating to the length of your employment abroad: _____

List the type of visa under which you entered the foreign country: _____ Yes No

Did your visa limit the length of your stay or employment in a foreign country? Yes No

If yes, explain _____

Did you maintain a home in the United States while living abroad? Yes No

If yes, enter the address of your home, whether it was rented, the names of the occupants, and their relationship to you
 Address _____ City _____ State _____ ZIP _____

Name of occupant _____ Relationship of occupant _____

Was the home rented?

Part III - Physical Presence Test

The physical presence test is based on the 12-month period from: _____ through: _____

Enter your principal country of employment during your tax year: _____

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

| Name of country (including U.S.) | Date arrived | Date left | Full days present in country | Number of days in U.S. on business | Income earned in U.S. on business (attach computation) |
|----------------------------------|--------------|-----------|------------------------------|------------------------------------|--|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Foreign Earned Income

Name: _____

SSN: _____

Part IV - Foreign Earned Income

| | 2019 | 2018 |
|--|-------|-------|
| Total wages, salaries, bonuses, commissions, etc. | _____ | _____ |
| Allowable share of income for personal services performed: | | |
| In a business (including farming) or profession | _____ | _____ |
| In a partnership (list name, address, and type of income) | _____ | _____ |
| Noncash income: | | |
| Home (lodging) | _____ | _____ |
| Meals | _____ | _____ |
| Car | _____ | _____ |
| Other property or facility (specify) _____ | _____ | _____ |
| Allowances, reimbursements, or expenses paid on your behalf for services performed: | | |
| Cost of living and overseas differential | _____ | _____ |
| Family | _____ | _____ |
| Education | _____ | _____ |
| Home leave | _____ | _____ |
| Quarters | _____ | _____ |
| Other (specify) _____ | _____ | _____ |
| Other foreign earned income (specify): _____ | _____ | _____ |
| Meals and lodging that are excludable | _____ | _____ |

For Taxpayers Claiming the Housing Exclusion or Deduction

| | 2019 | 2018 |
|---|-------|-------|
| Qualified housing expenses for the tax year | _____ | _____ |
| Location where housing expenses incurred _____ | | |
| Limit on housing expenses | _____ | _____ |
| Enter the number of days in qualifying period that fall within your 2019 tax year | _____ | _____ |
| Enter employer-provided amounts | _____ | _____ |

For Taxpayers Claiming the Foreign Earned Income Exclusion

| | 2019 | 2018 |
|---|-------|-------|
| Enter the number of days in qualifying period that fall within your 2019 tax year | _____ | _____ |

Education Credits and Deduction

Name: _____

SSN: _____

Provide all Form(s) 1098-T

Student's first and last name: _____ SSN: _____

- Yes
- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?
- Was the student enrolled at least half time for at least one academic period that began in 2019 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
- Did the student complete the first four years of post-secondary education before 2019?
- Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?
- Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____

| | 2019 | 2018 |
|---|-------|-------|
| Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution | _____ | _____ |
| ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution | _____ | _____ |
| Tax-free education assistance received in 2019 allocable to the academic period | _____ | _____ |
| Tax-free education assistance received in 2020 (and before 2019 return is filed) allocable to the academic period | _____ | _____ |
| Refunds of qualified education expenses paid in 2019 if the refund is received before the 2019 return is filed | _____ | _____ |

Educational Institution Name: _____

Educational Institution Name: _____

Student's first and last name: _____ SSN: _____

- Yes
- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?
- Was the student enrolled at least half time for at least one academic period that began in 2019 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
- Did the student complete the first four years of post-secondary education before 2019?
- Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?
- Is the student pursuing a degree?

Number of years the American Opportunity Credit has been claimed for this student _____

| | 2019 | 2018 |
|---|-------|-------|
| Total qualified education expenses (including the cost of books, supplies, and equipment) that were REQUIRED to be paid directly to the educational institution | _____ | _____ |
| ADDITIONAL qualified education expenses that were NOT required to be paid directly to the educational institution | _____ | _____ |
| Tax-free education assistance received in 2019 allocable to the academic period | _____ | _____ |
| Tax-free education assistance received in 2020 (and before 2019 return is filed) allocable to the academic period | _____ | _____ |
| Refunds of qualified education expenses paid in 2019 if the refund is received before the 2019 return is filed | _____ | _____ |

Educational Institution Name: _____

Educational Institution Name: _____

Credits

Name:

SSN:

Form 5695 - Residential Energy Credit

TSJ _____

Part I - Residential Energy Efficient Property Credit

Qualified solar electric property costs _____

Qualified water heating property costs _____

Qualified small wind energy property costs _____

Qualified geothermal heat pump property costs _____

Was qualified fuel cell property installed on or in your main home in the U.S.? Yes No

Address of main home _____

City, State, ZIP _____

Qualified fuel cell property costs _____

Kilowatt capacity of property on line 22 _____

Amount of unused credit from 2018 Form 5695, line 28 _____

Form 8936 - Qualified Plug-in Electric Drive Motor Vehicle Credit

TSJ _____

Vehicle 1

Vehicle 2

Year of vehicle _____

Make of vehicle _____

Model of vehicle _____

Vehicle Identification Number _____

Date vehicle was placed in service _____

Credit allowable _____

Phaseout percentage _____

