

RODNEY W WICKLUND AND ASSOCIATES  
RODNEY W WICKLUND  
N5171 635TH ST  
ELLSWORTH, WI 54011



**Organizer Mailing Slip**

	<b>Taxpayer</b>	<b>Spouse</b>
First Name . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Middle Initial . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Last Name . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Suffix . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Social Security Number . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Date of Birth . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Date of Death . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Check ("X") which phone number to list on return.		
Home Phone . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Work Phone . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Cell Phone . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Fax Number . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Legally Blind . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Totally Disabled . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Claimed as a Dependent . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Presidential Election Fund (\$3) . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Occupation . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
E-mail address . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
State of Residence as of 12/31 . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
County of Residence as of 12/31 . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
School District as of 12/31 . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
Sales tax rate of locality in 2020 . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
If Part Year, Period of Residency . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<p>Additional information is being requested this filing season in an effort to combat stolen-identity tax fraud. Please provide the requested information from the driver's license or state-issued identification card. Providing the information could help process state returns faster.</p>		
ID type . . . . .	<div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="checkbox"/> Driver's license OR           <input style="width: 20px; height: 20px; margin-left: 10px; margin-right: 5px;" type="checkbox"/> State Issued ID         </div>	<div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="checkbox"/> Driver's license OR           <input style="width: 20px; height: 20px; margin-left: 10px; margin-right: 5px;" type="checkbox"/> State Issued ID         </div>
ID number . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
ID issuing state . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
ID issue date . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
ID expiration date . . . . .	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>

Status on 2019 return : ☐

Status as of 12/31/2020 : ☐ **1** Single

Enter ("X") in the box ☐ **2** Married filing joint

☐ **3** Married filing separately  
(Enter spouse's name and SSN above)

☐ **4** Head of Household Non-dependent name: \_\_\_\_\_  
Non-dependent SSN: \_\_\_\_\_

☐ **5** Qualifying widow(er) with minor child Year spouse died \_\_\_\_\_

Street \_\_\_\_\_ Apt/Suite : \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 If address is in a foreign country, enter that country . . . \_\_\_\_\_  
 Foreign province/county . . . \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 If a bona fide resident of a U.S. territory, enter territory . . . \_\_\_\_\_

Preparer's name	RODNEY W WICKLUND				
Firm's name	RODNEY W WICKLUND AND ASSOCIATES				
Street	N5171 635TH ST				
City	ELLSWORTH	State	WI	Zip Code	54011

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns for which I have adequate records.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
here \_\_\_\_\_ Date \_\_\_\_\_

SSN \_\_\_\_\_

## Personal Information

Yes	No	<b><u>Personal Information</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>1</b> Did any births, adoptions, marriages, divorces, or deaths occur in your family since last year?
<input type="checkbox"/>	<input type="checkbox"/>	<b>2</b> Did you purchase or sell your principal residence or did your address change?
<input type="checkbox"/>	<input type="checkbox"/>	<b>3</b> Are either you or your spouse being claimed (or are eligible to be claimed) as a dependent on anyone else's return?
<input type="checkbox"/>	<input type="checkbox"/>	<b>4</b> Were you in a Registered Domestic Partnership, civil union or same-sex marriage during 2020?
<input type="checkbox"/>	<input type="checkbox"/>	<b>5</b> Were either you or your spouse in the military or National Guard?
<input type="checkbox"/>	<input type="checkbox"/>	<b>6</b> Have you been notified by the IRS or state of changes to a prior year's return, or received any other tax correspondence?
<input type="checkbox"/>	<input type="checkbox"/>	<b>7</b> Have you or your spouse been an identity theft victim and given an identity theft protection six digit PIN by the IRS?

Yes	No	<u>Dependents</u>
<input type="checkbox"/>	<input type="checkbox"/>	1 Are there any changes in your dependents from last year?
<input type="checkbox"/>	<input type="checkbox"/>	2 Did you have any children under 19 (or 24 if a full time student) who received more than \$1,100 in investment income?
<input type="checkbox"/>	<input type="checkbox"/>	3 Did you pay education expenses for your dependent children?
<input type="checkbox"/>	<input type="checkbox"/>	4 Did anyone in your family receive a scholarship of any kind during 2020?
<input type="checkbox"/>	<input type="checkbox"/>	5 Did you pay any dependent care expenses for a child or a parent?
<input type="checkbox"/>	<input type="checkbox"/>	6 Did you pay over half of the support for a parent or someone else you aren't claiming as a dependent?
<input type="checkbox"/>	<input type="checkbox"/>	7 Are all of your dependents either US residents or citizens?

Yes	No		<b><u>Health Care Coverage</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you or a member of your family have minimum essential coverage in 2020? (The entity that provided the coverage may have sent you a Form 1095-A, 1095-B, or 1095-C, that lists individuals in your family who were enrolled in minimum essential coverage and shows their months of coverage.)

Yes	No	Income (In 2020, did you or your spouse have any of the following?)
		1 Wages? (include form(s) W-2)
		2 Non-employee compensation? (include form(s) 1099-NEC)
		3 Miscellaneous Income? (include form(s) 1099-MISC)
		4 Interest income? (include form(s) 1099-INT)
		5 Dividend income? (include form(s) 1099-DIV)
		6 Did you receive any tax-exempt income, such as interest or dividends from municipal bonds or a mutual fund account?
		7 Gambling income? (include form(s) W-2G). Be sure to include any gambling expenses.
		8 Social security or Railroad Retirement benefits? (include form(s) SSA-1099 & RRB-1099)
		9 Did you receive a state or local refund, or a refund of any other deduction you itemized in a prior year? (attach 1099-G)
		10 Disability income? (include form(s) W-2 or 1099)
		11 Unemployment compensation? (include form(s) 1099-G)
		12 Alimony?
		13 Did you receive tip income NOT reported to your employer?
		14 Did you receive payments from a Long-Term Care insurance contract?
		15 Did you barter your services for goods or services from someone else?
		16 Did you receive, or expect to receive, a Schedule K-1 (or substitute K-1) from a trust, estate, partnership, or S corp?
		17 Did you receive employer-provided adoption benefits for a previous year?
		18 Did you cash in any U.S. savings bonds?
		19 Did you make a loan to someone at an interest rate below market rate?
		20 Did you receive a housing allowance for ministerial services you provided?
		21 Did you receive any income not reported in this Organizer?
		22 Did you own an interest in a Real Estate Mortgage Investment Conduit (REMIC)?

Yes	No	<b><u>Foreign Reporting</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>1</b> Did you have an interest in or signature authority over a financial account in a foreign country?
<input type="checkbox"/>	<input type="checkbox"/>	<b>2</b> Were you the grantor of or transferor to a foreign trust?
<input type="checkbox"/>	<input type="checkbox"/>	<b>3</b> Did you receive income from a foreign source or pay taxes to a foreign government?

Yes	No	<u>Retirement &amp; Other Plans</u>
		1 Did you receive any distributions from a retirement plan? (Include form(s) 1099-R)
		2 Did you rollover a retirement plan distribution into another plan?
		3 Did you convert a traditional IRA to a Roth IRA?
		4 Did you make a contribution to a retirement plan? (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
		5 Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
		6 Did you receive a distribution from an HSA, Archer MSA or Medicare Advantage MSA (Include form(s) 1099-SA)
		7 Did you make any contributions to an HSA (Health Savings Account) in 2020?
		8 Did you receive an early distribution for a Coronavirus (CARES Act) qualified distribution?
		9 Did you receive an early distribution for a qualified birth or adoption distribution?

Yes	No		<b><u>Purchases, Sales, Gains and Losses</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you exchange any securities or investments for something other than cash?
<input type="checkbox"/>	<input type="checkbox"/>	2	Do you have any short sales, commodity sales, or straddles?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you receive Form 2439?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you buy or sell any bonds?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you receive stock from a stock bonus plan with your employer?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you sell any other personal assets at a gain?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you sell any real estate (other than your home) during the year?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you sell any assets using the installment method?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you receive proceeds from a prior year installment sale?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase a rental property?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you exchange any property for other property?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you incur a loss because of damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you purchase a new vehicle, aircraft or boat?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did any security become worthless during 2020?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did any debts become uncollectible during 2020?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you purchase any items acquired out of state, online or by mail order that did not include sales tax?

Yes	No		<b><u>Business and Rental Property Income &amp; Deductions</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1	If you own rental property, do you qualify as a Real Estate Professional?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you start or acquire a new business?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you sell any part of an existing business, or sell business assets?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you cease operating any business or rental property?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you remove any of your business assets for personal use?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you use part of your home for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make any contributions to a Keogh or a self-employed SEP plan for 2020?
<input type="checkbox"/>	<input type="checkbox"/>	8	Do you pay for any health or long term care insurance through your business?
<input type="checkbox"/>	<input type="checkbox"/>	9	If you or your spouse are self-employed, are either of you covered under an employer's health plan?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you purchase any furniture or equipment for your business?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you make any improvements to your rental properties?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you receive income from raising animals or crops?

Yes	No		<b><u>Other Deductions</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you use your car on the job (other than to and from work)?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you work out of town for part of the year?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did you incur unreimbursed expenses working as a reservist, performing artist, or fee-basis gov't official?
<input type="checkbox"/>	<input type="checkbox"/>	4	Did you incur any travel and entertainment expenses for business purposes?
<input type="checkbox"/>	<input type="checkbox"/>	5	Did you pay expenses for the care of your child or other dependent so you could work?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you purchase a 'clean fuel' or electric hybrid vehicle in 2020?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you make energy efficient improvements to your home or purchase any energy-saving property during 2020?
<input type="checkbox"/>	<input type="checkbox"/>	8	Did you contribute less than an entire interest in any property to charity?
<input type="checkbox"/>	<input type="checkbox"/>	9	Did you refinance a mortgage or take out a home equity loan during 2020?
<input type="checkbox"/>	<input type="checkbox"/>	10	Did you incur moving expenses during the year due to a military order and incident to a permanent change in station?
<input type="checkbox"/>	<input type="checkbox"/>	11	Did you or your spouse pay any educational expenses for yourselves?
<input type="checkbox"/>	<input type="checkbox"/>	12	Did you pay any student loan interest?
<input type="checkbox"/>	<input type="checkbox"/>	13	Did you make any federal or state estimated payments?
<input type="checkbox"/>	<input type="checkbox"/>	14	Did you pay alimony?
<input type="checkbox"/>	<input type="checkbox"/>	15	Did you donate non-cash donations?
<input type="checkbox"/>	<input type="checkbox"/>	16	Did you donate a vehicle?

Yes	No		<b><u>Miscellaneous</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	1	Did you make gifts of more than \$15,000 to any one person?
<input type="checkbox"/>	<input type="checkbox"/>	2	Did you engage the service of any household employees?
<input type="checkbox"/>	<input type="checkbox"/>	3	Did your bank account information change within the last twelve months?
<input type="checkbox"/>	<input type="checkbox"/>	4	Do you want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	5	Does your spouse want to allocate \$3 to the Presidential Election Campaign Fund?
<input type="checkbox"/>	<input type="checkbox"/>	6	Did you file Form 8839, Adoption Credit, in a previous year or incur adoption expenses in 2020?
<input type="checkbox"/>	<input type="checkbox"/>	7	Did you claim a First-time Homebuyer Credit for a home purchased in 2008?
<input type="checkbox"/>	<input type="checkbox"/>	8	Was there a disposition or change in use of your main home for which you claimed the First-time Homebuyer Credit?

Yes ☐ No ☐

**Return preparation and filing**

1 Do you want to e-file your return?

2 If you are due a refund, how do you want to receive it?

☐ Check sent to you in the mail

☐ Other quick refund via a bank product

☐ Apply to next year's estimates

☐

☐ Direct deposit (please provide voided blank check)

Type of account: ☐ Checking ☐ Savings

If you owe taxes, how do you want to pay them?

☐

☐ Paper check sent with my return ☐ Credit card

☐ Installment Agreement

☐ Direct debit (please provide a voided blank check)

Type of account: ☐ Checking ☐ Savings

☐ ☐ 3

Do you want to allow your tax preparer to discuss this year's return with the IRS?

If no, enter another person (if desired) to be allowed to discuss this return with the IRS:

Designee's  
name \_\_\_\_\_

Phone  
Number \_\_\_\_\_

Personal identification  
Number (5 digit PIN) \_\_\_\_\_

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Federal, State and Local Estimated Taxes Paid****Federal Estimates**

Enter Payment Information

		Filer and/or Joint Payments		Spouse Only Payments	
		Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year . . . . .			1	
2	First quarter payment . . . . .			2	
3	Second quarter payment . . . . .			3	
4	Third quarter payment . . . . .			4	
5	Fourth quarter payment . . . . .			5	
6	_____			6	
7	_____			7	

**State Estimates**

Enter two-letter state abbreviation

		State		State		State		State	
		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year . . . . .								
2	First quarter payment . . . . .								
3	Second quarter payment . . . . .								
4	Third quarter payment . . . . .								
5	Fourth quarter payment . . . . .								
6	_____								
7	_____								
8	_____								

**Local Estimates**

Enter locality name

		Locality		Locality		Locality		Locality	
		Date Paid	Amount	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
1	Overpayment from last year . . . . .								
2	First quarter payment . . . . .								
3	Second quarter payment . . . . .								
4	Third quarter payment . . . . .								
5	Fourth quarter payment . . . . .								
6	_____								
7	_____								
8	_____								

Name \_\_\_\_\_

SSN \_\_\_\_\_

## Wages

### W-2 Information

<b>"X"</b> if spouse	<b>Employer's Name</b>	<b>Box 1 Wages, Tips Other Comp</b>	<b>Box 2 Federal Income Tax Withheld</b>	<b>Box 16 State Wages</b>	<b>Box 17 State Income Tax Withheld</b>
<input type="checkbox"/>	1				
<input type="checkbox"/>	2				
<input type="checkbox"/>	3				
<input type="checkbox"/>	4				
<input type="checkbox"/>	5				
<input type="checkbox"/>	6				
<input type="checkbox"/>	7				
<input type="checkbox"/>	8				
<input type="checkbox"/>	9				
<input type="checkbox"/>	10				
<input type="checkbox"/>	11				
<input type="checkbox"/>	12				
<input type="checkbox"/>	13				
<input type="checkbox"/>	14				
<input type="checkbox"/>	15				
<input type="checkbox"/>	16				
<input type="checkbox"/>	17				
<input type="checkbox"/>	18				
<input type="checkbox"/>	19				
<input type="checkbox"/>	20				
<input type="checkbox"/>	21				
<input type="checkbox"/>	22				
<input type="checkbox"/>	23				
<input type="checkbox"/>	24				
<input type="checkbox"/>	25				
<input type="checkbox"/>	26				
<input type="checkbox"/>	27				
<input type="checkbox"/>	28				
<input type="checkbox"/>	29				
<input type="checkbox"/>	30				
<input type="checkbox"/>	31				
<input type="checkbox"/>	32				
<input type="checkbox"/>	33				
<input type="checkbox"/>	34				
<input type="checkbox"/>	35				
<input type="checkbox"/>	36				
<input type="checkbox"/>	37				
<input type="checkbox"/>	38				
<input type="checkbox"/>	39				
<input type="checkbox"/>	40				
<input type="checkbox"/>	41				
<input type="checkbox"/>	42				
<input type="checkbox"/>	43				



Name \_\_\_\_\_

SSN \_\_\_\_\_

**Retirement Income****1099-R Information**

<b>"X" if spouse</b>		<b>Payer's Name</b>	<b>Box 1 Gross Distribution</b>	<b>Box 4 Federal Income Tax Withheld</b>	<b>Box 14 State Distribution</b>	<b>Box 12 State Income Tax Withheld</b>
<input type="checkbox"/>	1					
<input type="checkbox"/>	2					
<input type="checkbox"/>	3					
<input type="checkbox"/>	4					
<input type="checkbox"/>	5					
<input type="checkbox"/>	6					
<input type="checkbox"/>	7					
<input type="checkbox"/>	8					
<input type="checkbox"/>	9					
<input type="checkbox"/>	10					
<input type="checkbox"/>	11					
<input type="checkbox"/>	12					
<input type="checkbox"/>	13					
<input type="checkbox"/>	14					
<input type="checkbox"/>	15					
<input type="checkbox"/>	16					
<input type="checkbox"/>	17					
<input type="checkbox"/>	18					
<input type="checkbox"/>	19					
<input type="checkbox"/>	20					
<input type="checkbox"/>	21					
<input type="checkbox"/>	22					
<input type="checkbox"/>	23					
<input type="checkbox"/>	24					
<input type="checkbox"/>	25					
<input type="checkbox"/>	26					
<input type="checkbox"/>	27					
<input type="checkbox"/>	28					
<input type="checkbox"/>	29					
<input type="checkbox"/>	30					
<input type="checkbox"/>	31					
<input type="checkbox"/>	32					
<input type="checkbox"/>	33					
<input type="checkbox"/>	34					
<input type="checkbox"/>	35					
<input type="checkbox"/>	36					
<input type="checkbox"/>	37					
<input type="checkbox"/>	38					
<input type="checkbox"/>	39					
<input type="checkbox"/>	40					
<input type="checkbox"/>	41					
<input type="checkbox"/>	42					
<input type="checkbox"/>	43					

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse,  
or (J)oint.

\*F/S/J Payer

		<b>Taxable Interest Income</b>	<b>Tax Exempt Interest</b>	<b>Specified Priv Act Interest</b>
		<b>Current Year</b>	<b>Current Year</b>	<b>Current Year</b>
		<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
		<b>Prior Year</b>	<b>Prior Year</b>	<b>Prior Year</b>
		<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Dividend Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse,  
or (J)oint.

\*F/S/J Payer

		<b>Ordinary Dividends</b>	<b>Qualified Dividends</b>	<b>Capital Gains</b>
		<b>Current Year</b>	<b>Current Year</b>	<b>Current Year</b>
		<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
		<b>Prior Year</b>	<b>Prior Year</b>	<b>Prior Year</b>
		<b>Amount</b>	<b>Amount</b>	<b>Amount</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Interest Income**

Please provide copies of all Form 1099-INT or other statements reporting interest income.

\* F/S/J - enter ownership (F)iler, (S)pouse,  
or (J)oint.

\*F/S/J Payer

		Taxable Interest Income		Tax Exempt Interest		Specified Priv Act Interest	
		Current Year	Prior Year	Current Year	Prior Year	Current Year	Prior Year
		Amount	Amount	Amount	Amount	Amount	Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Dividend Income**

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

\* F/S/J - enter ownership (F)iler, (S)pouse,  
or (J)oint.

\*F/S/J Payer

		Ordinary Dividends		Qualified Dividends		Capital Gains	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						
	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						
	31						
	32						
	33						
	34						
	35						
	36						
	37						
	38						
	39						
	40						
	41						
	42						
	43						
	44						

Name \_\_\_\_\_

SSN \_\_\_\_\_

Social Security and Railroad Retirement

Filer

- 1

Enter the total amount from box 5 of all your Forms SSA-1099 . . . . .

1
- 2

Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . .

2
- 3

Enter the total amount from box 5 of all your Forms RRB-1099 . . . . .

3
- 4

Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . .

4
- 5

Enter the total amount of Medicare B Premiums withheld. . . . .

5
- 6

Enter the total amount of Medicare D Premiums withheld. . . . .

6

Current Year Amount	Prior Year Amount

Spouse

- 7

Enter the total amount from box 5 of all your Forms SSA-1099 . . . . .

7
- 8

Enter the total taxes withheld from box 6 of all your Forms SSA-1099 . . . . .

8
- 9

Enter the total amount from box 5 of all your Forms RRB-1099 . . . . .

9
- 10

Enter the total taxes withheld from box 10 of all your Forms RRB-1099 . . . . .

10
- 11

Enter the total amount of Medicare B Premiums withheld. . . . .

11
- 12

Enter the total amount of Medicare D Premiums withheld. . . . .

12


SSN

**Prior Year  
Amount**

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Medical and Dental - Itemized Deductions**

		Current Year Amount	Prior Year Amount
1	Prescription medications . . . . .	1	
2	Fees for doctors, dentists, etc. . . . .	2	
3	Fees for hospitals, clinics, etc. . . . .	3	
4	Lab and X-ray fees . . . . .	4	
5	Medical aids such as glasses, contacts, hearing aids, wheelchair, etc. . . . .	5	
6	Medical equipment and supplies . . . . .	6	
7	Medical mileage (number of miles driven) . . . . .	7	
8	Medical parking, tolls and local transportation . . . . .	8	
9	Lodging for medical purposes (up to \$50 per night per person) . . . . .	9	
10	Health/Dental/Other ins. premiums (do not include self-employed plans) . . . . .	10	
11	Long Term Care insurance premiums (taxpayer) . . . . .	11	
12	Long Term Care insurance premiums (spouse) . . . . .	12	
13	Expenses to stop smoking . . . . .	13	
14	Health insurance premiums - coverage established under your business (1) . . . . .	14	
15	Health insurance premiums - coverage established under your business (2) . . . . .	15	
16	Long Term Care insurance premiums - coverage est. under your business (1) . . . . .	16	
17	Long Term Care insurance premiums - coverage est. under your business (2) . . . . .	17	
18	_____	18	
19	_____	19	
20	_____	20	
21	_____	21	
22	Insurance reimbursement for any medical and dental expense listed above	22	

SSN

## Real Estate Taxes

<b>23</b>	Principal residence . . . . .	<b>23</b>		
<b>24</b>	Real estate taxes from Schedule E properties . . . . .	<b>24</b>		

25		25		
26		26		
27		27		
28		28		
29		29		

30		30		
31		31		
32		32		
33		33		
34		34		

<b>35</b>	Non-business portion of vehicle personal property taxes . . . . .	<b>35</b>		
<b>36</b>	_____	<b>36</b>		
<b>37</b>	_____	<b>37</b>		
<b>38</b>	_____	<b>38</b>		
<b>39</b>	_____	<b>39</b>		
<b>40</b>	_____	<b>40</b>		

<b>41</b>	K1 (1065) - Other deductions/taxes . . . . .	<b>41</b>		
<b>42</b>	K1 (1120S) - Other deductions/taxes . . . . .	<b>42</b>		
<b>43</b>	K1 (1041) - Other deductions/taxes . . . . .	<b>43</b>		
<b>44</b>	Foreign Taxes . . . . .	<b>44</b>		
<b>45</b>	From Schedule E properties . . . . .	<b>45</b>		
<b>46</b>		<b>46</b>		
<b>47</b>		<b>47</b>		
<b>48</b>		<b>48</b>		



SSN

### Home Mortgage Interest and Points Reported on Form 1098

49	Lender	49
50	Lender	50
51	Lender	51
52	Lender	52

Current Year Amount	Prior Year Amount

**53**    Name: \_\_\_\_\_ **53**  
Address: \_\_\_\_\_  
SSN: \_\_\_\_\_

--	--

**54** Mortgage insurance premiums paid on 2020 acquisition indebtedness for principal residence . . . . . **54**

--	--

55	Description . . . . .	55
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2020 . . . . .	
56	Description . . . . .	56
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2020 . . . . .	
57	Description . . . . .	57
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2020 . . . . .	
58	Description . . . . .	58
	Points paid . . . . .	
	Date of loan . . . . .	
	Total number of scheduled loan payments . . . . .	
	Number of payments made in 2020 . . . . .	

[illegible]

<b>59</b>	Investment interest paid . . . . .	<b>59</b>
-----------	------------------------------------	-----------

--	--

SSN \_\_\_\_\_

[illegible]

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Noncash Charitable Contributions (Total of Contributions more than \$500)****Information on Donated Property**

(a) Name and Address of the Donee Organization				(b) Description of Donated Property	
<b>1</b>	Name				
	Address				
	City	State	Zip Code		
<b>2</b>	Name				
	Address				
	City	State	Zip Code		
<b>3</b>	Name				
	Address				
	City	State	Zip Code		
<b>4</b>	Name				
	Address				
	City	State	Zip Code		
<b>5</b>	Name				
	Address				
	City	State	Zip Code		

**Note:** If the fair market value for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the Contribution	(d) Date Acquired mm/dd/yyyy	(e) How Acquired	(f) Cost or Adjusted Basis	(g) Fair Market Value F. M. V.	(h) Method Used to Determine the F. M. V.
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						