FROM

2020 TAX ORGANIZER

TO

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.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER

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2020 TAX ORGANIZER

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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

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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 as a dependent on another taxpayer's return?		
Are any of your dependents required to file a tax return?		

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 all 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 of gasoline 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?	☐	☐

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.	☐	☐

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?	☐	☐
Do 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 a 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?	☐	☐

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 or an 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. _____		

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

2020

Personal Information

Taxpayer:

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

	Yes	No
May the IRS or other taxing authority discuss the return with the preparer?		
Is the taxpayer claimed as a dependent on someone else's tax return?		

	Taxpayer		Spouse	
	Yes	No	Yes	No
Are you considered legally blind per IRS regulations?				
Do you want to contribute to the Presidential Election Campaign Fund?				
Are you a U.S. citizen or Green Card holder?				

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

2020

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 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	☐	☐
Spouse	☐	☐

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

Taxpayer PIN . . . . . _____

Spouse PIN . . . . . _____

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.
If you prefer not to electronically file your return, please refer to and sign the opt-out statement below. Because some states have official opt-out forms, additional signatures may be necessary before your return can be filed.

Opt-Out Statement:

_____ has informed me (us) that my (our) 2020 Individual Income Tax return may be required to be electronically filed if the firm files the return on my (our) behalf. I (We) understand that electronic filing may provide a number of benefits to taxpayers, including an acknowledgment that the IRS received the return, a reduced chance of errors in processing, and faster refunds. I (we) do not want to file my (our) return electronically and will personally file the paper return. My (our) preparer will not file or otherwise mail or submit my (our) paper return to the IRS.

Taxpayer signature: _____ Date: _____

Spouse signature: _____ Date: _____

The IRS requires the use of a 5-digit self-selected 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	☐	☐
Spouse	☐	☐

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

Taxpayer PIN . . . . . _____

Spouse PIN . . . . . _____

2020

Direct Deposit and Withdrawal

4A

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 federal 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 state 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 federal return using electronic withdrawal?	☐	☐
Would you like to pay any estimated payments due for your state 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 federal 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 state 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 federal return using electronic withdrawal?	☐	☐
Would you like to pay any estimated payments due for your state 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 and Foreign Information

5A

Interest Income:

Include all Forms 1099-INT or other documents for interest received
(List all items sold during the year on Form 7.)

Special Interest Code:
1 - Qualified Educational Series EE Bonds
2 - Seller Financed Mortgage Interest
3 - Early Withdrawal Penalty
4 - Nominee Interest
5 - Accrued Interest
6 - Original Issue Discount Adjustment
7 - Amortizable Bond Premium Adjustment

	TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A						
B						
C						
D						
E						

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

	Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A				
B				
C				
D				
E				

	Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2019 Interest Amount
A					
B					
C					
D					
E					

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

Additional State Information:

	Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable
A		
B		
C		
D		
E		

Foreign Bank Accounts and Trusts:

	Yes	No
At any time during 2020, did you have an interest in or a signature authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?		
If Yes, enter name of foreign country _____		
Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it?		

2020

Dividend Income and Foreign Information

5B

Dividend Income:

Include all Forms 1099-DIV or other documents for dividends received
(List all items sold during the year on Form 7.)

	TSJ	Source	Form 1099-DIV				
			Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A							
B							
C							
D							
E							

	Form 1099-DIV					
	Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nondividend Distributions	2019 Gross Dividends Amount
A						
B						
C						
D						
E						

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

	Form 1099-DIV			
	Box 4 Federal Withholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholding
A				
B				
C				
D				
E				

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

Additional State Information:

	Payer ID	New Hampshire Reason Dividend is Nontaxable
A		
B		
C		
D		
E		

Foreign Bank Accounts and Trusts:

	Yes	No
At any time during 2020, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?		
If Yes, enter name of foreign country _____		
Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it?		

2020

Foreign Assets

5C

Note: If the aggregate value of the accounts does not exceed $10,000, then you do not need to provide details.

General Information:

TSJ . . . . . ____

Title of filer . . . . . _____

Enter all countries where you have foreign bank accounts . . . . . _____

Foreign Identification:

	Yes	No
Passport		
Foreign TIN		

If not passport or TIN, enter description . . . . . _____

Number . . . . . _____

Country of issue . . . . . _____

Information on Foreign Financial Accounts:

1 - Bank Account 2 - Securities Account 3 - Other

	Account Type	If Other Account Type, Describe	Maximum Account Value	Account Number	Financial Institution Name
A					
B					

	Street Address	City
A		
B		

	State	ZIP/Postal Code	Country	GIIN
A				
B				

If you have no financial interest in the account or account is jointly owned, please complete the account owner information below.

Type of TIN Code: A - Employer Identification No. (EIN) B - SSN or ITIN C - Foreign

	Last Name or Organization Name	First Name	Middle Initial	Suffix	Taxpayer ID Number	
A						
B						

	# of Joint Owners	Street Address	City
A			
B			

1 - No financial interest 2A - Joint - spouse is joint owner 2B - Joint - other joint owner 3 - Consolidated

	State	ZIP/Postal Code	Country	Owner-ship Code	Filer's Title
A					
B					

1 - Deposit 2 - Custodial

	Type	Foreign Currency	Exchange Rate	Source of Exchange	Acct Open	Acct Closed	Joint	No Tax Items Reported
A								
B								

2020

Foreign Assets

5D

Asset Information:

Description	Identifying Number	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)	Jointly Owned	No Tax Items Reported

Value	Foreign Currency	Exchange Rate	Source of Exchange Rate

If Asset is Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - Partnership 2 - Corporation 3 - Trust 4 - Estate

Name of Foreign Entity	Type of Foreign Entity	Mailing Address of Foreign Entity

City or Town of Foreign Entity	Province, County or State of Foreign Entity	Country of Foreign Entity	Postal Code of Foreign Entity	GIIN

If Asset is NOT Stock of a Foreign Entity or an Interest in a Foreign Entity

1 - U.S. person
2 - Foreign person

1 - Issuer 2 - Counterparty

Name of Issuer	Issuer Code	Type of Issuer	Residence of Issuer

1 - Individual 2 - Partnership 3 - Corporation 4 - Trust 5 - Estate

Mailing Address of Issuer	City or Town of Issuer

Province, County or State of Issuer	Country of Issuer	Postal Code of Issuer

	Yes	No
Foreign assets were acquired or sold during the tax year		

Foreign Bank Accounts and Trusts:

At any time during 2020, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account or other financial account?		
If Yes, enter name of foreign country . . . . . _____		
Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it?		

2020

Brokerage Statement Details

5EA

	TSJ	Payer Name	Account No.	Information Included (X or ✓)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				

	Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	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								
O								
P								
Q								
R								
S								
T								

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

Note: For other amounts not listed, attach a copy of your brokerage statement.

2020

Consolidated Brokerage Statement

5E

Brokerage Name	TSJ	Account Number

Brokerage Address

Interest Income and Foreign Information

Interest Income: (List all items sold during the year on Form 5G.)

Special Interest Code:
1 - Qualified Educational Series EE Bonds
2 - Early Withdrawal Penalty
3 - Nominee Interest
4 - Accrued Interest
5 - Original Issue Discount Adjustment
6 - Amortizable Bond Premium Adjustment

	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

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

	Code	Tax-Exempt Interest	Investment Expenses	Federal Withholding	State Withholding	Tax Exempt Bond CUSIP No.	2019 Interest Amount
A							
B							
C							
D							
E							

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

Additional State Information:

	Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable
A		
B		
C		
D		
E		

2020

Consolidated Brokerage Statement
Dividend Income and Foreign Information

5F

List all items sold during the year on Form 5G.

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

Dividend Income:

	Source	Form 1099-DIV				
		Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A						
B						
C						
D						
E						

	Form 1099-DIV					
	Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nondividend Distributions	2019 Gross Dividends Amount
A						
B						
C						
D						
E						

	Form 1099-DIV			
	Box 4 Federal Withholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholding
A				
B				
C				
D				
E				

Foreign Taxes Paid or Accrued:

	Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A						
B						
C						
D						
E						

Additional State Information:

	Payer ID	New Hampshire Reason Dividend is Nontaxable
A		
B		
C		
D		
E		

2020

Consolidated Brokerage Statement Sales of Stocks, Securities, Capital Assets and Miscellaneous Income

5G

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

Include all Forms 1099-A, 1099-B, 1099-MISC, 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		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
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		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of the sale of a publicly traded security into an SSBIC interest		
Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock		
Securities which became worthless		

	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				

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

Other Income:

Nature and Source	2020 Amount	2019 Amount

Other Adjustments to Income:

Nature and Source	2020 Amount	2019 Amount

Investment Interest Expense:

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

Paid To	2020 Amount	2019 Amount

Foreign Bank Accounts and Trusts:

	Yes	No
At any time during 2020, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?		
If Yes, enter name of foreign country _____		
Were you the grantor of, or transferor to, a foreign trust that existed during 2020, whether or not you had any beneficial interest in it?		

2020

Business Income and Cost of Goods Sold

Name of Business: . . . . . .

Principal Business or Profession: . . .

TSJ . . . . . .
Employer ID number . . . . . .
Street address . . . . . .
City, state, ZIP or postal code, and country . . .
Method of inventory . . . . . .
Method of accounting . . . . . .

Business Questions for 2020:

	Yes	No
Did you dispose of this business?		
If Yes, what was the disposition date? (Mo/Da/Yr)		
Was there a change in determining quantities, costs or valuations between opening and closing inventory?		
Were you involved in the operations of this business on a regular, continuous and substantial basis?		
Have you prepared or will you prepare all required Forms 1099?		

	2020 Amount	2019 Amount
Health insurance premiums paid for yourself and your dependents		

Income:

Payment card and third party transactions: Include all Forms 1099-K

Description	2020 Amount	2019 Amount

Miscellaneous income: Include all Forms 1099-MISC and 1099-NEC

Other Income:

Other gross receipts or sales		
Less returns and allowances		

Cost of Goods Sold:

	2020 Amount	2019 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor (do not include amounts paid to yourself)		
Materials and supplies		

Other costs of goods sold:

Description	2020 Amount	2019 Amount
Ending inventory		

2020

Business Expenses and Property & Equipment

6A

Name of Business: _____

Principal Business or Profession: _____

Expenses:

	2020 Amount	2019 Amount
Advertising		
Car and truck expenses		
Parking fees and tolls		
Commissions and fees		
Contract labor		
Employee benefit programs and health insurance (other than pension and profit-sharing plans)		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional fees		
Office expense		
Pension and profit-sharing plans		
Rent or lease - vehicles, machinery and equipment		
Rent or lease - other business property		
Repairs and maintenance		
Supplies (not included in Cost of Goods Sold)		
Taxes and licenses		
Travel		
Meals		
Entertainment (deductible only on some state returns)		
Utilities		
Wages		
Dependent care benefits		

Other Expenses:

Description	2020 Amount	2019 Amount

Property and Equipment: Include a list if more space is needed

X if not new	Acquisitions - Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions - Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

2020

Business Expenses - Vehicle and Other Listed Property

6B

Name of Business: _____

Principal Business or Profession: _____

Listed Property Questions for 2020:

	Yes	No
Do you have evidence to support your deduction?		
If Yes, is the evidence written?		
Do you have evidence to support the business use percentage claimed on listed property?		
If Yes, is the evidence written?		

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?		
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?		

Vehicle:

	Vehicle 1	Vehicle 2
Description of vehicle		
Date placed in service (Mo/Da/Yr)		
Do you (or your spouse) have another vehicle available for your personal use?	☐ Yes ☐ No	☐ Yes ☐ No
Was your vehicle available for use during off-duty hours?	☐ Yes ☐ No	☐ Yes ☐ No

Mileage:

	Vehicle 1 2020 Miles	Vehicle 1 2019 Miles	Vehicle 2 2020 Miles	Vehicle 2 2019 Miles
Total miles				
Total business miles				
Total commuting miles for the year				

Actual Expenses:

	Vehicle 1 2020 Amount	Vehicle 1 2019 Amount	Vehicle 2 2020 Amount	Vehicle 2 2019 Amount
Gasoline, oil, repairs, insurance, etc				
Interest				
Taxes				
Fair market value of leased vehicle				
Vehicle rentals/leases				

2020

Business Expenses

6C

Name of Business: _____

Principal Business or Profession: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, please enter the percentage to apply to this business _____ %

	2020 Amount	2019 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		

Other Business Expenses:

Description	2020 Amount	2019 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2020 Amount	2019 Amount
Amount received for other expenses		
Amount received for meals		
Amount received for entertainment		

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? ☐ Yes ☐ No

Vehicle:

If not 100%, please enter the percentage to apply to this business _____ %

Description of vehicle _____

Date vehicle was placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for personal purposes? ☐ Yes ☐ No

Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

	2020	2019
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2020 Amount	2019 Amount

2020

Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

	2020	2019
Square footage of home used exclusively for business		
Total square footage of home		
Total hours home was used for day care during the year		

	Yes	No
Was your home used for day care purposes for the entire year?		
Were improvements made to the home and/or home office since the time you began using the home for business?		

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid

2020

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		
Exchange of any securities or investments for something other than cash		
Sales of inherited property		
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		
Commodity sales, short sales or straddles		
Reinvestment of the proceeds of gains in a qualified opportunity fund		
Sale of any investments in qualified opportunity funds		
Debts that became uncollectible		
Securities that became worthless		
Sale of any property where you will receive payments in future years		

	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

2020

Sale of Your Home and Moving Expenses

Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ . . . . . _____

Date acquired . . . . . (Mo/Da/Yr) _____

Date sold . . . . . (Mo/Da/Yr) _____

Selling price . . . . . [ ]

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? . . . . . [ ] Yes [ ] No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? . . . . . [ ] Yes [ ] No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ . . . . . _____

Were the moving expenses reimbursed by your employer? . . . . . [ ] Yes [ ] No

Enter reimbursements not included in wages on your Form W-2 . . . . . [ ]

Was the move due to a permanent change of station pursuant to a military order? . . . . . [ ] Yes [ ] No

Mileage:

	Miles
Number of miles from old home to new workplace (applicable only on some state returns)	
Number of miles from old home to old workplace (applicable only on some state returns)	
Number of automobile miles in move	

Transportation Expenses:

	Amount
Costs of transportation of household goods and personal effects	
Costs of travel and lodging (do not include meals or automobile expenses)	
Automobile expenses (gasoline, oil, etc.)	
Meals (Pennsylvania only)	

2020

Individual Retirement Account (IRA) Information

Individual Retirement Account (IRA): **Include all copies of Forms 1099-R and 5498.**

TS . . . . . ____

IRA Questions for 2020:

	Yes	No
Are you covered by an employer's retirement plan?		
If no, is your spouse covered by an employer's retirement plan?		
Do you want to limit your IRA contribution to the maximum amount deductible on your tax return?		
If no, do you want to contribute the maximum allowable amount to your IRA even though you may not qualify for an IRA deduction?		
Did you use any IRA as security for a loan this year?		
Did you have any transactions with any IRA during the year?		

If Yes, explain. _____

IRA Values, Rollovers, and Distributions:

Total value of all traditional IRAs on December 31, 2020 . . . . . [ ]

Note: This information or Form 5498 is required if you received a distribution during the year.

Outstanding rollovers on December 31, 2020 . . . . . [ ]

Total distributions converted to Roth IRAs . . . . . [ ]

Total retirement plans converted to Roth IRAs . . . . . [ ]

Contributions:

IRA:

Contributions in 2020 for the 2020 tax return . . . . . [ ]

Contributions in 2021 for the 2020 tax return . . . . . [ ]

Amount for 2020 you choose to be treated as nondeductible . . . . . [ ]

Roth IRA:

Contributions made for the 2020 tax year . . . . . [ ]

Distributions: **Include all Forms 1099-R and any nontaxable distribution details**

Name of Payer	2020 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2019 Gross Distributions

2020

Pension, Annuity and Retirement Plan Information

9A

Pensions and Annuities: **Include all Forms 1099-R and any nontaxable distribution details**

TSJ	Name of Payer	2020 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2019 Gross Distributions

Self-Employed Retirement Plan: **Include copies of all Forms 1099-R**

	Taxpayer		Spouse	
	Yes	No	Yes	No
Have you established a self-employed retirement or SIMPLE plan with deductible contributions?				
Do you want to contribute the maximum amount allowed?				

Contributions to:	2020 Amount	2020 Amount
Simplified employee pension plan		
Defined benefit plan		
Defined contribution plan		
SIMPLE plan		

2020

Rental and Royalty Income

Location of Property: _____

TSJ . . . . . ____

Type of property . . . _____

	Yes	No
Have you prepared or will you prepare all required Forms 1099?		

	2020	2019
Ownership percentage if not 100%	%	
How many days was this property rented at fair market value?		
How many days was this property used personally (including use by family members)?		

Income:

	2020 Amount	2019 Amount
Rents received		
Royalties received		

Payment card and third party transactions: Include all Forms 1099-K

Description	2020 Amount	2019 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2020 Amount	2019 Amount

Other income:

Description	2020 Amount	2019 Amount

2020

Rental and Royalty Expenses

10A

Location of Property: _____

Expenses:

	2020 Amount	2019 Amount
Advertising		
Auto and travel		
Cleaning and maintenance		
Commissions		
Insurance		
Legal and other professional fees		
Management fees		
Mortgage interest paid to banks, etc.		
Mortgage interest paid to individuals		
Other interest		
Repairs		
Supplies		
Taxes		
Utilities		
Dependent care benefits		
Employee benefits		

Other Expenses:

Description	2020 Amount	2019 Amount

2020

Rental and Royalty
Property and Equipment & Depletion

10B

Location of Property: _____

Property and Equipment: Include a list if more space is needed

Acquisitions:

X if not new	Description	Date Acquired (Mo/Da/Yr)	Cost

Dispositions:

Description	Date Acquired (Mo/Da/Yr)	Cost	Date Sold (Mo/Da/Yr)	Selling Price

Percentage Depletion Information:

Production Type	Royalty Income	
	2020 Amount	2019 Amount

2020

Rental and Royalty Vehicle and Other Listed Property

10C

Location of Property: _____

Listed Property Questions for 2020:

	Yes	No
Do you have evidence to support your deduction?		
If Yes, is the evidence written?		
Do you have evidence to support the business use percentage claimed on listed property?		
If Yes, is the evidence written?		

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?		
Do you treat all use of vehicles by employees as personal use?		
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?		
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?		

Vehicle:

	Vehicle 1	Vehicle 2
Description of vehicle		
Date placed in service (Mo/Da/Yr)		
Do you (or your spouse) have another vehicle available for your personal use?	☐ Yes ☐ No	☐ Yes ☐ No
Was your vehicle available for use during off-duty hours?	☐ Yes ☐ No	☐ Yes ☐ No

Mileage:

	Vehicle 1 2020 Miles	Vehicle 1 2019 Miles	Vehicle 2 2020 Miles	Vehicle 2 2019 Miles
Total miles				
Total business miles				
Total commuting miles for the year				

Actual Expenses:

	Vehicle 1 2020 Amount	Vehicle 1 2019 Amount	Vehicle 2 2020 Amount	Vehicle 2 2019 Amount
Gasoline, oil, repairs, insurance, etc				
Interest				
Taxes				
Fair market value of leased vehicle				
Vehicle rentals/leases				

2020

Partnership, S Corporation, Estate, Trust and REMIC Income

Partnership Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

S Corporation Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number	Health Insurance Paid by Entity

Estate and Trust Income: Include all Schedules K-1

TSJ	Entity Name	Employer ID Number

Real Estate Mortgage Investment Conduit (REMIC) Income: Include all Schedules Q

TSJ	Entity Name	Employer ID Number

2020

Partnership and S Corporation Business Expenses

11A

Activity Name: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business _____ %

	2020 Amount	2019 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		

Other Business Expenses:

Description	2020 Amount	2019 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2020 Amount	2019 Amount
Amount received for other expenses		
Amount received for meals		
Amount received for entertainment		

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %

Description of vehicle _____

Date vehicle was placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for personal purposes? ☐ Yes ☐ No

Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

	2020	2019
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2020 Amount	2019 Amount

2020

Passthrough Business Use of Home

11B

Activity Name: . . . . _____

Partial Use of Your Home for Business:

	2020
Square footage of home used exclusively for business	
Total square footage of home	

Were improvements made to the home and/or home office since the time you began using the home for business? . . . ☐ Yes ☐ No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2020 Amount	2019 Amount	2020 Amount	2019 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid

Worksheets: Fiduciary Passthrough > Business Use of Home, Partnership Passthrough > Business Use of Home, Large Partnership Passthrough > Business Use of Home and S Corporation Passthrough > Business Use of Home

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

2020

Miscellaneous Adjustments

13A

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

	Yes	No
Were any HSA contributions listed above also shown on your Form W-2?		
Were all distributions from your HSA for unreimbursed medical expenses?		
Did you or your spouse enroll in Medicare?		

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

2020

Ministerial Income

13B

TS . . . . . ____

	Yes	No
Do you have any expenses associated with a business as a minister?		

If Yes, enter the name of the business: _____

Do you have any expenses associated with your wages received as a minister?		

If Yes, enter the occupation: _____

Parsonage:

	2020 Amount	2019 Amount
Fair rental value of parsonage provided by church		
Utility allowance of parsonage		
Actual expenses for utilities of parsonage		

Rental or Parsonage Allowance:

	2020 Amount	2019 Amount
Parsonage or rental allowance		
Utility allowance		
Actual expenses for parsonage		
Actual expenses for utilities		
Fair rental value of home, plus the cost of utilities		

2020

Itemized Deductions - Medical and Taxes

Medical and Dental Expenses:

	TSJ	2020 Amount	2019 Amount
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			

	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

	TSJ	2020 Amount	2019 Amount
Personal property taxes paid (include vehicle taxes)			
General sales taxes paid on specified items			

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

2020

Itemized Deductions - Mortgage Interest and Points

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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?		
Did you refinance your home? (If Yes, enclose the closing statement.)		
If Yes, how many years is your new mortgage loan? _____		
Did you purchase a new home or sell your former home during the year?		
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?		
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?		

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

2020

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
A				
B				
C				

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		

Itemized Deductions - Miscellaneous

* These expenses are not deductible on the federal return but may be deductible on some state returns.

Miscellaneous Itemized Deductions:

	TSJ	2020 Amount	2019 Amount
Union and professional dues *			
Tax preparation fee *			
Professional subscriptions *			
Hobby expense (To extent of income) *			
Safe deposit box *			
Uniforms and protective clothing *			
Work tools *			
Gambling losses			
Estate taxes			

Other Itemized Deductions:

Examples:

- Certain legal and accounting fees *
- Investment expenses *
- Custodial fees *
- Employment agency fees *
- Certain educational expenses *
- Amortizable bond premium
- Impairment-related work expense of a disabled person
- Repayment of amounts under a claim of right

TSJ	Description	2020 Amount	2019 Amount

Casualty or Theft Loss:

TSJ ____

Property description _____

Which of the following describes the type of property that sustained the casualty or theft loss?

☐ Personal use ☐ Business use ☐ Income producing ☐ Employee Use ☐ Personal use attributable to insolvent or bankrupt financial institution losses on deposits

Was the loss due to a federally declared disaster? ☐ Yes ☐ No

Date acquired (Mo/Da/Yr) _____

Date damaged or lost (Mo/Da/Yr) _____

Original cost or other basis _____

Fair market value before casualty _____

Fair market value after casualty _____

Cost of replacement _____

Insurance reimbursement _____

Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ . . . . . ____

Were you or your spouse a full time student or disabled? . . . . . ☐ Yes ☐ No

Did you pay an individual for services performed in your home? . . . . . ☐ Yes ☐ No

Expenses incurred in 2019 but paid in 2020	
Employer-provided dependent care benefits that were forfeited in 2020	
2019 carryover used in grace period	

Child/Dependent Care Providers:

Provider 1:

Name . . . . . _____

Street address . . . . . _____

City, state, ZIP or postal code, and country . . . . . _____

Social security number OR . . . . . _____

Employer identification number . . . . . _____

Telephone number (California only) . . . . . _____

	2020 Amount	2019 Amount
Expenses incurred and paid in 2020		
Expenses incurred and not paid in 2020		

Provider 2:

Name . . . . . _____

Street address . . . . . _____

City, state, ZIP or postal code, and country . . . . . _____

Social security number OR . . . . . _____

Employer identification number . . . . . _____

Telephone number (California only) . . . . . _____

	2020 Amount	2019 Amount
Expenses incurred and paid in 2020		
Expenses incurred and not paid in 2020		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2020 Expenses Incurred	2019 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2020 Qualified Expenses

2020

Household Employment Taxes

General Information:

TSJ . . . . . ____

Employer identification number . . . . . _____

	Yes	No
Did you pay any one household employee cash wages of $2,200 or more in 2020?		
Did you withhold any federal income tax from wages paid to any household employee?		
Did you pay total cash wages of $1,000 or more in any calendar quarter of 2019 or 2020?		

Social Security, Medicare and Income Taxes:

	2020 Amount	2019 Amount
Cash wages subject to social security taxes		
Cash wages subject to Medicare taxes (if different than cash wages subject to social security)		
Cash wages subject to additional Medicare tax withholding		
Federal income tax withheld		
State disability plan payments subject to social security taxes		
State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)		

Federal Unemployment (FUTA) Tax:

	Yes	No
Did you pay unemployment contributions to more than one state?		
Were all of the wages subject to FUTA tax subject to the state's unemployment tax?		

State	Total Cash Wages Subject to FUTA	2019 Amount

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2021

Name of State	Total Taxable Wages	Contribution Paid to Unemployment Fund	X	2019 Amount

Federal Tax Payments

Refund Application:

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

Refunded	☐ Yes	☐ No
Applied to your 2021 estimated tax liability	☐ Yes	☐ No

Federal Estimated Tax Payments:

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

2019 overpayment applied to 2020 estimate . . . . . ☐

Tax Planning Information for Tax Year 2021:

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

	Yes	No
A change in your marital status	☐	☐
A change in the number of your dependents	☐	☐
A substantial change in your income	☐	☐
A substantial change in your withholding	☐	☐
A substantial change in deductions	☐	☐

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

2020

State and City Tax Payments

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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 _____

Gambling Winnings

Include all of your current year Forms W-2G

TS	Name of Payer	Gross Winnings	Tax Withheld	
			Federal	State

2020

Foreign Wages and Other Income (Page 1 of 2)

Foreign Questions for 2020:

	Yes	No
If you will be outside the U.S., do you want an automatic extension if you qualify?		
Will any tax due be paid with the extension?		
If you were working outside the U.S., did you terminate your foreign employment in 2020?		
Did you have foreign income derived from sources within designated "Boycott Activities"? If Yes, provide all information pertaining to the boycott activities.		

Foreign Source Wages and Salaries:

Include all copies of your current year Forms W-2 or other wage statements

TS ____

Employer name _____

Employer address _____

Employer city _____

Employer state ___

Employer ZIP _____

Employer foreign country _____

	2020 Amount	2019 Amount
Base wages		
Federal tax withheld		
FICA withheld		
Medicare tax withheld		

Days in foreign country before foreign assignment _____

Days in foreign country after foreign assignment _____

Days in U.S. while on foreign assignment _____

Allowances and Reimbursements:

	2020 Amount	2019 Amount
Cost of living and overseas differential		
Moving expense reimbursement		
Family		
Education		
Home leave		
Quarters		
Bonus		
Stock option - current year		
Foreign tax reimbursement		
Survivor's insurance		
Automobile		
Hardship premium		
Home gross salary		
Tax adjustment - current year		
Gross up		
Mobility premium		
Relocation allocation		
Wire transfer allowance		
Home housing allowance		
Home gross entitlement		
Home net entitlement		
Variable pay awards		
Miscellaneous		
Imputed tax preparation fees		
Home country pension cost		
401(k) reductions		

2020

Foreign Wages and Other Income (Page 2 of 2)

31A

Allowances and Reimbursements (Continued):

Other Allowances and Reimbursements:

Description	2020 Amount	2019 Amount

State and Local Information:

State	Employer's State I.D. No.	State Wages, Tips	State Income Tax	Local Wages, Tips	Local Income Tax	City	Locality Name

Other Income and Noncash Income:

TSJ	Nature and Source	2020 Amount	2019 Amount

Other Adjustments:

TSJ	Nature and Source	2020 Amount	2019 Amount

Miscellaneous Income:

	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				

Enter Any Additional Information:

2020

Foreign Wages and Other Income Worksheet

31B

You may skip this page if company statements for this information are provided.

NOTE: If you received income in 2020 for services performed in prior years, (bonus, separation payments, etc.) provide us with a copy of your tax return for these years unless we have them in our possession. If expenses are listed in foreign currency, indicate dates of payment and type of currency to the left of the amount boxes.

Compensation: **You must provide the originals of Form W-2**

Employer:	Taxpayer	Spouse
Gross base salary		
Tax deferred savings (401K)		
Bonus - 2020		
Bonus - other years Indicate year(s) _____		
Cost of living allowance		
Education		
Dependent travel		
Housing		
Group life insurance		
Tax equalization		
Foreign taxes reimbursed - 2020		
- 2019 and prior years		
Moving		

Other Allowances - Description	Taxpayer	Spouse

Non-cash Remuneration:	Taxpayer	Spouse
Home (lodging)		
Meals		
Car		

For additional employers, provide details on a continuation sheet.

2020

Gifts Made Outright to an Individual

NOTE: Only complete Forms 34 and/or 35 if in 2020:

- **You made gifts of cash or marketable securities to an individual that exceeded $15,000; or**
- **You made gifts of hard-to-value assets (such as closely-held stock) to an individual of any amount; or**
- **You made any transfers to a trust (including paying premiums on a life insurance policy that was transferred to a life insurance trust).**

You should include all gifts made to each individual during the year, including gifts for his or her birthday, holiday, anniversary, graduation, etc. In addition, include any gifts you made for educational or medical expenses. You can exclude amounts paid directly to a qualifying educational organization for tuition. You can also exclude amounts paid directly to health care providers if the expenses relate to nonelective medical expenses.

If you made any loans with an interest rate below the market rate of interest, provide details below.

If your most recent gift tax return was not prepared by us, include a copy.

For gifts other than cash, include a copy of any appraisal(s) of assets.
If no appraisal is available, describe how the value was determined.

For each gift made outright to an individual during the year, provide the following information:

Gift 1:

Person giving the gift . . . . . ☐ Taxpayer ☐ Spouse ☐ Joint

Name of person receiving the gift . . . . . _____

Address of person . . . . . _____

Your relationship to the person
(e.g., son, granddaughter or friend) . . . . . _____

Age of the person . . . . . ____

Date(s) of gift(s) . . . . . (Mo/Da/Yr) _____

Description and amount of assets gifted
(e.g., $15,000 in cash or 500 shares of ABC stock) . . . . . _____

Cost basis of assets gifted if other than cash . . . . . ☐

Value of assets gifted if other than cash . . . . . ☐

Gift 2:

Person giving the gift . . . . . ☐ Taxpayer ☐ Spouse ☐ Joint

Name of person receiving the gift . . . . . _____

Address of person . . . . . _____

Your relationship to the person
(e.g., son, granddaughter or friend) . . . . . _____

Age of the person . . . . . ____

Date(s) of gift(s) . . . . . (Mo/Da/Yr) _____

Description and amount of assets gifted
(e.g., $15,000 in cash or 500 shares of ABC stock) . . . . . _____

Cost basis of assets gifted if other than cash . . . . . ☐

Value of assets gifted if other than cash . . . . . ☐

2020

Gifts Made in Trust

NOTE: Complete this form only if you have made gifts in or to a trust during the year.

For each gift made in trust during the year, provide the following information:

Name of trust receiving the gift . . . . . _____

Name of the trustee . . . . . _____

Address of the trustee . . . . . _____

Trust identification number . . . . . _____

Name of the beneficiary of the trust . . . . . _____

Your relationship to the beneficiary
(e.g., son, granddaughter or friend) . . . . . _____

Age of the beneficiary . . . . . ____

Date(s) of gift(s) . . . . . (Mo/Da/Yr) _____

Description and amount of assets gifted
(e.g., $15,000 in cash or 500 shares of ABC stock) . . . . . _____

Cost basis of assets gifted if other than cash . . . . . [ ]

Value of assets gifted if other than cash . . . . . [ ]

For gifts other than cash, include a copy of any appraisal(s) of assets. If no appraisal is available, describe how the value was determined.

_____

Include a copy of the following:

A copy of the trust document(s) unless previously furnished to us.

A copy of the letter(s) notifying the beneficiary of his or her right to withdraw, if the trust grants the beneficiary the right to withdraw amounts contributed to the trust.

2020

Detail Depreciation

DP

Business or Activity: _____

Asset #	Description of Asset	Cost	Date Asset Was Placed in Service (Mo/Da/Yr)	If the Asset Was Sold, Indicate the Following	
				Date (Mo/Da/Yr)	Sales Price

2020

Massachusetts Information (Page 1 of 2)

General Information:

	Yes	No
Has your address changed from 2019?		
Are you or your spouse a noncustodial parent?		
Would you like to choose the optional 5.85% tax rate?		
Did you or your spouse make voluntary paid family and medical leave contributions from self-employment income?		

If Yes, enter the amount . . . . . .

Total purchases in 2020 subject to Massachusetts use tax . . . . . .

Sales/use tax paid to other state or jurisdiction . . . . . .

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you qualify for the blind exemption?				
Are you or your spouse a veteran of the U.S. armed forces Operations Enduring Freedom, Iraqi Freedom, or Noble Eagle?				

Total paid for weekly/monthly commuter passes and FastLane tolls . . . . . .

Residency Information:

	From (Mo/Da/Yr)	To (Mo/Da/Yr)
If you did not live in Massachusetts for all of 2020, enter the dates you did live in Massachusetts		

Enter the state names other than Massachusetts where you had income . . . . . .

Voluntary Contributions:

Do you want to contribute $1.00 to the Massachusetts Election Campaign Fund?

	Yes	No
Taxpayer		
Spouse		

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

Organ Transplant Fund	
Endangered Wildlife Conservation	
Massachusetts Public Health HIV and Hepatitis Fund	
Massachusetts United States Olympic Fund	
Massachusetts Military Family Relief Fund	
Homeless Animal Prevention and Care Fund	

Rental Deduction Information:

Name of landlord . . . . . .

Rent paid . . . . . .

2020

Massachusetts Information (Page 2 of 2)

Schedule HC Health Insurance Provider Information

Private or Other Government Provider

	Taxpayer	Spouse
Name of Insurance Company or Administrator or Other Provider		
Federal Identification Number of Insurance Company		
Subscriber Number		

Schedule HC Government - Subsidized Health Insurance

	Taxpayer	Spouse
Commonwealth Care	☐	☐
ConnectorCare	☐	☐
MassHealth	☐	☐
Medicare	☐	☐
Veterans Administration Program Enrollment	☐	☐
Tri-Care	☐	☐
Other (see instructions). Enter only name(s) of provider(s) above	☐	☐
Applied for MassHealth or Commonwealth Care in 2020 and denied	☐	☐

Months Covered by Health Insurance (if not all of 2020)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Taxpayer	___	___	___	___	___	___	___	___	___	___	___	___
Spouse	___	___	___	___	___	___	___	___	___	___	___	___

Other Information

	Taxpayer		Spouse	
Form MA 1099-HC not received	☐		☐	
	Yes	No	Yes	No
Are you claiming an exemption from the requirement to purchase health insurance based on sincerely held religious beliefs?	☐	☐	☐	☐
Did you claim a religious exemption and receive medical health care during the taxable year?	☐	☐	☐	☐
Certificate number if you obtained a Certificate of Exemption issued by the Health Insurance Connector				
Monthly premium amount offered through employer's health insurance plan				
Did your employer offer free health insurance?	☐	☐	☐	☐
Did your employer offer a qualifying plan that cost less than 9.56% of household income?	☐	☐	☐	☐
Are you a U.S. citizen or legal permanent resident alien?	☐	☐	☐	☐
Do you authorize the DOR to share your Schedule HC with the Commonwealth Health Insurance Connector Authority to appeal a penalty?	☐	☐	☐	☐

Enter Any Additional Massachusetts Information: