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BEANLAB
1275 DAVIS ROAD, SUITE 120
ELGIN, IL 60123

2020 TAX ORGANIZER

**T
O**

NEW CLIENT

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

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

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

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

847-264-4662

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2020 TAX ORGANIZER

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1275 DAVIS ROAD, SUITE 120
ELGIN, IL 60123

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

Taxpayer Signature	Date
Spouse Signature	Date

Topic Index

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Questions (Page 1 of 5)

The following questions pertain to the 2020 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

Yes No

- | | | |
|---|-------|-------|
| Did your marital status change? | _____ | _____ |
| Are you married? | _____ | _____ |
| If Yes, do you and your spouse want to file separate returns? | _____ | _____ |
| If No, are you in a domestic partnership, civil union, or other state-defined relationship? | _____ | _____ |
| Can you or your spouse be claimed as a dependent by another taxpayer? | _____ | _____ |
| Did you or your spouse serve in the military or were you or your spouse on active duty? | _____ | _____ |

Dependents:

- | | | |
|--|-------|-------|
| Were there any changes in dependents from the prior year?
Note: Include non-child dependents for whom you provided more than half the support. | _____ | _____ |
| Did you or your spouse pay for child care while you or your spouse worked or looked for work? | _____ | _____ |
| Do you have any children under age 18 with unearned income more than \$1,100? | _____ | _____ |
| Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,100? | _____ | _____ |
| Did you adopt a child or begin adoption proceedings? | _____ | _____ |
| Are any of your dependents non-U.S. citizens or non-U.S. residents? | _____ | _____ |

Healthcare:

- | | | |
|--|-------|-------|
| Did you obtain healthcare coverage through the Marketplace? | _____ | _____ |
| If Yes, include all Forms 1095-A. | | |
| If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment? | _____ | _____ |
| Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A? | _____ | _____ |
| Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed on another taxpayer's return? | _____ | _____ |
| Are any of your dependents required to file a tax return? | _____ | _____ |

Questions (Page 2 of 5)

Healthcare (continued):

Yes No

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? _____

Were you eligible for employer-sponsored healthcare coverage? _____

Did you or your spouse have any transactions pertaining to a health savings account (HSA)?
If you received a distribution from an HSA, include all Forms 1099-SA. _____

Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?
If you received a distribution from an MSA, include all Forms 1099-SA. _____

Did you or your spouse receive any distributions from long-term care insurance contracts?
If Yes, include Forms 1099-LTC. _____

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job? _____

If Yes, how many months were you covered? _____

If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job? _____

If Yes, how many months were you covered? _____

Did you or your spouse lose your job because of foreign competition and pay for your own health insurance? _____

Education:

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition? _____

Did you or your spouse pay any student loan interest? _____

Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren? _____

Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529) plan? _____

If Yes, include all Forms 1099-Q. _____

If Yes, were the amounts withdrawn used for qualified tuition expenses? _____

Deductions and Credits:

Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization? _____

If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.

Did you or your spouse incur any casualty or theft losses? _____

Did you or your spouse make any large purchases, such as motor vehicles and boats? _____

Did you or your spouse incur any casualty or loss attributable to a federally declared disaster? _____

Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? _____

Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)? _____

If Yes, provide the number of gallons or special fuels used for off-highway business purposes.

_____ Gallons _____ Type

Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells? _____

Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters? _____

Questions (Page 3 of 5)

Investments:

Yes No

Did you or your spouse have any debts canceled, forgiven or refinanced? _____

Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? _____

Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? _____

Did you or your spouse sell, exchange, or purchase any real estate? _____

If Yes, include closing statements.

Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? _____

Did you or your spouse engage in any put or call transactions? _____

If Yes, provide the transaction details.

Did you or your spouse close any open short sales? _____

Did you or your spouse sell any securities not reported on Form 1099-B? _____

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? _____

Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? _____

Did you or your spouse make a qualified charitable contribution? _____

Did you or your spouse retire or change jobs? _____

Did you or your spouse receive deferred, retirement or severance compensation? _____

If Yes, enter the date received (Mo/Da/Yr). _____

Personal Residence:

Did your address change? _____

If Yes, provide the new address.

If Yes, did you move to a different home because of a change in the location of your job? _____

Did you or your spouse claim a homebuyer credit for a home purchased in 2008? _____

Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? _____

Are your total mortgages on your first and/or second residence greater than \$750,000? _____

If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____

Did you or your spouse take out a home equity loan? _____

Did you or your spouse have an outstanding home equity loan at the end of the year? _____

If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____

Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? _____

Did you or your mortgagee receive mortgage assistance payments? _____

If Yes, include all Forms 1098-MA.

Questions (Page 4 of 5)

Sale of Your Home:

Yes No

Did you sell your home? _____

Did you receive Form 1099-S? _____

If Yes, include Form 1099-S.

Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale? _____

Did you or your spouse ever rent out the property? _____

Did you or your spouse ever use any portion of the home for business purposes? _____

Have you or your spouse sold a principal residence within the last two years? _____

At the time of the sale, the residence was owned by the: _____ Taxpayer _____ Spouse _____ Both

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual? _____

Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value? _____

Did you or your spouse make any gifts to a trust for any amount? _____

Did you or your spouse have a life insurance trust? _____

Did you or your spouse assist with the purchase of any asset (auto, home) for any individual? _____

Did you or your spouse forgive any indebtedness to any individual, trust or entity? _____

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes? _____

Were you or your spouse grantor or transferor for a foreign trust, have any interest in or a signature authority over a bank account, securities account or other financial account in a foreign country? _____

Did you or your spouse create or transfer money or property to a foreign trust? _____

Did you or your spouse own any foreign financial assets? _____

Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments? _____

Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax? _____

If Yes, did the corporation cease to be an S corporation? _____

If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business? _____

If Yes, did you or your spouse transfer any share of stock in the corporation? _____

Questions (Page 5 of 5)

Miscellaneous:

Yes No

Did you or your spouse pay in excess of \$1,000 in any quarter or \$2,200 during the year for domestic services performed in or around your home to individuals who could be considered household employees? _____ _____

Did you or your spouse receive unreported tip income of \$20 or more in any month? _____ _____

Have you or your spouse received a punitive damage award for damages other than for physical injuries or illness? _____ _____

Did you or your spouse engage in any bartering transactions? _____ _____

Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns? _____ _____

For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move? _____ _____

Did you or your spouse sell, acquire, or exchange Bitcoin or other virtual currencies or engage in any sales or exchanges denominated in Bitcoin or other virtual currencies? _____ _____

Did you or your spouse receive an economic impact payment? _____ _____

If Yes, enter the amount of any economic impact payment received. _____

If Yes, did you or your spouse repay any of the economic impact payment received? _____ _____

If Yes, enter the amount of the economic impact payment repaid. _____

If self-employed, were you unable to work due to contracting COVID-19, being in quarantine or isolation due to COVID-19, caring for an individual who contracted COVID-19 or was in quarantine due to COVID-19, or due to caring for a son or daughter because the child's school or childcare provider was closed or unavailable due to COVID-19 precautions? _____ _____

Did you or your spouse take out a Payroll Protection Program loan? _____ _____

If Yes, enter the date and total amount of the Payroll Protection Program loan(s) disbursed.

Date (Mo/Da/Yr) _____ Amount _____

If Yes, did you or your spouse have any eligible expenses reported for the business? _____ _____

If Yes, are these amounts included in the expenses reported for the business? _____ _____

If Yes, did you or your spouse received loan forgiveness or are you or your spouse seeking forgiveness? _____ _____

If No, enter the date loan forgiveness was denied or that you or your spouse decided not to seek forgiveness.

Date (Mo/Da/Yr) _____

If No, enter the amount of the loan for which forgiveness was denied or the amount of the loan for which you or your spouse decided not to seek forgiveness.

Amount _____

Additional state pages have been included at the back of the organizer and should be reviewed.



2020

Personal Information

3

Taxpayer:

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ON FILE

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____ Does not expire

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer?

Yes	No
X	

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

Yes	No

Are you considered legally blind per IRS regulations?

Taxpayer		Spouse	
Yes	No	Yes	No

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

Yes	No	Yes	No

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

Yes	No	Yes	No

Personal Identification Numbers:

Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

Tax Organizer Legend:

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

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

Forms 1, 1A and 2



Dependents and Wages

3A

Dependent Information:

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

Did dependent have income over \$4,300?



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

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

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

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

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



Electronic Filing

Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return

Do not electronically file the state return(s)

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN?		Yes	No
Taxpayer		<input type="checkbox"/>	<input type="checkbox"/>
Spouse		<input type="checkbox"/>	<input type="checkbox"/>

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN _____

Spouse PIN _____



Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2019, your account information may already be included below.

		Yes	No
Would you like any refunds owed to you directly deposited?			
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?			
If Yes, what amount would you like withdrawn, if not the entire balance due? _____			
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)			
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?			
If Yes, what amount would you like withdrawn, if not the entire balance due? _____			
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)			
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.			
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal?			
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?			

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

		Yes	No
Would you like any refunds owed to you directly deposited?			
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?			
If Yes, what amount would you like withdrawn, if not the entire balance due? _____			
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)			
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?			
If Yes, what amount would you like withdrawn, if not the entire balance due? _____			
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)			
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.			
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal?			
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?			

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2020

Interest Income

5A

Interest Information:

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

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

TSJ	Name of Payer	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	2019 Interest Amount
Total						

Seller-Financed Mortgage Interest Information:

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

Address of Individual from Whom Mortgage Interest Was Received

Enter Any Additional Information:

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



Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

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

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

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

Enter Any Additional Information:

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



Sales of Stocks, Securities, Capital Assets & Installment Sales

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

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

Did you have any of the following during the year?

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

TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				
E				
F				
G				
H				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				
E				
F				
G				
H				

Installment Sales: Do not include interest received in principal amount

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2020 Principal Received	2019 Principal Received



Miscellaneous Income, Adjustments and Alimony

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

Miscellaneous Income and Adjustments:

	TSJ _____		TSJ _____	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Unemployment compensation received				
Unemployment compensation repaid in 2020				
Social security benefits received				
Social security benefits repaid in 2020				
Medicare premiums withheld				
Tier 1 railroad retirement benefits received				
Tier 1 railroad retirement benefits repaid in 2020				
Total lump sum social security received				
Lump sum taxable social security				
Other federal withholding				
Other state withholding				

State and Local Income Tax Refunds:

TSJ	State	City	Tax Year	Income Tax Refund	
				State	Local

Other Income:

TSJ	Nature and Source	2020 Amount	2019 Amount

Alimony Paid or Received:

TSJ	Recipient's Name	Recipient's Social Security Number	Date of Original Divorce or Separation (Mo/Da/Yr)	Date Divorce or Separation Agreement Modified (Mo/Da/Yr)	Alimony Received?	2020 Amount	2019 Amount



Miscellaneous Adjustments

Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2020 Amount	2019 Amount

Health Savings Accounts (HSAs)

TS	Description	2020 Amount	2019 Amount
	Contributions made for 2020		
	Distributions received from all HSAs in 2020		

What type of coverage applies to your high deductible health plan? Self only Family

Were any HSA contributions listed above also shown on your Form W-2?

Yes	No

Were all distributions from your HSA for unreimbursed medical expenses?

Yes	No

Did you or your spouse enroll in Medicare?

Yes	No

If Yes, what month did you enroll?

What month did your spouse enroll?

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

TSJ	Nature and Source	2020 Amount	2019 Amount



Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

Prescription medicines and drugs
 Total medical insurance premiums paid *
 Long-term care expenses
 Total insurance reimbursement
 Number of miles traveled for medical care
 Lodging
 Doctors, dentists, etc.
 Hospitals
 Lab fees
 Eyeglasses and contacts

TSJ	2020 Amount	2019 Amount

2020 Amount	2019 Amount

Taxpayer long-term care insurance premiums paid
 Spouse long-term care insurance premiums paid

* Do not include Medicare premiums or premiums deducted in computing taxable wages reported on a W-2.

Other Medical Expenses:

TSJ	Description	2020 Amount	2019 Amount

Taxes Paid: Include copies of your tax bills

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

TSJ	2020 Amount	2019 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2020 Amount	2019 Amount

Other Taxes Paid:

TSJ	Description	2020 Amount	2019 Amount

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



Itemized Deductions - Mortgage Interest and Points

Mortgage Questions for 2020:

	Yes	No
If you purchased or sold your home, did you include any mortgage interest from your closing statement in the amount below? . . .	<input type="checkbox"/>	<input type="checkbox"/>
Did you refinance your home? (If Yes, enclose the closing statement.)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, enclose the closing statements from the purchase and sale of your new and former homes.		
If Yes, also, did you (or your spouse, if married) have an ownership interest in a principal residence in the US during the 3 year period prior to the purchase of this home?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you (and your spouse, if married at the time of purchase) own and use the same home as a principal residence in the U.S. for any 5 consecutive year period during the 8 year period ending on the purchase date of the new home?	<input type="checkbox"/>	<input type="checkbox"/>

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2020 Amount	2019 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2020 Amount	2019 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2020 Amount	2019 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2020 Amount	2019 Amount

Investment Interest Expense:

Interest paid on money you borrowed that is allocable to property held for investment.

TSJ	Paid To	2020 Amount	2019 Amount



Itemized Deductions - Contributions

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

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

TSJ	Organization or Description of Contribution	2020 Amount	2019 Amount

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

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

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

TSJ	Description of Donated Property	2020 Amount	2019 Amount

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

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

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

1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value
 2 - Catalog 4 - Other (Describe)

1 - Gift 3 - Exchange
 2 - Inheritance 4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



Federal Tax Payments

Refund Application:

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

Refunded	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Applied to your 2021 estimated tax liability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Federal Estimated Tax Payments:

2020 1st Quarter Estimate	(Due 07-15-2020)
2020 2nd Quarter Estimate	(Due 07-15-2020)
2020 3rd Quarter Estimate	(Due 09-15-2020)
2020 4th Quarter Estimate	(Due 01-15-2021)

Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2019 overpayment applied to 2020 estimate

Tax Planning Information for Tax Year 2021:

Do you expect any of the following to occur in 2021?

A change in your marital status	Yes	No
A change in the number of your dependents	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your income	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in your withholding	<input type="checkbox"/>	<input type="checkbox"/>
A substantial change in deductions	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to any of the above questions, provide details.



2020

State and City Tax Payments

20A

State and City Estimated Tax Payments:

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2020 1st Quarter Estimate
 2020 2nd Quarter Estimate
 2020 3rd Quarter Estimate
 2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you
 want the excess applied to your 2021 estimated tax liability? Yes No

2019 overpayment applied to 2020 estimate
 Balance of prior year(s)' tax paid in 2020 plus
 amount paid with 2019 extensions
 Estimated tax payments for 2019 paid in 2020

State and City Estimated Tax Payments:

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2020 1st Quarter Estimate
 2020 2nd Quarter Estimate
 2020 3rd Quarter Estimate
 2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you
 want the excess applied to your 2021 estimated tax liability? Yes No

2019 overpayment applied to 2020 estimate
 Balance of prior year(s)' tax paid in 2020 plus
 amount paid with 2019 extensions
 Estimated tax payments for 2019 paid in 2020

State and City Estimated Tax Payments:

TSJ _____ State/City _____		
Amount Due	Date Paid if Not Date Due (Mo/Da/Yr)	Amount Paid

2020 1st Quarter Estimate
 2020 2nd Quarter Estimate
 2020 3rd Quarter Estimate
 2020 4th Quarter Estimate

If you have an overpayment of 2020 taxes, do you
 want the excess applied to your 2021 estimated tax liability? Yes No

2019 overpayment applied to 2020 estimate
 Balance of prior year(s)' tax paid in 2020 plus
 amount paid with 2019 extensions
 Estimated tax payments for 2019 paid in 2020



2020

General Information:

County of residence

Enter the total property tax paid applicable to the personal residence

Property index number

County name

Enter the amount of general merchandise for which you did not pay any sales tax

Enter the amount of qualifying food, non-prescription drugs and medical appliances for which you did not pay any sales tax

Are you a member, shareholder, partner, beneficiary, or owner of an LLC or other organization that holds a medical cannabis cultivation center or medical cannabis dispensary registration?

Do you or your spouse have income from the sale of assets owned by a gaming licensee?

Enter the amount of Illinois income tax you withheld from a household employee

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

Residency Information:

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

If you did not live in Illinois for all of 2020, enter the dates you did live in Illinois

Enter the state names other than Illinois where you had income

Education Savings:

Did you or your spouse make any contributions to a Bright Start College Savings Program, Bright Directions College Savings Program, or College Illinois Prepaid Tuition Program?

If Yes, enter the following:

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

TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2020 Amount Contributed

ABLE Savings Account:

Did you or your spouse make any contributions to a qualified Illinois ABLE savings account?

If Yes, enter the following:

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

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to the following funds:

Wildlife Preservation Fund	<input type="text"/>
Alzheimer's Disease Research, Care, and Support Fund	<input type="text"/>
Assistance to the Homeless Fund	<input type="text"/>
Diabetes Research Fund	<input type="text"/>
Hunger Relief Fund	<input type="text"/>

