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ENGAGEMENT LETTER

January 22, 2021

Thank you for choosing **SN Brown LLC~Kemalian & Associates LLP** to assist you with your 2020 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2020 federal and state income tax returns for the taxing authorities that you deem necessary to file. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. It summarizes your last year's tax information and provides space for you to enter your 2020 data. **As you receive your 2020 tax documents, please collect them and keep them with this organizer. These documents include such items as your W-2s, Form 1099s, K-1s, brokerage statements, etc.** Your check register may also include pertinent information. The Organizer will help you avoid overlooking important information. By using it, you will contribute to efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. **Our work will not include procedures to find defalcations or other irregularities.** Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will, of course, inform you of any material errors, fraud, or other illegal acts we discover. **We are not engaged to prepare 1099 forms** which may be required by Schedule C or Schedule E filers for payments to non corporate payee's which aggregate \$600 or more during the calendar year 2020. However, in a separate engagement we can assist you in preparing the 1099 forms from a list which you will provide based on **YOUR** determination of the required amounts and who is required to receive a form 1099. S.N. Brown LLC and KEMALIAN & ASSOCIATES LLP shall not determine who should receive a form 1099 and will only assist in the clerical preparation of the form based on the information that you provide. S.N. Brown LLC and KEMALIAN & ASSOCIATES LLP assumes no liability for any required 1099's which you have not provided in your list of required 1099 forms.

The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties. Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

You agree to furnish all information that is necessary for the preparation of the above tax returns. Furthermore, you represent that the information you are supplying to us is accurate and complete to the best of your knowledge, and that you have sufficient documentation to substantiate all items of income and deduction claimed (including travel and entertainment expenses, and contributions, if applicable).

Contributions you may deduct: **Cash contributions are no longer deductible** unless substantiated by a statement from the charitable organization in your possession prior to filing the return (or a cancelled check if under \$250). Items of clothing and non-cash items must be in good used condition and require written substantiation from the charity that the items are in good used condition.

Our fee will be based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. To the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days.

We will return your original records to you at the end of this engagement along with a copy of your tax return. You should securely store these records, along with all supporting documents, canceled checks, etc., as these items may later be needed to prove accuracy and completeness of a return. We will retain copies of your tax return for your engagement for two (2) years, after which these documents will be destroyed. **There will be an additional \$35 charge**

Checklist

Name:

SSN: ***-**-****

Checklist

This check list is provided to help you gather necessary information for us to prepare your 2020 income tax return. Return this list, along with the supporting documentation, to our office and let us know of any significant changes from your 2019 tax year.

Economic Impact Payment

Notice 1444

State and city refunds and other government payments (Form 1099-G)

Unemployment compensation

Other Income (provide supporting documentation for income received for the following items)

Sale of assets or property

Cancellation of debt

Other income _____

Payments (provide supporting documentation for payments made for the following items)

Educator classroom expenses

Employee business expenses

Contributions to a Health Savings Account

Expenses related to work relocation

Alimony

Student loan interest

Tuition and fees for higher education

Expenses related to child or dependent care

Contributions to a Retirement Savings Account

Medical and dental expenses

Real estate taxes

Other state and local taxes

Mortgage interest

Investment interest

Cash Contributions

Noncash Contributions

Unreimbursed employee expenses

Investment expenses

Gambling losses

Other payments _____

Questionnaire

Name:

SSN: ***-**-****

Questionnaire

Personal Information

Yes No

 Did your marital status change during the year?

If "Yes," explain _____

 Can you or your spouse be claimed as a dependent by someone else? Did your address change during the year? Were you, your spouse, or any dependents a victim of identity theft?

If "Yes," explain _____

 Were you, your spouse, or any dependents issued an Identity Protection PIN (IP PIN)?

If "Yes," provide Notice CP01A from the IRS.

Provide proof of identity to be eligible to e-file your tax return (driver's license or state-issued photo ID)

Dependent Information

Yes No

 Did you have any changes in dependents during the year?

If "Yes," explain _____

 Can another person qualify to claim any of your dependents? Did you have any childcare expenses during the year? Did you have any adoption expenses during the year? Did you have any children under age 19 or a full-time student under age 24 with more than \$2200 of unearned income?

Provide documentation for proof of dependent related credits (school records, medical records, daycare records, etc.)

COVID-19 Implications

Yes No

 Did you receive an Economic Impact Payment?

If "Yes," provide Notice 1444 from the IRS.

 Did you or your spouse experience economic loss due to COVID-19 (loss of job, closed business, etc.)? Were you or your spouse unemployed for any portion of the year due to COVID-19? Did you or your spouse continue to receive wages from your employer even if you were unable to work? Did you or your spouse receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19? If you or your spouse own a farm or business, did you continue to pay any employees while they were not working? If you or your spouse own a farm or business, did you delay withholding FICA taxes from any employee's pay? If you or your spouse own a farm or business, did you receive a Paycheck Protection Program (PPP) loan?

If "Yes," was the loan forgiven or have you applied for forgiveness?

 If you or your spouse own a farm or business and were unable to work due to COVID-19, would you have qualified for sick or family leave if employed by someone other than yourself?

Health Care Information

Yes No

 Did any member of your household have healthcare coverage through the Marketplace?

If "Yes," provide copies of Form 1095-A.

 Did you receive any distributions from a Health Savings Account (HSA), Archer MSA, or Medicare Advantage MSA during the year?

Income, Purchases, Sales, and Debt Information

Yes No

 Did you receive any tips not reported to your employer? Did you receive any disability income during the year? Did you cash in any U.S. savings bonds during the year? Did you start a new business or purchase any rental property during the year?

Questionnaire

Name:

SSN: ***-**-****

Questionnaire

- Did you sell an existing business, rental property, or other property during the year?
- Did you purchase any business assets or convert any assets to business use?
If "Yes," provide the cost of the asset, the date it was placed in service, and business use percentage.
- Did you purchase any gasoline, diesel, or special fuels for off-road business use?
- Did you buy or sell any stocks, bonds, or other investments during the year?
- Did you sell a principal residence during the year?
If "Yes," provide closing documentation for the purchase and sale of the home.
- Did you have a principal residence or a piece of real property foreclosed on during the year?
- Did you abandon a principal residence or a piece of real property during the year?
- Did you refinance your principal home or second home or take out a home equity loan during the year?
If "Yes," provide all escrow, closing, and other pertinent documentation and information.
- Did you receive any principal or interest during this year from property sold in prior years?
- Did you rent out your home or use it for business?
- Did you sell, exchange, or purchase any real estate during the year?
- Did you acquire a new or additional interest in a partnership or S corporation?
- Did you have any debts canceled or forgiven this year?
- Does anyone owe you money that has become uncollectible?
- Did you purchase a new hybrid, alternative motor, or electric motor energy-efficient vehicle during the year?
If "Yes," provide the year, make, model, VIN, and date the vehicle was placed in service.
- Did you receive income or incur expenses associated with a fantasy sport league?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with car sharing (e.g., Lyft or Uber)?
If "Yes," attach Form 1099-MISC and Form 1099-K.
- Did you receive income or incur expenses associated with freelancing (e.g., Upwork or TaskRabbit)?
If "Yes," attach Form 1099-K or Form W-2.
- Did you receive income or incur expenses associated with fashion sharing (e.g., Poshmark or thredUP)?
If "Yes," provide documentation.
- Did you receive income or incur expenses associated with crowdfunding (e.g., Kickstarter or Indiegogo)?
If "Yes," attach Form 1099-K.
- Did you receive income or incur expenses associated with a short-term rental (e.g., Airbnb or HomeAway)?
If "Yes," provide documentation.
- Did you receive any other income you have not provided information for with this organizer?
If "Yes," explain _____

Itemized Deduction Information

Yes No

- Did you pay out-of-pocket medical or dental expenses (premiums, prescriptions, mileage, etc.) during the year?
- Did you pay any long-term care premiums for yourself, your spouse, or a dependent during the year?
- Did you receive any state or local income tax refunds from prior years?
- Did you make any major purchases (vehicle, boat, etc.) during the year?
- Did you pay any real estate property taxes or personal taxes during the year?
- Did you pay mortgage interest during the year?
- Did you make cash donations to charity during the year?
- Did you make noncash donations to charity (clothes, furniture, etc.) during the year?
- Did you donate a boat or vehicle during the year?
If "Yes," attach Form 1098-C.
- Did you have gambling winnings or losses during the year?
- Did you have any job-related expenses that were not reimbursed by your employer (uniforms, safety equipment, etc.)?
- Did you use your vehicle on the job other than for commuting to work?
- Did you work out of town at any time during the year?

Questionnaire

Name:

SSN: ***-**-****

Questionnaire

Retirement Information

Yes No

- Did you receive any payments from a pension, profit sharing, or 401(k) plan during the year?
- Did you make any contributions to, withdrawals from, or execute any rollovers from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k), or other qualified retirement plan during the year?
- Did you receive any Social Security benefits during the year?

Education Information

Yes No

- Did you pay tuition expenses that were required for attending college, university, or vocational school for yourself, your spouse, or a dependent during the year (even if classes were attended in another year)?
- Did anyone in your household attend a post-secondary school during the year?
- Did you make a contribution to or receive a distribution from an Education Savings Account or Qualified Tuition Program during the year?
- Did you pay student loan interest for yourself, your spouse, or your dependent(s) during the year?

Miscellaneous Information

Yes No

- Did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currencies?
- Did you incur a gain or loss due to damaged or stolen property?
If "Yes," provide the incident date, value of the property, and amount of insurance reimbursements.
- Did you pay wages to any household employees (babysitter, nanny, housekeeper, etc.)?
- Did you make gifts to any one person in excess of \$15,000 during the year?
Yes No
 If "Yes," are you splitting the gift with your spouse?
- Did you incur moving expenses during the year?
- Did you make any energy-efficient improvements to your main home during the year?
- Are you a business owner who paid health insurance premiums for your employees during the year?
- Did you own interest or shares in a Qualified Opportunity Fund?
- Did you apply an overpayment of your 2019 taxes to your 2020 estimated taxes?
- If you have an overpayment of 2020 taxes, do you want the refund applied to your 2021 estimated taxes?
- Did you make any estimated payments toward your 2020 taxes?
- Do you want to have any refund or balance due directly deposited or withdrawn?
If "Yes," provide a canceled checking or savings slip.
- Do you anticipate your income or withholdings to be different for 2020?
- Did you make any purchases subject to Use Tax?
If "Yes," provide details.
- Did you receive any notices from the IRS or state taxing authority?
If "Yes," explain _____
- May the IRS discuss your tax return with your preparer?
- Would you like a copy of your tax return sent to you electronically instead of receiving a printed copy?

Foreign Tax Information

Yes No

- Did you have a financial interest in or signature authority over a financial account or asset located in a foreign country?
- Did you receive a distribution from, or were you a grantor of, or transferor to, a foreign trust?
- Did the aggregate value of your foreign accounts exceed \$10,000 at any time during the year?
- Did you have any income from, or pay taxes to, a foreign country?
- Did you own property in a foreign country?

Preparer Notes

2020 Tax Organizer Personal and Dependent Information

Personal Information

	Name	SSN	Has IP PIN	Date of birth
Taxpayer		***-**-****		
Spouse				
Street address, city, state, and ZIP				
	Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Marital Status at end of 2020

- Married
- Married filing separately
- Single
- Widow(er) If spouse died in 2020 enter the date of death _____

Other information

- Are you blind?
- Are you disabled?
- Are you a full-time student?
- Do you want \$3 to go to the Presidential Election Campaign Fund?

Taxpayer

- Yes No
- Yes No
- Yes No
- Yes No

Spouse

- Yes No
- Yes No
- Yes No
- Yes No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency? Yes No

Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full-time student	Childcare Expenses

List dependents required to file a return _____

COVID-19 Implications

- Yes No
- Did you receive an Economic Impact Payment (EIP)?
If "Yes," provide Notice 1444 and Notice 1444-B from the IRS.
 - Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?
 - Were you unemployed for any portion of the year due to COVID-19?
 - Did you continue to receive wages from your employer even if you were unable to work?
 - Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?
- If you own a farm or business:
- Did you continue to pay any employee while they were not working?
 - Did you delay withholding FICA taxes from any employee's pay?
 - Did you receive a Paycheck Protection Program (PPP) loan?
If "Yes," was the loan forgiven or have you applied for forgiveness? _____
 - Were you unable to work due to COVID-19 and, if employed by someone other than yourself, would have qualified for sick or family leave?

Appointment Information

Your 2020 appointment is scheduled for _____

Additional Taxpayer Information

Name: _____

SSN: ***-**-****

Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

Identification Information

Taxpayer

Type of photo ID Driver's license State-issued photo ID

Driver's license or state-issued photo ID number _____

State the driver's license or state-issued photo ID was issued in _____

Issue date of the driver's license or state-issued photo ID _____

Expiration date of the driver's license or state-issued photo ID _____

Spouse

Type of photo ID Driver's license State-issued photo ID

Driver's license or state-issued photo ID number _____

State the driver's license or state-issued photo ID was issued in _____

Issue date of the driver's license or state-issued photo ID _____

Expiration date of the driver's license or state-issued photo ID _____

Income

Name:

SSN: ***-**-****

Wages & Salaries

Provide all copies of Form W-2

Employer name	2020 federal wages

Retirement

Provide all copies of Form 1099-R

Payer name	2020 distribution

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions? Yes No

Form 1099-Misc and Form 1099-NEC Income

Provide all copies of Forms 1099-MISC and 1099-NEC

Payer name	2020 amount

Other Income and Adjustments

Name:

SSN: ***-**-****

Other Income

	2020 Taxpayer	2020 Spouse
Scholarships or grants not reported on Form W-2	_____	_____
State income tax refund (attach Forms 1099-G)	_____	_____
Social Security Benefits (attach Forms 1099-SSA)	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB)	_____	_____
Alimony received Divorce or separation date _____ Amount _____	_____	_____
Unemployment compensation (attach Forms 1099-G)	_____	_____
Unemployment compensation repaid in 2020	_____	_____
Gambling winnings (attach Forms W2-G)	_____	_____
Alaska Permanent Fund	_____	_____
ABLE distributions	_____	_____
Other income: _____	_____	_____
_____	_____	_____
_____	_____	_____

Adjustments

	2020 Taxpayer	2020 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies).....	_____	_____
Contributions made to a Health Savings Account (HSA).....	_____	_____
Contributions made to a Self-Employed Pension plan (SEP)	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents	_____	_____
Alimony paid Name _____ SSN _____ Divorce or separation date _____	_____	_____
Name _____ SSN _____ Divorce or separation date _____	_____	_____
Contributions made to an Individual Retirement Account (IRA)	_____	_____
Contributions made to a Roth IRA.....	_____	_____
Interest paid on a student loan	_____	_____
Other adjustments: _____	_____	_____

Job-related Moving Expenses

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station. 2020

Number of miles from old home to old workplace

Number of miles from old home to new workplace

Expense to move household goods and personal effects and lodging expenses while traveling to your new home
(Do not include cost of meals)

Schedule C - Profit or Loss from Business

Name: _____

SSN: ***-**-****

General Business Information

Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

This business started or was acquired during 2020 Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

This business was disposed of during 2020 Yes No You filed Forms 1099 for the individuals

Income

	2020	2020
Gross receipts or sales	_____	Other income
Returns & allowances	_____	_____

Expenses

	2020	2020
Advertising	_____	Travel
Car & truck expenses	_____	Total meals
Commissions & fees	_____	Utilities
Contract labor	_____	Wages
Depletion	_____	Other expenses (list)
Employee benefit programs	_____	_____
Insurance (other than health)	_____	_____
Interest - mortgage	_____	_____
Interest - other	_____	_____
Legal & professional services	_____	_____
Office expenses	_____	_____
Pension & profit sharing plans	_____	_____
Rent or lease (vehicles, machinery, & equipment)	_____	_____
Rent (other business property)	_____	_____
Repairs & maintenance	_____	_____
Supplies	_____	_____
Taxes & licenses	_____	_____

Cost of Goods Sold

	2020	2020
Inventory at beginning of year	_____	Materials & supplies
Purchases	_____	Other costs
Cost of personal use items	_____	Inventory at end of year
Cost of labor	_____	<input type="checkbox"/> There was a change in inventory method

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name:

SSN: ***-**-****

General Property Information

Property description _____
Address, city, state, ZIP _____

Select the property type

- Single family residence, Multi-family residence, Vacation / short-term rental, Commercial, Land, Royalties, Self-rental, Other

Number of days property was rented _____ Number of days property was used for personal use _____

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied _____

- This property is your main home or second home, This property was disposed of during 2020, This property was owned as a qualified joint venture, Yes/No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental, Yes/No You filed Forms 1099 for the individuals

Income

Table with 2 columns for 2020 and 2020. Rows include Rent income and Royalties from oil, gas, mineral, copyright or patent.

Expenses

Table with 3 columns: Expense Name, Rental unit expenses, Rental and homeowner expenses. Rows include Advertising, Auto & travel, Cleaning & maintenance, Commissions, Insurance, Legal & professional fees, Management fees, Mortgage interest, Other interest, Repairs, Supplies, Taxes, Utilities, Depletion, Other expenses.

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Income or Loss from Partnerships, S corporations, and Fiduciaries

Name:

SSN: ***-**-****

Partnerships, S corporations, Estates and Trusts

Provide all copies of Schedule K-1 and attachments

Entity Name

EIN

Schedule F - Profit or Loss from Farming

Name:

SSN: ***-**-****

General Information

Principal product _____ Employer ID number _____

This farm was disposed of during 2020

Yes No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes No You filed Forms 1099 for the individuals

Income

	2020		2020
Sale of livestock / other items	_____	Custom hire income	_____
Cost of items bought for resale	_____	Beginning inventory for accrual	_____
Sale of products you raised	_____	Ending inventory for accrual	_____
Total cooperative distributions	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method	
Total agricultural payments	_____	Other income	_____
Commodity Credit Corporation (CCC) loans:			
CCC loans reported.....	_____		_____
CCC loans forfeited	_____		_____
Crop insurance proceeds:			
Amount received in 2020	_____		_____
<input type="checkbox"/> You elect to defer to 2021			
Amount deferred from 2019	_____		_____

Expenses

	2020		2020
Car & truck expenses	_____	Repairs & maintenance	_____
Chemicals	_____	Seeds & plants purchased	_____
Conservation expenses	_____	Storage & warehousing	_____
Custom hire (machine work)	_____	Supplies purchased	_____
Employee benefit programs	_____	Taxes	_____
Feed purchased	_____	Utilities	_____
Fertilizers & lime	_____	Veterinary, breeding, & medicine.....	_____
Freight & trucking	_____	Other expenses	_____
Gasoline, fuel, & oil	_____		
Insurance (other than health)	_____		
Interest - mortgage (paid to banks, etc.)	_____		
Interest - other	_____		
Non-W-2 labor hired	_____		
W-2 wages paid	_____		
Pension & profit-sharing plans	_____		
Rent - vehicles, machinery, & equipment	_____		
Rent - other (land, animals, etc.)	_____		

Form 4835 - Farm Rental Income and Expenses

Name:

SSN: ***-**-****

General Information

Description _____ Employer ID Number _____

This farm was disposed of during 2020

Income

	2020		2020
Income from production of livestock, grains, & other crops	_____	Crop insurance proceeds:	
Total cooperative distributions	_____	Amount received in 2020	_____
Total agricultural payments	_____	<input type="checkbox"/> You elect to defer to 2021	
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2019	_____
CCC loans reported.....	_____	Other income	_____
CCC loans forfeited	_____		

Expenses

	2020		2020
Car & truck expenses	_____	Seeds & plants purchased	_____
Chemicals	_____	Storage & warehousing	_____
Conservation expenses	_____	Supplies purchased	_____
Custom hire (machine work).....	_____	Taxes	_____
Employee benefit programs	_____	Utilities	_____
Feed purchased	_____	Veterinary, breeding, & medicine	_____
Fertilizers & lime	_____	Other expenses	
Freight & trucking	_____		_____
Gasoline, fuel, & oil	_____		_____
Insurance (other than health)	_____		_____
Interest - mortgage (paid to banks, etc.)	_____		_____
Interest - other	_____		_____
Labor hired (less jobs credit)	_____		_____
Pension & profit-sharing plans	_____		_____
Rent - vehicles, machinery & equip	_____		_____
Rent - other (land, animals, etc.)	_____		_____
Repairs & maintenance	_____		_____

Expenses Related to Business

Name: _____

SSN: ***-**-****

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | This vehicle is available for use during off-duty hours | <input type="checkbox"/> | <input type="checkbox"/> | There is evidence to support your deduction |
| <input type="checkbox"/> | <input type="checkbox"/> | Another vehicle is available for personal use | <input type="checkbox"/> | <input type="checkbox"/> | The evidence is written |

Mileage

Number of miles the vehicle was driven during 2020

- Business
- Commuting
- Other

Expenses

- | | |
|--------------------|---------------------|
| Garage rent | Repairs |
| Gas | Tires |
| Insurance | Tolls |
| Licenses | Lease addback |
| Oil | Other expenses |
| Parking fees | |
| Rental fees | |
| Interest | |
| Property tax | |

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used _____

How many hours per day was the area used _____

The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses
Mortgage interest	_____	_____
Real estate taxes	_____	_____
Excess mortgage interest	_____	_____
Excess real estate taxes	_____	_____
Insurance	_____	_____
Rent	_____	_____
Repairs & maintenance	_____	_____
Utilities	_____	_____
Other expenses	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Household Employment

Name:

SSN: ***-**-****

TSJ _____ Employer Identification Number _____

Yes No

- Did you pay any one household employee cash wages of \$2,200 or more in 2020?
- Did you withhold federal income tax during 2020 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2020 by April 15, 2021?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2020

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

TSJ _____ Employer Identification Number _____

Yes No

- Did you pay any one household employee cash wages of \$2,200 or more in 2020?
- Did you withhold federal income tax during 2020 for any household employee?
- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2019 or 2020 to all household employees?
- Did you pay unemployment contributions to only one state?
- Did you pay all state unemployment contributions for 2020 by April 15, 2021?
- Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2020

Total cash wages subject to Social Security tax _____

Total cash wages subject to Medicare tax _____

Total cash wages subject to Additional Medicare tax withholding _____

Federal income tax withheld _____

Schedule A - Itemized Deductions

Name:

SSN: ***-**-****

Medical and Dental Expenses

Health insurance premiums (paid by you) _____

Long-term care premiums (you) _____

Long-term care premiums (your spouse) _____

Long-term care premiums (dependents) _____

Mileage driven for medical purposes _____

Medical & dental expenses

 Doctor, dental, etc _____

 Prescription medicines _____

 Insulin _____

 Glasses & contacts _____

 Hearing aids _____

 Braces _____

 Medical equipment & supplies _____

 Hospital services _____

 Laboratory services..... _____

 Nursing services _____

 Other _____

Taxes Paid

State and local income taxes _____

Sales tax _____

Real estate taxes _____

Personal property taxes _____

Other taxes (list) _____

Interest Paid

Mortgage interest paid (attach Form 1098) _____

Some of your home mortgage loan was not used to buy, build, or improve your home

Mortgage interest paid to an individual _____

Paid to:

 Name _____

 Address _____

 City, State, ZIP _____

 SSN or EIN _____

Mortgage insurance premiums _____

Investment interest _____

Charitable Contributions

	Cash	Noncash	Amount
Donations to charity			
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
Miles driven for charitable purposes			_____

Other Miscellaneous Deductions

Amortizable bond premiums _____

Federal estate tax _____

Gambling losses..... _____

Impairment-related work expenses _____

Claim repayments _____

Unrecovered pension investments..... _____

Loss from other activities from Schedule K-1 _____

Ordinary loss debt instrument _____

Excess deduction on termination _____

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

 Safety equipment, tools, & supplies _____

 Uniforms _____

 Protective clothing (shoes, hardhats, glasses, etc.) _____

 Dues to professional organizations..... _____

 Books & subscriptions _____

 Other _____

Union dues..... _____

Tax preparation fees _____

Other nonpersonal expenses related to taxable income

 Safe deposit box fees _____

 Investment expenses not entered elsewhere .. _____

 Other _____

Home equity interest..... _____

Other Information

Name:

SSN: ***-**-****

Mortgage Interest

Provide all copies of Form 1098

Lender's name	Mortgage interest received	Mortgage insurance premiums	Real estate taxes paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employee Business Expenses

- You are a qualified performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy
- You used your personal vehicle for your job during 2020

	NOT reimbursed by your employer	Reimbursed by your employer not included on your W-2
Parking fees, tolls, local transportation	_____	_____
Meals	_____	_____
Overnight business travel expenses (Do not include meals & entertainment)	_____	_____
Other business expenses	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Casualties and Thefts

FEMA code _____	FEMA code _____
Property description _____	Property description _____
Property location _____	Property location _____
Date property was acquired _____	Date property was acquired _____
Date property was damaged or stolen _____	Date property was damaged or stolen _____
Cost of property damaged or stolen _____	Cost of property damaged or stolen _____
Amount of damage _____	Amount of damage _____
Insurance reimbursement _____	Insurance reimbursement _____

Other Information

Name: _____

SSN: ***-**-****

Child and Other Dependent Care Expenses

Name of care provider	Address	SSN or EIN	Amount paid

Education Expenses

Provide all copies of Form 1098-T

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount

Student name _____ Student name _____

Type of expense	Amount	Type of expense	Amount