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2020 TAX ORGANIZER

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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

SCHLENNER WENNER & CO. CPAs, PA

PRIVACY POLICY

CPAs, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding privacy of client information. CPAs have been and continue to be bound by professional standards of confidentiality that are even more stringent than those required by law. Therefore, we have always protected your right to privacy.

TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT

We collect nonpublic personal information about you that is either provided to us by you or obtained by us with your authorization.

PARTIES TO WHOM WE DISCLOSE INFORMATION

For current and former clients, we do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law. Permitted disclosures include, for instance, providing information to our employees and, in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

PROTECTING THE CONFIDENTIALITY AND SECURITY OF CURRENT AND FORMER CLIENTS' INFORMATION

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

Please call if you have any questions, because your privacy, our professional ethics, and the ability to provide you with quality financial services are very important to us.

<Preparer's Phone>

SCHLENNER WENNER & CO. CPAs, PA

2020 ARRANGEMENT LETTER

Dear Client,

This letter is to confirm and specify the terms of our arrangement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

Scope of Engagement

We will prepare your 2020 Federal and requested state income tax returns from information that you will furnish us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information. We will not file any Federal, state, and/or local tax extensions without your specific request and permission. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Record Retention

It is our policy to keep records related to this engagement for seven years. Schlenner Wenner & Co. does not keep any original client records, so we will return those to you at the completion of the services rendered under this agreement. It is your responsibility to retain and protect your records for possible future use, including potential examination by any government or regulatory agencies. By signing below, you acknowledge and agree that upon the expiration of the seven year period, Schlenner Wenner & Co. shall be free to destroy our records related to this engagement.

Limitation on Scope of Engagement

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns. We will use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible. It is our policy to put all tax advice in writing, and any unwritten advice cannot be relied upon because it may be tentative, incomplete, or not fully reviewed.

Penalties

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us. Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

1099 Reporting Requirements

You should also know that IRS forms include questions on whether the business has complied with Form 1099 reporting requirements. In preparing your return, we rely on your representations that you understand and have complied with these requirements. Contact us regarding 1099 preparation assistance.

Financial Terms

This arrangement letter pertains only to the preparation of your 2020 personal tax returns. It does not include additional services such as tax planning, tax audits and consultation. Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

Other

If the foregoing fairly sets forth your understanding, please sign below. However, if there are other tax returns you expect us to prepare, such as gift and/or property, please inform us by noting below.

We want to express our appreciation for this opportunity to work with you.

Accepted by (signature): _____ Date: _____

Printed name: _____

ID: <Client_ID>

SCHLENNER WENNER & CO. CPAs, PA

December 2020

Dear Client,

As the year comes to a close, our office would like to highlight a few important tax provisions that may affect your tax return and the information that we will need from you to ensure the best possible tax savings.

FEDERAL PROVISIONS:

Economic Impact Payments: Any economic impact payment received is not taxable but needs to be reported and reconciled on the Federal tax return. *Please provide amount received:* _____.

Charitable Contributions: If you don't itemize your deductions on Schedule A, you may qualify to take a deduction for charitable cash contributions of up to \$300.

Standard Deduction Amount Increased (Fed and MN):

\$24,800 (\$24,400 in 2019) for joint filers

\$18,650 (\$18,350 in 2019) for head of household filers, and

\$12,400 (\$12,200 in 2019) for single filers.

Virtual Currency: If in 2020, you engaged in a transaction involving virtual currency, you will need to answer the question on page 1 of Form 1040 and provide your transactions for the year.

Deductible IRA Contributions: You no longer need to be younger than age 70 1/2 to take a deduction for your contributions to an IRA.

Unemployment Insurance Payments (Fed and MN): Are taxable and included in gross income.

Other Changes Enacted by the Coronavirus Aid, Relief, and Economic Security Act: Please contact your tax professional with questions prior to meeting.

Health Savings Account Limits: \$3,550 for Individuals and \$7,100 for Family Coverage. Taxpayers over 55 can contribute an additional \$1,000.

MINNESOTA PROVISIONS:

Section 179 Conformity: State addback eliminated for year 2020 and forward.

529 College Savings Plan Credit or Subtraction: Minnesota offers a tax credit or subtraction for 529 contributions (not limited to your dependents).

K-12 Education Expenses: A tax deduction for qualified education expenses for qualifying children in grades K-12.

*We will need your tax information no later than **March 25, 2021** in order to ensure the return is completed by April 15, 2021. If information is received after this date, we will contact you regarding extending your tax return.*

Sincerely,

Schlenner Wenner & Co.



2020

Questions (Page 1 of 5)**2**

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?	<input type="checkbox"/>	<input type="checkbox"/>
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, do you and your spouse want to file separate returns?	<input type="checkbox"/>	<input type="checkbox"/>
If No, are you in a domestic partnership, civil union, or other state-defined relationship?	<input type="checkbox"/>	<input type="checkbox"/>
Can you or your spouse be claimed as a dependent by another taxpayer?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse serve in the military or were you or your spouse on active duty?	<input type="checkbox"/>	<input type="checkbox"/>

Dependents:

Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$1,100?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents non-U.S. citizens or non-U.S. residents?	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare:

Did you obtain healthcare coverage through the Marketplace?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents required to file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>



2020

Questions (Page 2 of 5)**2B****Healthcare (continued):**

Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year?	<input type="checkbox"/>	<input type="checkbox"/>
Were you eligible for employer-sponsored healthcare coverage?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have any transactions pertaining to a health savings account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

Education:

Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse pay any student loan interest?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1099-Q.		
If Yes, were the amounts withdrawn used for qualified tuition expenses?	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any large purchases, such as motor vehicles and boats?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle? ..	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>



2020

Questions (Page 3 of 5)**2C****Investments:**

	Yes	No
Did you or your spouse have any debts canceled, forgiven or refinanced?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, exchange, or purchase any real estate? If Yes, include closing statements.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any put or call transactions? If Yes, provide the transaction details.	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse close any open short sales?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell any securities not reported on Form 1099-B?	<input type="checkbox"/>	<input type="checkbox"/>

Retirement or Severance:

Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make a qualified charitable contribution?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse retire or change jobs?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive deferred, retirement or severance compensation? If Yes, enter the date received (Mo/Da/Yr). _____	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse claim a homebuyer credit for a home purchased in 2008?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence?	<input type="checkbox"/>	<input type="checkbox"/>
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. _____	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse take out a home equity loan?	<input type="checkbox"/>	<input type="checkbox"/>
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. _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your mortgagee receive mortgage assistance payments? If Yes, include all Forms 1098-MA.	<input type="checkbox"/>	<input type="checkbox"/>



2020

Questions (Page 4 of 5)**2D****Sale of Your Home:**

	Yes	No
Did you sell your home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> 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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Matters:

Did you or your spouse perform any work outside of the U.S. or pay any foreign taxes?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse create or transfer money or property to a foreign trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse own any foreign financial assets?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse subject to the transition tax on undistributed foreign income and elect to pay the tax in installments?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse have an interest in an S corporation that had undistributed foreign income subject to the transition tax?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did the corporation cease to be an S corporation?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, was there a sale or liquidation of substantially all of the corporation's assets or did the corporation cease business?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, did you or your spouse transfer any share of stock in the corporation?	<input type="checkbox"/>	<input type="checkbox"/>



2020

Questions (Page 5 of 5)

2E

Miscellaneous:

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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive an economic impact payment?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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

3

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 _____
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification		

☐ Does not expire
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 _____
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State-Issued ID	<input type="checkbox"/> No Identification		

☐ Does not expire
Contact Information:

Street Address _____			Apartment Number _____
City _____		State _____	ZIP or Postal Code _____
Foreign Province or County _____			
Foreign Country _____			
Taxpayer Daytime/Work Phone _____	Taxpayer Evening/Home Phone _____	Taxpayer Foreign Phone _____	
Taxpayer Cell Phone _____	Taxpayer Fax Number _____		
Spouse Daytime/Work Phone _____	Spouse Evening/Home Phone _____	Spouse Foreign Phone _____	
Spouse Cell Phone _____	Spouse Fax Number _____		
Taxpayer Email Address _____			
Spouse Email Address _____			
Preferred Method of Contact _____			

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

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

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

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?

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

Personal Identification Numbers:

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

TS	State	City	Code	PIN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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Forms 1, 1A and 2



2020

Dependents

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

[illegible]



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?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due?		
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)		
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due?		
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due?		
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)		
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due?		
If Yes, when should the withdrawal occur, if other than the due date of the return? (Mo/Da/Yr)		
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.		
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?	<input type="checkbox"/>	<input type="checkbox"/>

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. ☐



Interest Income

[illegible]



Dividend Income

[illegible]





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

Foreign assets were acquired or sold during the tax year

Yes	No

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

Sales of Stocks, Securities, Capital Assets & Installment Sales

7

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?

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

Yes	No

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



9

TS

Yes	No

[illegible]



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

Have you established a self-employed retirement or SIMPLE plan with deductible contributions?

Do you want to contribute the maximum amount allowed?

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

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

Contributions to:

Simplified employee pension plan

Defined benefit plan

Defined contribution plan

SIMPLE plan

2020 Amount

2020 Amount



2020

Partnership, S Corporation, Estate, Trust and REMIC Income

11

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

Itemized Deductions - Medical and Taxes

14

Medical and Dental Expenses:

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

TSJ	2020 Amount	2019 Amount

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

2020 Amount	2019 Amount

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

Other Medical Expenses:

TSJ	Description	2020 Amount	2019 Amount

Taxes Paid: Include copies of your tax bills

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

TSJ	2020 Amount	2019 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2020 Amount	2019 Amount

Other Taxes Paid:

TSJ	Description	2020 Amount	2019 Amount

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



Itemized Deductions - Mortgage Interest and Points

14A

2020

Mortgage Questions for 2020:

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

Home Mortgage Interest Paid To Financial Institutions:

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

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2020 Amount	2019 Amount
	Name	Address			

Deductible Points:

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

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2020 Amount	2019 Amount

Investment Interest Expense:

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

TSJ	Paid To	2020 Amount	2019 Amount



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
2 - Catalog

3 - Comparable Sale
4 - Other (Describe)

5 - Thrift Shop Value

1 - Gift
2 - Inheritance

3 - Exchange
4 - Purchase

Donee Organization Name	Donee Organization Address
A	
B	
C	



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

Miscellaneous Itemized Deductions:

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

TSJ	2020 Amount	2019 Amount

Other Itemized Deductions:**Examples:**

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

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



2020

Child/Dependent Care Expenses & Education Expenses

18

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

2020 Amount	2019 Amount

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

2020 Amount	2019 Amount

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

Federal Tax Payments

20

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:

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

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

2019 overpayment applied to 2020 estimate

Tax Planning Information for Tax Year 2021:

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

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

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



2020

State and City Tax Payments**20A****State and City Estimated Tax Payments:**

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

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

State and City Estimated Tax Payments:

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

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

State and City Estimated Tax Payments:

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

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



Miscellaneous Income and Adjustments

[illegible]



2020

Minnesota Information (Page 1 of 3)

Residency Information:

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

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

Enter the state names other than Minnesota where you had income

Education Savings:

Yes	No
-----	----

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

If Yes, enter the following:

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

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to the Nongame Wildlife Fund

If you or your spouse wish to contribute \$5.00 to a political party, select one party:

Taxpayer:	<input type="checkbox"/> Republican	<input type="checkbox"/> Democratic/Farmer-Labor	<input type="checkbox"/> Independence	<input type="checkbox"/> Grassroots - Legalize Cannabis
	<input type="checkbox"/> Green	<input type="checkbox"/> Libertarian	<input type="checkbox"/> Legal Marijuana Now	<input type="checkbox"/> General Campaign Fund
Spouse:	<input type="checkbox"/> Republican	<input type="checkbox"/> Democratic/Farmer-Labor	<input type="checkbox"/> Independence	<input type="checkbox"/> Grassroots - Legalize Cannabis
	<input type="checkbox"/> Green	<input type="checkbox"/> Libertarian	<input type="checkbox"/> Legal Marijuana Now	<input type="checkbox"/> General Campaign Fund

Qualified School Expenses for Dependents:

	Dependent 1	Dependent 2
Dependent's name		
Dependent's grade		
Qualified expenses		
Type of school (public, private, home)		
Type of expense (Classes, Individual instruction, Textbooks, Computer, Tuition, Transportation, Musical instrument)		
Type of Instruction (Class or Individual)		
Instructor or organization or Transportation provider		
Type of class		
Type of musical instrument		



2020

Minnesota Information (Page 2 of 3)

Credit for Parents of Stillborn Children:

Did you or your spouse experience a stillbirth during the year? ☐ Yes ☐ No

If Yes, include the Minnesota Certificate of Birth for each stillborn child.

Long Term Care Insurance:

If you had long term care insurance, list the policy owner, policy company name and policy number below.

Policy Owner	Policy Company Name	Policy Number
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		
Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/>		

Property Tax Refund Information:

Include all Certificates of Rent Paid and/or Statements of Property Taxes Payable in 2021

County of residence _____

Were you or your spouse disabled on or before December 31, 2020?

Are you living in a nursing home or other health care facility?

Did you own AND occupy your homestead on BOTH January 2, 2020 and January 2, 2021?

Are you a mobile home owner who paid rent for property on which it was located?

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

Enter the percent of your home that is NOT used for business or rented to others %

Enter the amount of property tax refund received

Employer Transit Pass Credit:

Did your business buy Transit passes to resell or give to your employees? ☐ Yes ☐ No

If Yes, what was the original cost of the passes?

What amount was charged to employees for the passes?

What is your Minnesota ID number?

Student Loan Credit

	Taxpayer	Spouse
Enter the total amount paid toward your or your spouse's qualified student loans during the year	<input type="text"/>	<input type="text"/>
Enter the amount of interest paid on your or your spouse's qualified student loans during the year	<input type="text"/>	<input type="text"/>
Enter the original balance of your or your spouse's qualified student loans	<input type="text"/>	<input type="text"/>