

	Taxpayer	Spouse
First Name	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
Middle Initial	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>
Last Name	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
Suffix	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>
Social Security Number	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
Date of Birth	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>
Date of Death	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>
Check ("X") which phone number to list on return.		
Home Phone	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>
Work Phone	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>
Cell Phone	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>
Fax Number	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>
Legally Blind	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>
Totally Disabled	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>
Claimed as a Dependent	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>
Presidential Election Fund (\$3)	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>	<div style="border: 1px solid black; height: 25px; display: flex;"><div style="border-right: 1px solid black; width: 20%;"></div><div style="width: 80%;"></div></div>
Occupation	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
E-mail address	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
State of Residence as of 12/31	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
County of Residence as of 12/31	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
School District as of 12/31	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
Sales tax rate of locality in 2020	<div style="display: flex; align-items: center;"><div style="border-bottom: 1px solid black; width: 150px;"></div><div style="margin: 0 5px;">%</div><div style="border-bottom: 1px solid black; width: 150px;"></div></div>	<div style="display: flex; align-items: center;"><div style="border-bottom: 1px solid black; width: 150px;"></div><div style="margin: 0 5px;">%</div><div style="border-bottom: 1px solid black; width: 150px;"></div></div>
If Part Year, Period of Residency	<div style="display: flex; align-items: center;"><div style="border-bottom: 1px solid black; width: 150px;"></div><div style="margin: 0 5px;">to</div><div style="border-bottom: 1px solid black; width: 150px;"></div></div>	<div style="display: flex; align-items: center;"><div style="border-bottom: 1px solid black; width: 150px;"></div><div style="margin: 0 5px;">to</div><div style="border-bottom: 1px solid black; width: 150px;"></div></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;"><div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div>Driver's license OR <div style="border: 1px solid black; width: 25px; height: 25px; margin-left: 20px; margin-right: 5px;"></div>State Issued ID</div>	<div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 25px; height: 25px; margin-right: 5px;"></div>Driver's license OR <div style="border: 1px solid black; width: 25px; height: 25px; margin-left: 20px; margin-right: 5px;"></div>State Issued ID</div>
ID number	<div style="border-bottom: 1px solid black; width: 200px;"></div>	<div style="border-bottom: 1px solid black; width: 200px;"></div>
ID issuing state	<div style="border-bottom: 1px solid black; width: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 100px;"></div>
ID issue date	<div style="border-bottom: 1px solid black; width: 150px;"></div>	<div style="border-bottom: 1px solid black; width: 150px;"></div>
ID expiration date	<div style="border-bottom: 1px solid black; width: 150px;"></div>	<div style="border-bottom: 1px solid black; width: 150px;"></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	Robert H Bowers, E.A.				
Firm's name	Bowers & Associates, Inc.				
Street	8616 La Tijera Blvd., Suite #504				
City	Los Angeles	State	CA	Zip Code	90045

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 _____

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 10 | Do you intend on rolling over a Coronavirus (CARES Act) qualified distribution within the allowed three year period? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11 | Do you wish to pay the tax on a Coronavirus (CARES Act) qualified distribution over the allowed three year period? |

Yes	No	<u>Purchases, Sales, Gains and Losses</u>
------------	-----------	--

- | | | | |
|--------------------------|--------------------------|----|---|
| <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	<u>Business and Rental Property Income & Deductions</u>
------------	-----------	--

- | | | | |
|--------------------------|--------------------------|----|---|
| <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 or will 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 13 | Did you receive or expect to receive forgiveness on any Paycheck Protection Program (PPP) loan? |
| <input type="checkbox"/> | <input type="checkbox"/> | 14 | Did you receive any Economic Injury Disaster Loan (EIDL) advance? |

Yes	No	<u>Other Deductions</u>
------------	-----------	--------------------------------

- | | | | |
|--------------------------|--------------------------|----|--|
| <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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 17 | Did you make charitable contributions by cash, check or credit card during 2020? |

Yes	No	<u>Miscellaneous</u>
------------	-----------	-----------------------------

- | | | | |
|--------------------------|--------------------------|---|---|
| <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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9 | Did you receive any Federal Stimulus payments? |

Yes No Return preparation and filing

- | | | | | |
|--------------------------|--------------------------|---|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | Do you want to e-file your return? | |
| | | 2 | If you are due a refund, how do you want to receive it? | |
| | | | <input type="checkbox"/> Check sent to you in the mail | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Apply to next year's estimates | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Direct deposit (please provide voided blank check) | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | | | If you owe taxes, how do you want to pay them? | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Paper check sent with my return <input type="checkbox"/> Credit card | <input type="checkbox"/> Installment Agreement |
| | | | <input type="checkbox"/> Direct debit (please provide a voided blank check) | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

Yes No Other

- | | | | |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1 | If self-employed, do you elect to defer payment of 50% of the social security portion of your self-employment tax? |
|--------------------------|--------------------------|---|--|

This image shows a full page of blank, lined paper. It features approximately 30 horizontal grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines or other markings present.

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	_____								

SSN _____

[illegible]

Name _____

SSN _____

Wages Please provide original copies of Forms W-2. This page **DOES NOT** have to be completed.**W-2 Information**

"X" if spouse	Employer's Name	Box 1 Wages, Tips Other Comp	Box 2 Federal Income Tax Withheld	Box 16 State Wages	Box 17 State Income Tax Withheld
<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				
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<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**Please provide original copies of Forms 1099R. This page DOES NOT have to be completed.**

"X" if spouse		Payer's Name	Box 1 Gross Distribution	Box 4 Federal Income Tax Withheld	Box 14 State Distribution	Box 12 State Income Tax Withheld
<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					
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<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**DO NOT complete the schedule if providing copies of all Forms 1099-INT.**

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 Current Year Amount	Prior Year Amount	Tax Exempt Interest Current Year Amount	Prior Year Amount	Specified Priv Act Interest 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							

Dividend Income**DO NOT complete the schedule if providing copies of all Forms 1099-DIV.**

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 Current Year Amount	Prior Year Amount	Qualified Dividends Current Year Amount	Prior Year Amount	Capital Gains 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							

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)Enter "X" in one box: ☐ Filer ☐ Spouse**General Information**

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method ☐ Cash ☐ Accrual ☐ Other - (Specify) _____
- 2 Did you "materially participate" in this business? ☐ Yes ☐ No
- 3 Check ('X') if you started or acquired this business in 2020. ☐
- 4 Did you make any payments in 2020 that would require you to file Form(s) 1099? ☐ Yes ☐ No

Business Income

* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

		Current Year Amount	Prior Year Amount
5	_____		
6	_____		
7	_____		
8	_____		
9	_____		
10	_____		
11	_____		
12	_____		
13	_____		
14	_____		
15	Income reported on 1099 MISC		
16	Gross amount of payment card/third party network transactions from Form 1099-K .		
17	Professional gambler winnings from Form W2-G		
18	Gross installment sales less cost of goods sold		
19	Returns and allowances		
20	Other income		

Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory . . . ☐ Cost ☐ Lower of cost or market ☐ Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No

		Current Year Amount	Prior Year Amount
23	Inventory at the beginning of year		
24	Purchases less cost of items withdrawn for personal use		
25	Cost of labor		
26	Materials and supplies		
27	Other Costs		
28	Inventory at end of year		

Assets Placed in Service This Year

Description:

		Date Placed In Service	Purchase Amount
A	_____		
B	_____		
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)**Expenses**

			Current Year Amount	Prior Year Amount
29	Advertising	29		
30	Contract labor	30		
31	Commissions and fees	31		
32	Depletion	32		
33	Employee benefit programs (other than on line 30)	33		
34	Insurance (other than health)	34		

Interest:

35	Mortgage (paid to banks, etc.)	35		
36	Other	36		
37	Legal and professional services	37		
38	Office expense	38		
39	Pension and profit-sharing plans	39		

Rent or Lease:

40	Machinery rental or lease	40		
41	Equipment rental or lease	41		
42	_____	42		
43	_____	43		
44	_____	44		
	Other business property rental or lease			
45	_____	45		
46	_____	46		
47	_____	47		

48	Repairs and maintenance	48		
49	Supplies (not included in inventory cost of goods sold)	49		
50	Taxes and licenses	50		

Travel and Meals:**Travel**

51	_____	51		
52	_____	52		
53	_____	53		
54	_____	54		

Meals

55	Enter "X" in the box if subject to DOT hours of service limits	55	<input type="checkbox"/>	<input type="checkbox"/>
56	_____	56		
57	_____	57		
58	_____	58		
59	_____	59		

60	Utilities	60		
61	Wages	61		

Other Expenses:

62	_____	62		
63	_____	63		
64	_____	64		
65	_____	65		
66	_____	66		
67	_____	67		
68	_____	68		
69	_____	69		
70	_____	70		

Name _____

SSN _____

Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -
		Current Year Amount	Prior Year Amount	Current Year Amount
				Prior Year Amount
1	Date vehicle was placed in service . . .	1		
2	Cost of vehicle	2		
3	Total miles driven for the year	3		
4	Business miles driven during the year . .	4		
5	Commuting miles included on line 3 . . .	5		
6	Parking fees and tolls	6		
7	Vehicle Interest	7		
8	Vehicle Personal Property tax	8		
Actual Expenses				
9	Gasoline, oil and repairs	9		
10	Vehicle Insurance	10		
11	Vehicle registration fees	11		
12	Vehicle lease or rental	12		
13	_____	13		

		Vehicle -		Vehicle -
		Current Year Amount	Prior Year Amount	Current Year Amount
				Prior Year Amount
1	Date vehicle was placed in service . . .	1		
2	Cost of vehicle	2		
3	Total miles driven for the year	3		
4	Business miles driven during the year . .	4		
5	Commuting miles included on line 3 . . .	5		
6	Parking fees and tolls	6		
7	Vehicle Interest	7		
8	Vehicle Personal Property tax	8		
Actual Expenses				
9	Gasoline, oil and repairs	9		
10	Vehicle Insurance	10		
11	Vehicle registration fees	11		
12	Vehicle lease or rental	12		
13	_____	13		

Name _____ SSN _____

Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box: ☐ Daycare

Home Office Expenses

Area of Home

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1

2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

3 Multiply days used for daycare during year by hours used per day 3

4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

5 Casualty losses 5

6 Excess mortgage interest 6

7 Excess real estate taxes 7

8 Insurance 8

9 Rent 9

10 Repairs and maintenance 10

11 Utilities 11

12 Other Expenses:

a _____ 12a

b _____ 12b

c _____ 12c

d _____ 12d

e _____ 12e

Business Allocation:

Business 1: _____

Business 2: _____

Business 3: _____

Business 4: _____

Current Year Amount	Prior Year Amount

Current Year Allocation %	Prior Year Allocation %

Business:

Additional expenses related to business portion only (Direct)

13 Casualty losses 13

14 Excess mortgage interest 14

15 Excess real estate taxes 15

16 Insurance 16

17 Rent 17

18 Repairs and maintenance 18

19 Utilities 19

20 Other Expenses:

a _____ 20a

b _____ 20b

c _____ 20c

d _____ 20d

e _____ 20e

Current Year Amount	Prior Year Amount

Name _____

SSN _____

Real Estate Rentals and Royalties

Property Description _____
Address _____
City _____ State _____ Zip _____
Foreign Country _____
Foreign Province/State _____ Postal Code _____

	Current Year Info	Prior Year Info
1a Owner of property (Enter Filer, Spouse, or Joint)	1a	
1b Enter property type number (1 to 8)	1b	
(1) Single-Family Residence (2) Multi-Family Residence (3) Vacation/Short-Term Rental (4) Commercial (5) Land (6) Royalties (7) Self-Rental (8) Other		
2 Enter "X" if you actively participated?	2	
3 Enter "X" if property was used for personal use by you or your family for more than 14 days or 10% of the total days rented?	3	
3a If entered ("X"), enter the number of days of personal use?	3a	
3b If entered ("X"), enter the number of days rented?	3b	

Income	Current Year Amounts	Prior Year Amounts
4 Royalty received	4	
5 Rent received	5	
a If rental real estate, enter the percent of ownership if less than 100%	5a	
b Rental use percentage for property used partially for personal use only	5b	
6 Other Income	6	

Property Expense	Current Year Amounts	Prior Year Amounts
7 Advertising	7	
8 Cleaning and maintenance	8	
9 Commissions	9	
10 Insurance	10	
11 Legal and other professional fees	11	
12 Management fees	12	
13 a Qualified mortgage interest paid to banks, etc.	13a	
b Other mortgage interest paid to banks, etc.	13b	
14 Other interest	14	
15 Repairs	15	
16 Supplies	16	
17 a Real estate taxes	17a	
b Other Taxes	17b	
18 Utilities	18	

Assets Placed in Service This Year

Description:	Date Placed In Service	Purchase Amount
A _____	A	
B _____	B	
C _____	C	
D _____	D	
E _____	E	
F _____	F	
G _____	G	

Name _____

SSN _____

Property _____

Other Expenses (Schedule E)

Other Expenses:

19 _____

20 _____

21 _____

22 _____

23 _____

24 _____

25 _____

26 _____

	Current Year	Prior Year
19		
20		
21		
22		
23		
24		
25		
26		

Travel Expenses:

27 _____

28 _____

29 _____

30 _____

31 _____

32 _____

33 _____

34 _____

	Current Year	Prior Year
27		
28		
29		
30		
31		
32		
33		
34		

Meals Expenses:

35 _____

36 _____

37 _____

38 _____

39 _____

40 _____

41 _____

42 _____

	Current Year	Prior Year
35		
36		
37		
38		
39		
40		
41		
42		

Name _____

SSN _____

Property _____

Vehicle Information (Schedule E)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year . .	4			
5	Commuting miles included on line 3 . . .	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year . .	4			
5	Commuting miles included on line 3 . . .	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

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**

Name _____

SSN _____

IRA and Other Contribution Information**Traditional IRA Contributions****Filer**

- 1 Enter total traditional IRA contributions made for 2020 1
- 2 Enter contributions, on line 1, made after 12/31/2020 and before 04/15/2021 2
- 3 Enter value of all traditional IRAs on 12/31/2020 3
- 4 Enter amount of any outstanding traditional rollovers as of 1/1/2021 4

Current Year Amount	Prior Year Amount

Spouse

- 5 Enter total traditional IRA contributions made for 2020 5
- 6 Enter contributions, on line 5, made after 12/31/2020 and before 04/15/2021 6
- 7 Enter value of all traditional IRAs on 12/31/2020 7
- 8 Enter amount of any outstanding traditional rollovers as of 1/1/2021 8

Roth IRA Contributions**Filer**

- 1 Enter 2020 Roth IRA contributions 1
- 2 Enter value of all Roth IRAs on 12/31/2020 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2020 Roth IRA contributions 3
- 4 Enter value of all Roth IRAs on 12/31/2020 4

SIMPLE IRA**Filer**

- 1 Enter value of all SIMPLE IRAs on 12/31/2020 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Enter value of all SIMPLE IRAs on 12/31/2020 2

--	--

Education (Coverdell ESA)**Filer**

- 1 Enter 2020 Coverdell ESA contributions 1
- 2 Enter value of the Coverdell ESA on 12/31/2020 2

Current Year Amount	Prior Year Amount

Spouse

- 3 Enter 2020 Coverdell ESA contributions 3
- 4 Enter value of the Coverdell ESA on 12/31/2020 4

Other**Filer**

- 1 Repayment of qualified reservist distributions 1

Current Year Amount	Prior Year Amount

Spouse

- 2 Repayment of qualified reservist distributions 2

--	--

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 _____

Current Year Amount	Prior Year Amount

SSN

Home Mortgage Interest and Points Reported on Form 1098

49 Lender _____

50 Lender _____

51 Lender _____

52 Lender _____

Current Year Amount	Prior Year Amount

53 Name: _____
 Address: _____
 SSN: _____

53		
----	--	--

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

54		
----	--	--

55	Description	
	Points paid	
	Date of loan	
	Total number of scheduled loan payments	
	Number of payments made in 2020	

56	Description	
	Points paid	
	Date of loan	
	Total number of scheduled loan payments	
	Number of payments made in 2020	

57	Description	
	Points paid	
	Date of loan	
	Total number of scheduled loan payments	
	Number of payments made in 2020	

58	Description	
	Points paid	
	Date of loan	
	Total number of scheduled loan payments	
	Number of payments made in 2020	

59 Investment interest paid

55		
56		
57		
58		

59		
----	--	--

Name _____

SSN _____

Unreimbursed Employee Expenses - Itemized Deductions**California residents should complete this schedule if you have Unreimbursed Employee Expenses.***List car, truck, transportation, meals and entertainment expenses on Employee Expenses tab***(State use only)**

		Filer		Spouse	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
60	Union and professional dues				
61	Professional subscriptions				
62	Uniform and protective clothing				
63	Job search costs				
64	_____				
65	_____				
66	_____				
67	_____				
68	_____				
69	_____				

Certain Miscellaneous Deductions - Itemized Deductions**(State use only)**

		If investment related enter "X"	Current Year Amount	Prior Year Amount
70	Tax preparation fees			
71	Certain attorney and accounting fees			
72	Safe deposit box rental			
73	IRA Custodial fees			
74	Investment counsel and advisory fees			
75	Losses on deposits in insolvent or bankrupt financial institutions			
76	Convenience fees paid with credit or debit card for federal taxes in 2020			
77	_____			
78	_____			
79	_____			
80	_____			
81	_____			
82	_____			
83	_____			
84	_____			
85	_____			
86	_____			

Other Miscellaneous Deductions

87	Federal estate tax on income in respect of a decedent		
88	Amortizable bond premiums on bonds acquired before 10/23/86		
89	Gambling losses (if gambling income)		
90	Repayment of income		
91	From K1 Input Worksheet (1065 & 1120S) - Portfolio deduction		
92	Certain unrecovered investment in a pension		
93	_____		
94	_____		
95	_____		
96	_____		
97	_____		
98	_____		

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	
1	Name				
	Address				
	City	State	Zip Code		
2	Name				
	Address				
	City	State	Zip Code		
3	Name				
	Address				
	City	State	Zip Code		
4	Name				
	Address				
	City	State	Zip Code		
5	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.
1						
2						
3						
4						
5						

Name _____

SSN _____

Employee Business Expenses

California is one of a select few states that still allow deduction for Unreimbursed Employee Expenses so please continue to provide complete information as in prior years.

Enter "X" in one box: ☐ Filer ☐ Spouse

Occupation in which you incurred the expenses _____

Enter "X" if expenses incurred while working as a reservist, performing artist or fee-based gov't official ☐

IMPORTANT: Per TCJA updates only reservists, qualified performing artists, fee-basis gov't officials, and employees with impairment-related work expenses can deduct the following business expenses on the federal return. All others, enter information below for certain applicable states that allow the deduction(s).

Meals

		Current Year Amount	Prior Year Amount
1	Meals	1	
2	Enter "X" in the box if subject to DOT hours of service limits	2	<input type="checkbox"/>

Travel Expenses

3	Parking fees, tolls, and transportation, including train, bus, etc., that DID NOT involve overnight travel or commuting to and from work.	3	
4	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. DO NOT include meals	4	

Other Employment Related Expenses

5	Business gifts	5	
6	Employment related education expenses	6	
7	Trade publications	7	
8	_____	8	
9	_____	9	
10	_____	10	
11	_____	11	
12	_____	12	

Employer Reimbursements

13	Enter employer reimbursements reported under code "L" in box 12 of Form W-2 . . .	13	
14	Enter other employer reimbursements not reported to you in box 1 of Form W-2 . . .	14	
15	Enter the total expense for meals and entertainment for the period covered by the reimbursements	15	

Name _____

SSN _____

Occupation in which you incurred these expenses _____

Vehicle Information - Unreimbursed Employee Business Expenses

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . 4				
5	Commuting miles included on line 3 . . . 5				
6	Average daily roundtrip commuting miles 6				
7	Parking fees and tolls 7				
8	Vehicle Interest 8				
9	Vehicle Personal Property tax 9				
Actual Expenses					
10	Gasoline, oil and repairs 10				
11	Vehicle Insurance 11				
12	Vehicle registration fees 12				
13	Vehicle lease or rental 13				
14	_____ 14				
15	Value of employer-provided vehicle (if 100% is included in W-2) 15				

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle 2				
3	Total miles driven for the year 3				
4	Business miles driven during the year . . 4				
5	Commuting miles included on line 3 . . . 5				
6	Average daily roundtrip commuting miles 6				
7	Parking fees and tolls 7				
8	Vehicle Interest 8				
9	Vehicle Personal Property tax 9				
Actual Expenses					
10	Gasoline, oil and repairs 10				
11	Vehicle Insurance 11				
12	Vehicle registration fees 12				
13	Vehicle lease or rental 13				
14	_____ 14				
15	Value of employer-provided vehicle (if 100% is included in W-2) 15				

Name _____

SSN _____

Child and Dependent Care Expenses

- 1 Amount of dependent care benefits forfeited **1** _____
- 2 Amount of dependent care expenses incurred in 2019 and paid in 2020 **2** _____

Note: Enter qualified expenses for dependents on the Organizer dependent sheet.**Filer and/or Spouse Who Is a Student or Disabled**

Check one box for each month
or partial month that the filer
or spouse was a full-time
student or disabled.

Filer		Spouse		Filer's earned income for each month	Spouse's earned income for each month
Filer	Spouse			Filer	Spouse
<input type="checkbox"/>	<input type="checkbox"/>	January		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	February		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	March		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	April		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	May		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	June		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	July		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	August		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	September		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	October		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	November		_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	December		_____	_____

Non-Dependent Information and Qualifying Expenses

	First Name	Last Name	Birthdate	SSN	Amount incurred and paid in 2020
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Persons or Organizations Who Provided the Care

	Name	Address	SSN/EIN	Amount incurred and paid in 2020
1	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
2	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
3	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
4	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	
5	First: _____	_____	_____	_____
	Last: _____	City: _____	SSN: _____	
	Business: _____	State: _____ Zip: _____	EIN: _____	

SSN

18	Amount of contributions paid to the State unemployment fund	18
-----------	---	-----------