## 2019

## **ORGANIZER**

# METZGER MANCINI & LACKNER LLP

**CERTIFIED PUBLIC ACCOUNTANTS** 

115 S. Eddy Street, South Bend, IN 46617 T 574 232 9973 \* F 574 232 8863

	** *	Perso	nal Informatio	n			1
Filing (Marital) status	s code (1 = Single, 2 = Married filin	g joint, 3 = Married filing sep	parate, 4 = Head of house	hold, 5 = Qua	lifying widow(er))	······	[1]
	rried but living apart all ye						[2]
Mark if your nonresid	dent alien spouse does not	have an Individual 1	Taxpayer Identifica	tion Numb	per (ITIN)		[3]
			Taxpayer			Spouse	
Social security number	er			_[4]	<u> </u>		[5] [7]
First name Last name				<sup>[6]</sup> [8]			[9]
Occupation	<del></del>			<sup>[0]</sup> [10]			
•	he presidential election car	mpaign fund? (1 = Yes.	2 = No. 3 = Blank)	(12)			[14]
Mark if dependent of		ripan <b>g</b> ri raman (a. v)					[16]
•	ie less than 1/2 support age	e 18 or 19 - 23 full-ti	me student? (ץ, א <u>)</u>	[17]			
Mark if legally blind			_	 _[20]			[21]
Date of birth		_		[22]			[24]
Date of death				[26]		*******	[27]
	hone number/ext number	Vaccination of the contract of	[28]	_[29]		[30]	[31]
Home/evening telep				_[32]		France in .	[33]
Do you authorize us	to discuss your return with	the IRS? (Y, N)		_[34]			
		Present	t Mailing Addr	ess			
Address							[38]
Apartment number			·				[39]
City, state postal cod	ie, zip code				(40)	[41]	[42]
Foreign country nam	ne				Water Control		[44]
Foreign phone numb	per		_				[47]
In care of addressee		·	Farth				[48]
		Depend	dent Informati	on			
	(*P	ease refer to Depe			bottom)		Care
	,	ouse loid to sape.			,	Months***Dep in Codes	expenses paid for
First Name 49]	Last Name	Date of Birth	Social Security	No.	Relationship	home * **	dependent
Minoral Marcon			•				
				,			
Name of child who li	ived with you but is not you	ur dependent					[50]
	ived with you but is not you	ur dependent					[50]
	·		pendent Codes				
Social security numb	per of qualifying person		pendent Codes  **Other 1	= Student	(Age 19 - 23)		
Social security numb  *Basic 1 = 0	per of qualifying person  Child who lived with you	Dep	**Other 1		(Age 19 - 23)		
Social security numb  *Basic 1 = 0 2 = 0	per of qualifying person	Dep	**Other 1 e/separation 2	= Disable	d dependent	a student and disa	[51]
*Basic 1 = 0 2 = 0 3 = 0	er of qualifying person  Child who lived with you  Child who did not live with	Dep	**Other 1 e/separation 2 3	= Disable = Depend	d dependent lent who is both a	a student and disa	[51]
*Basic 1 = 0 2 = 0 3 = 0 4 = 0 5 = 0	Child who lived with you Child who did not live with Other dependent Other dependents, but do	Dep h you due to divorc not qualify for Cre d Income Credit onl	**Other 1 e/separation 2 3 dit for Other Depa	= Disable = Depend endents (0	d dependent lent who is both a DDC)	a student and disa	[51]
*Basic 1 = 0 2 = 0 3 = 0 4 = 0 5 = 0 6 = 0	cer of qualifying person  Child who lived with you  Child who did not live with  Other dependent  Other dependents, but do  Qualifying child for Earned  Children who lived with yo	Dep h you due to divorc not qualify for Cred I Income Credit onl ou, but do not quali	**Other 1 e/separation 2 3 dit for Other Depa y ify for Earned Inco	= Disable = Depend endents (C ome Credi	d dependent lent who is both a DDC)	a student and disa	[51]
*Basic 1 = 0 2 = 0 3 = 0 4 = 0 5 = 0 7 = 0	Child who lived with you Child who lived with you Child who did not live with Other dependent Other dependents, but do Qualifying child for Earnes Children who lived with you	Dep h you due to divorc not qualify for Cred d Income Credit onl ou, but do not qual ou, but do not qual	**Other 1 e/separation 2 3 dit for Other Depe y ify for Earned Inco	= Disable = Depend endents (C ome Credi redit	d dependent lent who is both a DDC) t		bled [51]
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Form ID: Info

#### **Client Contact Information**

#### 2

#### **Preparer - Enter on Screen Contact**

Tax matters person (Indicate which spouse handles tax return related questions) (	[Blank = Both, T = Taxpayer, S = Spouse)	[8]
Taxpayer email address		[9]
Spouse email address		[10]
	Taxpayer	Spouse
Fax telephone number	[11]	[19]
Mobile telephone number	[12]	[20]
Mobile telephone #2 number	[13]	[21]
Pager number	[14]	[22]
Other:	[15]	[23]
Telephone number	[16]	[24]
Extension	[17]	[25]
Preferred method of contact:		
Email, Work phone, Home phone, Fax, Mobile phone, Mobile phone #2	[18]	[26]

#### **NOTES/QUESTIONS:**

Form ID: Info

Please pro	vide all copies of Form W-2. 2019 Information	Prior Year Information
Taxpayer/Spouse (T, S)	(1)	
Employer name	[3]	
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Fai	rming / Fishing, 4 = National Guard)[5]	
Mark if this is your current employer	[6]	
Federal wages and salaries (Box 1)	+[10]	
Federal tax withheld (Box 2)	+[12]	
Social security wages (Box 3) (If different than federal wages)	+ [14]	
Social security tax withheld (Box 4)	+[16]	
Medicare wages (Box 5) (If different than federal wages)	+[18]	
Medicare tax withheld (Box 6)	+[21]	
SS tips (Box 7)	+[23]	
Allocated tips (Box 8)	+[25]	
Dependent care benefits (Box 10)	+	
Box 13 -	<del></del>	
Statutory employee	[29]	
Retirement plan	[30]	
Third-party sick pay	[31]	
State postal code (Box 15)	[32]	
State wages (Box 16) (If different than federal wages)	+[34]	
State tax withheld (Box 17)	+[36]	
Local wages (Box 18)	+[38]	
Local tax withheld (Box 19)	+[40]	
Name of locality (Box 20)	[43]	
	Control Totals +	
Wag	ges and Salaries #2	
Please pro	ovide all copies of Form W-2.	MAN V

	2019 Inform	nation
Taxpayer/Spouse (T, S)		_[1]
Employer name		[3]
Were these wages earned for service as: (1 = Minister, 2 = Military, 3 = Farm	ning / Fishing, 4 = National Guard)	<u>_</u> [5]
Mark if this your current employer		[6]
Federal wages and salaries (Box 1)	+	[10]
Federal tax withheld (Box 2)	+	[12]
Social security wages (Box 3) (If different than federal wages)	+	[14]
Social security tax withheld (Box 4)	+	[16]
Medicare wages (Box 5) (if different than federal wages)	+	[18]
Medicare tax withheld (Box 6)	+	[21]
SS tips (Box 7)	+	[23]
Allocated tips (Box 8)	+	[25]
Dependent care benefits (Box 10)	+	[27]
Box 13 -		
Statutory employee		_[29]
Retirement plan		_[30]
Third-party sick pay		_[31]
State postal code (Box 15)		[32]
State wages (Box 16) (If different than federal wages)	+	[34]
State tax withheld (Box 17)	+	[36]
Local wages (Box 18)	+	[38]
Local tax withheld (Box 19)	+	[40]
Name of locality (Box 20)		[43]

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 Control Totals +	
	Form ID: W2

Form ID: B-1 Interest Income

13

Please provide copies of all Form 1099-INT or other statements reporting interest income.
\*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50.

	10		9		œ		7	-	6				4		<b>S</b>		2			Type T/S/J Code (**See codes below)
	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts +	Payer	Amounts	Payer	Amounts +	Payer	codes below)
																				Interest [1]
	***************************************	Activate to the state of the st				The state of the s		The state of the s								ed and address of the second s				Tax Exempt Income
							THE PROPERTY OF THE PROPERTY O													Penalty on Early Withdrawal
The state of the s																				U.S. Obligations* \$ or %
						HARVIII AND THE STATE OF THE ST												***************************************		Tax Exempt* \$ or %
																AAWAAAAAAAAA				Foreign Taxes Paid
																				Prior Year Information

	3 = Nominee Distribution	Blank = Regular Interest	
Control Totals +	5 = OID Adjustment	4 = Accrued Interest	**Interest Codes
	7 = Series EE & I Bond	6 = ABP Adjustment	

Form ID: B-1

**Dividend Income** 

14

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

– s – Type Ordinary [2] Code (\*\*See codes below) Dividends 9 00 σ (Ji 4 W N Payer Payer Amounts Payer Payer Payer Payer Payer Payer Payer Payer Amounts Amounts Amounts Amounts Amounts Amounts Amounts Amounts Amounts \*Whole numbers will be treated as \$ amounts. Enter percentages in the XXX.XX format. For example, enter 100% as 100.00 or 75.5% as 75.50. Qualified Dividends Total
Cap Gain
Distributions Section 1250 Sec. 199A 28% Capital Gain Tax Exempt Dividends U.S.
Obligations\*
\$ or % Tax Exempt\*
\$ or % Foreign Taxes Paid Prior Year Information

Blank = Other

3 = Nominee

\*\*Dividend Codes

Control Totals +

Form ID: B-2

Form ID: 1099R Pension, Annuity, and	24		
Please provide all			
	2019 1	nformation	Prior Year Information
Taxpayer/Spouse (T, s)		_[1]	
Name of payer		[3]	
State postal code		[5]	
Gross distributions received (Box 1)	+	[7]	
Taxable amount received (Box 2a)	+	[9]	
Federal withholding (Box 4)	+	[11]	
Distribution code (Box 7)		[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		[16]	
State withholding (Box 12)	+		
Local withholding (Box 15)	+	[19]	

Control Totals +	

#### Pension, Annuity, and IRA Distributions #2

[21]

[23]

Please provide all Forms 1	099-R.	
	2019 Information	Prior Year Information
Taxpayer/Spouse (T, S)	(1)	
Name of payer	[3]	**************************************
State postal code	[5]	
Gross distributions received (Box 1)	·[7]	
Taxable amount received (Box 2a) +	[9]	
Federal withholding (Box 4)	[11]	
Distribution code (Box 7)	[14]	
Mark if distribution is from an IRA, SEP, SIMPLE retirement plan		
State withholding (Box 12)		
Local withholding (Box 15)	[19]	
Amount of rollover	[21]	
Mark if distribution was due to a pre-retirement age disability	[23]	The state of the s

Control Totals +	

#### Pension, Annuity, and IRA Distributions #3

Please provide all Forms 1099-R. 2019 Information **Prior Year Information** Taxpayer/Spouse (T, S) \_[1] Name of payer [3] State postal code Gross distributions received (Box 1) Taxable amount received (Box 2a) Federal withholding (Box 4) Distribution code (Box 7) \_\_[14] Mark if distribution is from an IRA, SEP, SIMPLE retirement plan \_\_[16] State withholding (Box 12) Local withholding (Box 15) [19] Amount of rollover [21] Mark if distribution was due to a pre-retirement age disability \_\_[23]

Control Totals +	
Control lotals +	

#### **NOTES/QUESTIONS:**

Amount of rollover

Mark if distribution was due to a pre-retirement age disability

	Form ID: 1099R
	FOLUI ID: TOBAK

Form ID: SSA-1099 Social Security, Tier 1 Ra	ilroad Benefits	25
Please provide a copy of Form(s) S	SA-1099 or RRB-1099	
Faxpayer/Spouse (τ, s)	[1]	
State postal code	[2]	
Social Security Bo	enefits	
	2019 Information	Prior Year Information
f you received a Form SSA - 1099, please complete the following information:		
Net Benefits for 2019 (Box 3 minus Box 4) (Box 5)	+[8]	
Voluntary Federal Income Tax Withheld (Box 6)	+[10]	
From the DESCRIPTION OF AMOUNT IN BOX 3 area of Form SSA-1099:		
Medicare premiums	+[12]	
Prescription drug (Part D) premiums	+[14]	
Tier 1 Railroad B	enefits	
	2019 Information	Prior Year Information
f you received a Form RRB - 1099, please complete the following information:		
Net Social Security Equivalent Benefit:		
Portion of Tier 1 Paid in 2019 (Box 5)	+[22]	
Federal Income Tax Withheld (Box 10)	+ [25]	
Medicare Premium Total (Box 11)	+[27]	
	t Benefits Received	

[42] [43] [44]

NOTES/QUESTIONS:

Form ID: IRA Traditional	IRA		26
	Taxpayer	Spouse	
Are you or your spouse (if MFJ or MFS) covered by an employer's retirement			
plan? (Y, N)	[1]		[2]
Do you want to contribute the maximum allowable traditional IRA contribution			
yes, enter the applicable code: (1 = Deductible only, 2 = Both deductible and nondeductible)	[3]		_[4]
Enter the total traditional IRA contributions made for use in 2019	+[5]	+	[6]
	Taxpayer	Spouse	
Enter the nondeductible contribution amount made for use in 2019		+	[12]
Enter the nondeductible contribution amount made in 2020 for use in 2019	+ [13]	+	[14]
Traditional IRA basis	+ [15]	+	[16]
Value of all your traditional IRA's on December 31, 2019:			
<u> </u>	+[17]	+	[18]
	+	+	
	<b>+</b>	+	
	+	+	
	+	+	
Roth IRA  Please provide copies of any 1998 through 201	.8 Form 8606 not prepared by this of		
and the state of t	Taxpayer	Spouse	(201
Mark if you want to contribute the maximum Roth IRA contribution  Enter the total Roth IRA contributions made for use in 2019	<del>[27]</del> + [29]	+	[28] [30]
Enter the amount a 2019 Roth IRA conversion should be adjusted by		+	· ·
Enter the total contribution Roth IRA basis on December 31, 2018	+ [41]	+	[42]
Enter the total Roth IRA contribution recharacterizations for 2019	+ [43]	+	[44]
Enter the Roth conversion IRA basis on December 31, 2018	+ [45]	+	[46]
Value of all your Roth IRA's on December 31, 2019:			
· · · · · · · · · · · · · · · · · · ·	+[47]	+	[48]
	+	+	
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	+	+	
NOTES/QUESTIONS:			

Preparer use only			
		2019 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		[2]	
Employer identification number		[3]	
Business name		[5]	
Principal business/profession		[6]	
Business code		[12]	
Business address, if different from hom	e address on Organizer Form ID: 1040		
Address		[15]	
City/State/Zip	[16]		
Accounting method (1 = Cash, 2 = Accrual, 3 = C			
	other)	[19]	
If other:	A. A	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other	)	[22]	
If other enter explanation:			
		[24]	
Enter an explanation if there was a char	nge in determining your inventory:		
	, , , , , , , , , , , , , , , , , , , ,	[25]	
With the second of the second			
		loc1	
Did you "materially participate" in this i		_[26]	
If not, number of hours you did sigr		[28]	
Mark if you began or acquired this busi		(30)	
Did you make any payments in 2019 tha	at require you to file Form(s) 1099? (Y, N)	[31]	
If "Yes", did you or will you file all re	equired Forms 1099? (Y, N)	[33]	
	ed to qualified services as a minister or i	eligious worker [35]	
	nployee or as a minister? (1 = Statutory emplo	<del></del>	
Medical insurance premiums paid by th			
		+ [40]	
Long-term care premiums paid by this a			
Amount of wages received as a statutor	ry employee	+[47]	
	Business Inco	me	
	Business Inco		Prior Vear Information
Construction and sales	Business Inco	me 2019 Information	Prior Year Information
Gross receipts and sales	Business Inco	2019 Information	Prior Year Information
Gross receipts and sales	Business Inco	2019 Information +[52]	Prior Year Information
Gross receipts and sales	Business Inco	2019 Information +[52] +	Prior Year Information
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Returns and allowances		2019 Information +[52] ++	Prior Year Information
		2019 Information  +[52] + + +[55]	Prior Year Information
Returns and allowances		2019 Information  +[52] + +[55] +[57]	
Returns and allowances		2019 Information  +[52] + +[55] +[57]	Prior Year Information
Returns and allowances		2019 Information  +[52] + +[55] +[57]	
Returns and allowances		2019 Information  +[52] + +[55] +[57]	
Returns and allowances		2019 Information  +[52] + +[55] +[57] + +	
Returns and allowances		2019 Information  +[52] + +[55] +[57] + Sold	
Returns and allowances Other income:		2019 Information  +[52] + +[55] +[57] + Sold  2019 Information	Prior Year Information
Returns and allowances Other income:  Beginning inventory		2019 Information  +[52] + +[55] +[57] + Sold  2019 Information +[59]	
Returns and allowances Other income:		2019 Information  +[52] + +[55] +[57] + Sold  2019 Information	Prior Year Information
Returns and allowances Other income:  Beginning inventory		2019 Information  +[52] + +[55] +[57] + Sold  2019 Information +[59]	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases		2019 Information  +[52] + +[55] +[57] + Sold  2019 Information +[59]	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases		2019 Information  +[52] +[55] +[57] +  Sold  2019 Information +[59] +[61]	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases		2019 Information  +[52] +[55] +[57] +[57] +[57] +[57] +[57] +[56]  2019 Information +[59] +[61] +[63]	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2019 Information  +[52] +[55] +[57] +[57] +	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:		2019 Information  +	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2019 Information  +[52] +[55] +[55] +[57] +[57]  Sold  2019 Information +[59] +[61] +[63] +[65] +[67]	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2019 Information  +[52] +[55] +[57] +[57] +[67] +[63] +[65] +[67] +[67]	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2019 Information  +	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials Other costs:		2019 Information  +	Prior Year Information
Returns and allowances Other income:  Beginning inventory Purchases Labor:  Materials		2019 Information  +	Prior Year Information

Form ID: C-2

Preparer use only			
Principal business or profession			
	2019 Information	_	Prior Year Information
Advertising	+	[6]	
	+	_(8)	
	+		
	+		
Depletion	+		
Depreciation	+	_[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):			
	+	_[18]	
	+	_	
Insurance (Other than health):			
	+	[20]	
	+		
Interest:			
Mortgage (Paid to banks, etc.)			
	+	[22]	
Market and the second of the s	+	<del></del>	
	+	_	
Other:			
Cities.	+	[24]	
	+		
Land and professional convices		— [26]	
Legal and professional services	+	_	
Office expense	+	_[29]	The state of the s
Pension and profit sharing:			
	+	[31]	
	+	_	
Rent or lease:			
Vehicles, machinery, and equipment	+	_[33]	
Other business property	+	[35]	
Repairs and maintenance	+	[37]	
Supplies	+	<b>_</b> [39]	
Taxes and licenses:			
·	+	_[41]	
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	+	_	
	+	_	
	+		The state of the s
Travel and meals:		_	
Travel	+	[43]	
Meals (Enter 100% subject to 50% limitation)	+		
Meals (Enter 100% subject to DOT 80% limit)	+		
		[51]	
Utilities	+	[21]	
Wages (Less employment credit):		(50)	
	+		
	+		
Other expenses:			
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Form ID: Rent	Rent and Royalty Property	- General Information	31
Preparer use only		2019 Information	Prior Year Information
Description			[2]
Taxpayer/Spouse/Joint (T, S, 3) [3]			[5]
Physical address: Street		·	[6]
City, state, zip code		[7] [8]	[9]
Foreign country			[11]
Foreign province/county	<i></i>		[12]
Foreign postal code			[13]
Type (1=Single-family, 2=Multi-family, 3=Vacation/shown Description of other type (Type code #8)	t-term, 4=Commercial, 5=Land, 6=Royalty, 7=Self-	_	[14] [15]
Did you make any payments in 2019 that	require you to file Form(s) 1099? (Y,N		[16]
If "Yes", did you or will you file all requ	iired Forms 1099? (Y, N)	<u> </u>	[18]
Fair rental days (If not full year) (For types 1, 2, 4, 5	, 7 and 8 only) (Use Rent-2 for type 3)		[20]
Percentage of ownership if not 100%			[22]
Business use percentage, if not 100% (No	t vacation home percentage)		[24]
	Rent and Royalt		
Rents and royalties	2019	Information	Prior Year Information
	<u> </u>	[34]	
	Rent and Royalt	/ Expenses	
		Information Percent if not 1	100% Prior Year Information
Advertising	+	[36]	[37]
Auto			[40]
Travel			[43]
Cleaning and maintenance	+		[46]
Commissions:			
	+	[48]	[50]
	+		
Insurance:			
			(53)
Legal and professional fees	+	[55]	[56]
Management fees:			
Market Market Market 1 and 1 a	<del>*</del>	[58]	[60]
24	+		
Mortgage interest paid to banks, etc (For	u 1098)	(C1)	IED)
		[61]	[63]
Other mortgage interest		[64]	[66]
Qualified mortgage insurance premiums	+		[68]
Other interest:			
	+	[70]	[72]
	+	•	
Repairs	+	[73]	[74]
Supplies	+	[76]	[77]
Taxes:			
	+	[79]	[81]
	+		
Utilities			[83]
Depreciation	+	[85]	[86]
Depletion	+	[88]	[89]
Other expenses:			
Anna and an	+	[91]	
	<u> </u>		
#maceumm.co.co.co.co.co.co.co.co.co.co.co.co.co.	+		
	+		

Form ID: Rent

Form ID: Incon	ne			Other Incom	ie			18
State and I	a cal in care	e tax refunds				2019 Information	le1	Prior Year Information
State and I	ocai income	e tax refunds			+_		[5]	
Alimony re	ceived		T/S	Agreement Date	+_		[3]	Prior Year Information
					+_		[3]	
				Taxpayer		Spouse		
Unemploy	ment comp	ensation	+		9] +	· ·	[10]	
Unemploy	ment comp	ensation federal withholding					[10]	en caracter author (a caracter a
		ensation state withholding					[10]	
		ensation repaid					[13]	
Alaska Peri	manent rur	nd dividends	*		18] + _		[19]	
i	Self- nployment Income ?	t.				2040 1. 6		D. Ward Court
T/S/J	(Y, N)	Other income, such as: Com	missions	lum nav Director	foor '	2019 Information		Prior Year Information
		Other miconie, such as. Com				Taxable scholarships	[15]	\$1.00 miles of 1.00 miles of 1
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NOTES/	QUESTIO	NS:						

Control Totals +	Form ID: Income

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Aci) 2h	oouse/Joint (T, S, J)				
oyer id	entification number			ATOMINA VII.	
e of ent	tity				
e postal	code				
of enti	ty (1 = Partnership, 2 = 5 Corporation, 3 =	Foreign partnershlp, 4 = Publicly traded par	nership)		
	Preparer use only				
	Carryovers	Pre-TCJA Regular	Regular	AMT	
ter K1-7	Operating	[18]	[19]	[20]	
K1-/	Short-term capital		[21]	[22]	
	Long-term capital		[23]	[24]	
}	28% rate capital		[25]	[26]	
-	Section 1231 loss	[27]	[28]	[29]	
ļ	Ordinary business gain/loss	[30]	[31]	[32]	
				1331 1	
r	Other losses - 1040 Sch 1	[33]	[34]		
loyer id ne of ent e postal	Section 179  couse/Joint (T, S, J)  lentification number tity   code	[36]	[37]	[38]	
loyer id ne of ent e postal	Section 179  couse/Joint (T, S, J)  lentification number tity   code		[37]		
loyer id ne of ent e postal	Section 179  couse/Joint (T, S, J) entification number tity code ity (1 = Partnership, 2 = S Corporation, 3 =	[36] Foreign partnership, 4 = Publiciy traded par	[37]	[38]	
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loyer id e of ent e postal e of enti	Section 179  Douse/Joint (T, S, J)  Lentification number tity  code  Ity (1 = Partnership, 2 = S Corporation, 3 = Preparer use only Carryovers  Operating  Short-term capital  Long-term capital  28% rate capital  Section 1231 loss  Ordinary business gain/loss	Foreign partnership, 4 = Publicly traded par  Pre-TCIA Regular  [18]  [27] [30]	[37]  Regular  [19]  [21]  [23]  [25]  [28]  [31]	[38]  AMT  [20]  [22]  [24]  [26]  [29]  [32]	
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	Preparer use only			
	Carryovers	Pre-TCJA Regular	Regular	AMT
Enter on K1-7	Operating	[18]	[19]	[20]
	Short-term capital		[21]	[22]
	Long-term capital		[23]	[24]
[	28% rate capital		[25]	[26]
	Section 1231 loss	[27]	[28]	[29]
	Ordinary business gain/loss	(30)	[31]	[32]
	Other losses - 1040 Sch 1	[33]	[34]	[35]
	Section 179	(36)	[37]	[38]

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•	I .	i Form ID: KT-T - I

Form ID: K1T		Estates an	d Trusts		39
T !=		le all copies of Schedules K-1	showing income from estates	and trusts.	
	oouse/Joint (T, S, J) entification number				[2 [3
Name of act					
State postal			Committee (1997)		 [5
·	Preparer use only				
	Carryovers	Pre-TCJA Regular	Regular	AMT	
Enter	Operating	[27]	[28]	[29]	
on K1T-3	Short-term capital		[30]	[31]	
	Long-term capital		[32]	[33]	
	28% rate capital		[34]	[35]	
	Section 1231 loss	(36)	[37]	[38]	
l	Ordinary business gain/loss	[39]	[40]	[41]	
	oouse/Joint (T, S, J)				_[:
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Name of act	-	_			[
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F4	Carryovers	Pre-TCJA Regular		[29]	
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	Short-term capital			[33]	
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Taxpayer/Sp Employer id Name of act State postal Enter on K1T-3	28% rate capital Section 1231 loss Ordinary business gain/loss Douse/Joint (T, S, J) entification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss	Pre-TCJA Regular [27]	[37] [40]  Regular [28] [30] [32] [34] [37]	[38] [41] AMT [29] [31] [33] [35] [38]	
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Taxpayer/Sp Employer id Name of act State postal Enter on K1T-3	28% rate capital Section 1231 loss Ordinary business gain/loss Douse/Joint (T, S, J) entification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Douse/Joint (T, S, J) entification number tivity	Pre-TCJA Regular [27]	[37] [40]  Regular [28] [30] [32] [34] [37]	[38] [41] AMT [29] [31] [33] [35] [38]	
Taxpayer/Sp Employer id Name of act State postal  Enter on K1T-3  Taxpayer/Sp Employer id Name of act State postal	28% rate capital Section 1231 loss Ordinary business gain/loss  Douse/Joint (T, S, J) Entification number divity code Preparer use only Carryovers Operating Short-term capital Long-term capital Long-term capital Section 1231 loss Ordinary business gain/loss  Douse/Joint (T, S, J) Entification number divity code Preparer use only	[39]  Pre-TCJA Regular [27] [36] [36] [39]	[37] [40]  Regular  [28] [30] [32] [34] [37] [40]	[38] [41] AMT [29] [31] [33] [35] [38] [41]	
Taxpayer/Sp Employer id Name of act State postal  Enter on K1T-3  Taxpayer/Sp Employer id Name of act State postal	28% rate capital Section 1231 loss Ordinary business gain/loss Douse/Joint (T, S, J) entification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Douse/Joint (T, S, J) entification number tivity code Preparer use only code Preparer use only Carryovers	Pre-TCJA Regular [27] [36] [36] [39]	[37] [40]  Regular  [28] [30] [32] [34] [37] [40]  Regular	[38] [41]  AMT  [29] [31] [33] [35] [38] [41]	
Taxpayer/Sp Employer id Name of act State postal  Enter on K1T-3  Taxpayer/Sp Employer id Name of act State postal	28% rate capital Section 1231 loss Ordinary business gain/loss  Douse/Joint (T, S, J) entification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss  Douse/Joint (T, S, J) entification number tivity code Preparer use only Carryovers Operating Operating Operating Operating	Pre-TCJA Regular [27] [36] [36] [39]	Regular	[38] [41]  AMT  [29] [33] [35] [38] [41]  AMT  [29]	
Taxpayer/Sp Employer id Name of act State postal  Enter on K1T-3  Taxpayer/Sp Employer id Name of act State postal	28% rate capital Section 1231 loss Ordinary business gain/loss Douse/Joint (T, S, J) entification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Douse/Joint (T, S, J) entification number tivity code Preparer use only Carryovers Operating Short-term capital	Pre-TCJA Regular [27] [36] [36] [39]	Regular   [28]   [30]   [32]   [34]   [40]   [40]     [40]     [40]     [40]     [40]     [40]     [40]     [40]     [40]     [40]     [40]     [40]     [40]     [40]     [40]     [40]   [40]   [40]     [40]	[38] [41]  AMT  [29] [33] [33] [35] [38] [41]  AMT  [29] [31]	
Taxpayer/Sp Employer id Name of act State postal  Enter on K1T-3  Taxpayer/Sp Employer id Name of act State postal	28% rate capital Section 1231 loss Ordinary business gain/loss Douse/Joint (T, S, J) entification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital 28% rate capital Section 1231 loss Ordinary business gain/loss Douse/Joint (T, S, J) entification number tivity code Preparer use only Carryovers Operating Short-term capital Long-term capital Long-term capital Long-term capital Long-term capital Long-term capital Long-term capital	Pre-TCJA Regular [27] [36] [36] [39]	Regular   [28]   [30]   [37]   [40]	[38] [41]  AMT  [29] [31] [33] [35] [41]  AMT  [29] [31] [33]	

Form ID: Educa	ıte2
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#### **Student Loan Interest Paid**

53

Complete this section if you paid interest on a qualified student loan in 2019 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan. Please provide all copies of Form 1098-E. Form 1098-E from the lender reports interest received in 2019. The amounts reported by the lender may differ from the amounts you actually paid.

TS	Qualified loan interest recipient/lender	2019 Interest Paid	Prior Year Information
_	•	[	
		+	
		+	
_		+	

**NOTES/QUESTIONS:** 

F	orm	ID:	Fd	uc3

### **Education Credits and Tuition and Fees Deduction**

54

Please provide all copies of Form 1098-T.

Educational institutions use Form 1098-T to report qualified education expenses. An eligible educational institution is any college,

Preparer - Enter on Screen Educate2		
Taxpayer/Spouse (T, S)		
Education code (1=American Opportunity Credit, 2=Lifetime Learning Credit, 3=Tuition and Fees Deduction	)	
Student's social security number		
Student's first name		
Student's last name		
Institution Informat	ion	***************************************
Enter information from each institution on a separate page, including the comp	ete address and federal identi	ification number of the in
Institution's federal identification number		
Institution's name		
Institution's street address	***************************************	
Institution's city, state, zip code		
Tuition Paid and Related I	nformation	
	t paid for the student during iduring 2019.	
Tuition Paid and Related II  Amounts reported in Box 1 may not reflect the actual amoun  Enter the amount actually paid	t paid for the student during iduring 2019. 2019 Information	
Tuition Paid and Related II  Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid  Tuition paid (Enter only the amount actually paid) (Box 1)	t paid for the student during iduring 2019.	
Tuition Paid and Related In  Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid  Tuition paid (Enter only the amount actually paid) (Box 1) Field no longer applicable	t paid for the student during iduring 2019. 2019 Information	
Tuition Paid and Related In  Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid (Enter only the amount actually paid) (Box 1) Field no longer applicable Educational institution changed its reporting method for 2019 (Box 3)	t paid for the student during iduring 2019. 2019 Information	
Tuition Paid and Related In  Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of the amount actually paid (Enter only the amount actually paid) (Box 1)  Field no longer applicable Educational institution changed its reporting method for 2019 (Box 3)  Adjustments made for a prior year (Box 4)	t paid for the student during iduring 2019. 2019 Information	
Tuition Paid and Related In  Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of the Tuition paid (Enter only the amount actually paid) (Box 1)  Field no longer applicable Educational institution changed its reporting method for 2019 (Box 3)  Adjustments made for a prior year (Box 4)  Scholarships or grants (Box 5)	t paid for the student during iduring 2019. 2019 Information	
Tuition Paid and Related In  Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of the amount actually paid (Box 1)  Field no longer applicable Educational institution changed its reporting method for 2019 (Box 3)  Adjustments made for a prior year (Box 4)  Scholarships or grants (Box 5)  Adjustments to scholarships or grants for a prior year (Box 6)	t paid for the student during during 2019.  2019 Information +	
Tuition Paid and Related In  Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid in Enter the actual amount actually paid in Enter the actual amount Enter the actual Enter the Enter	t paid for the student during during 2019.  2019 Information +	2019.  Prior Year Informatio
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Tuition Paid and Related In  Amounts reported in Box 1 may not reflect the actual amount Enter the amount actually paid of the amount actually paid (Enter only the amount actually paid) (Box 1)  Field no longer applicable Educational institution changed its reporting method for 2019 (Box 3)  Adjustments made for a prior year (Box 4)  Scholarships or grants (Box 5)  Adjustments to scholarships or grants for a prior year (Box 6)  Box 1 or 2 includes amounts for an academic period beginning January - March 20  At least half-time student (Box 8)  Graduate student (Box 9) (1=Yes, 2=No)	t paid for the student during during 2019.  2019 Information +	
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	2019 Information		rior Year Inform
Medical and dental expenses, such as: Doctors, Dentists, Hospital/nurs			
Medical supplies, Hearing aids, Eyeglasses/contact lenses, and Insurance			
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Medical insurance premiums you paid:  Do not include pre-tax amounts paid by an employer-sponsored plan or amounts entere	d elsewhere, such as amounts paid fo	rvour	
self-employed business (Sch C, Sch F, Sch K-1, etc.) or Medicare premiums entered on Fo			
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Long-term care premiums you paid:		The state of the s	
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self-employed business (Sch C, Sch F, Sch K-1, etc.)		2000000 2000000 2000000	
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Home mortgage Interest: From Form 1098	orm ID: A-2	Interest Expenses	5		58
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Address  ty, state and zip code  Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid - Payer's/Borrower's name				Mark 1	
Name and address of other person who received Form 1098 for jointly liable mortgage interest you paid - Payer's/Borrower's name	ty, state and zip code		<u> </u>		
Name and address of other person who received Form 1098 for jointly liable mortgage Interest you paid - Payer's/Borrower's name			T		
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City/State/Zip code   Refinancing Points paid in 2019 -	Payer's/Borrower's name			[7]	
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#### **Charitable Contributions**

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#### **Medical and Health Savings Account Contributions**

#### Please provide all Forms 5498-SA.

	2019 Information	Prior Year Information
Taxpayer/Spouse (7, s)	[1]	
Name of Trustee	[4]	
State postal code	[2]	
Indicate type of health or medical savings account:		
HSA	(6)	
Archer MSA	[7]	
MA (Medicare Advantage) MSA	[9]	
Total HSA/MSA contributions made		
for 2019 (Enter all amounts contributed, including through employer cafeteria plans)	+[10]	
Indicate type of coverage under qualifying high deductible health plan (1 = Self-Only, 2 = F	amily)[12]	
Number of months in qualified high deductible health plan in 2019	[13]	
Mark if you want to contribute the maximum allowable health or		
medical savings account contribution amount	[14]	20
Total HSA/MSA contribution to be made for 2019	+[15]	
Fair market value of HSA, Archer MSA, or MA MSA (Form 5498-SA, Box 5)	+[16]	
Excess contributions for 2018 taken as constructive contributions for 2019	+[19]	
Rollover contribution (Form 5498-SA, Box 4)	+[21]	
Complete this section if your account is an A	Archer MSA or MA MSA	
Amount of annual deductible	+ [24]	
Enter compensation from employer maintaining high deductible health plan	+ (27)	
If self-employed, enter earned income from business		To the second se
under which plan was established	+[31]	
Complete this section if your acco	unt is an HSA	
Was the high deductible health plan in effect for December 2019? (Y, N)	_[33]	

NOTES/QUESTIONS:

#### **Child and Dependent Care Expenses**

Please enter all amounts paid in 2019 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID:1040

	Taxpayer	Spouse
2018 employer-provided dependent care benefits used during 2019 grace period	+[3] +	[4]
Employer-provided dependent care benefits that were forfeited in 2019	+[5] +	[6]
Total qualified expenses incurred in 2019		[9]
Were you or your spouse a full time student or disabled? (Yes or No)	[10]	[11]
Did you provide care expenses for any person(s) who is not listed as a dependent? (Y, N)		[12]
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider		
Amount paid to care provider in 2019	+	[7]
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provide	r moved and unable to get TIN, 4 = Provider refuses t	o give TiN)
Amount paid to care provider in 2019	+	
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider  Street address of provider		
City, State and Zip code		***
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provide	r moved and unable to get TIN, 4 = Provider refuses i	to give TIN)
Amount paid to care provider in 2019	+	
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider  Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number		
Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider	r moved and unable to get TIN, 4 = Provider refuses	to give TIN)
Amount paid to care provider in 2019	+	
Foreign province or state of provider		
Foreign country and Foreign postal code of provider		
Business name of provider		
First and last name of provider		
Street address of provider		
City, State and Zip code		
Social security number OR Employer identification number  Tax Exempt / LAFCP / Due Diligence (1 = Tax Exempt, 2 = Living Abroad Foreign Care Provider, 3 = Provider	er moved and unable to get TIN. 4 = Provider refuses	to give TIN)
Amount paid to care provider in 2019	+	
Foreign province or state of provider	-	
Foreign country and Foreign postal code of provider		
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