

**F
R
O
M**

2019 TAX ORGANIZER

**T
O**

This tax organizer has been prepared for your use in gathering the information needed for your 2019 tax return.

To save you time, selected information from your 2018 tax return has been entered in this organizer. Please line through any information that does not apply to your 2019 tax return.

In some cases, 2018 amounts have been included in a separate column. These amounts are for comparison purposes only. You do not need to change these prior year amounts.

If we may be of further assistance, please contact us at your convenience.

REMOVE THIS SHEET PRIOR TO RETURNING THE COMPLETED ORGANIZER



The following questions pertain to the 2019 tax year. For any question answered Yes, include supporting detail or documents.

Personal Information:

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

Dependents:

Were there any changes in dependents from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>
Note: Include non-child dependents for whom you provided more than half the support.		
Did you or your spouse pay for child care while you or your spouse worked or looked for work?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children under age 18 with unearned income more than \$1,100?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any children age 18 or student children, aged 19 to 23, who did not provide more than half of their cost of support with earned income and that have unearned income of more than \$1,100?	<input type="checkbox"/>	<input type="checkbox"/>
Did you adopt a child or begin adoption proceedings?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents non-U.S. citizens or non-U.S. residents?	<input type="checkbox"/>	<input type="checkbox"/>

Healthcare:

Did you obtain healthcare coverage through the Marketplace?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include all Forms 1095-A.		
If you received advance premium tax credit, are married, and are filing separately from your spouse, are you a victim of domestic abuse or spousal abandonment?	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or a dependent have healthcare purchased through the Marketplace and for whom you did not receive Form 1095-A?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1095-A for someone claimed as a dependent on another taxpayer's return or who is filing their own return and is not claimed as a dependent on another taxpayer's return?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your dependents required to file a tax return?	<input type="checkbox"/>	<input type="checkbox"/>



Healthcare (continued):

- Was anyone covered on your health insurance policy also covered on another health insurance policy for any part of the year? Yes No
- Were you eligible for employer-sponsored healthcare coverage?
- Did you or your spouse have any transactions pertaining to a health savings account (HSA)?
If you received a distribution from an HSA, include all Forms 1099-SA.
- Did you or your spouse have any transactions pertaining to a medical savings account (MSA)?
If you received a distribution from an MSA, include all Forms 1099-SA.
- Did you or your spouse receive any distributions from long-term care insurance contracts?
If Yes, include all Forms 1099-LTC.
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's health plan at another job?
If Yes, how many months were you covered? _____
- If you or your spouse are self-employed, are you or your spouse eligible to be covered under an employer's long-term care plan at another job?
If Yes, how many months were you covered? _____
- Did you or your spouse lose your job because of foreign competition and pay for your own health insurance?

Education:

- Did you or your spouse pay any student loan interest?
- Did you or your spouse withdraw any amounts from your IRA to pay for higher education expenses incurred by you, your spouse, your children or grandchildren?
- Did you or your spouse withdraw any amounts from a Coverdell Education Savings Account or Qualified Education Program (Section 529 plan)?
If Yes, include all Forms 1099-Q.
- Did you, your spouse, or your dependents incur any post-secondary education expenses, such as tuition?

Deductions and Credits:

- Did you or your spouse contribute property (other than cash) with a fair market value of more than \$5,000 to a charitable organization?
If Yes, provide the appraisal of property contributed. An appraisal is not required for contributions of publicly traded securities or contributions of non-publicly traded stock of \$10,000 or less.
- Did you or your spouse incur any casualty or theft losses?
- Did you or your spouse make any large purchases, such as motor vehicles and boats?
- Did you or your spouse incur any casualty or loss attributable to a federally declared disaster?
- Did you or your spouse purchase a new alternative technology vehicle, including a qualified plug-in electric drive motor vehicle?
- Did you or your spouse use gasoline or special fuels for business or farm purposes (other than for a highway vehicle)?
If Yes, provide the number of gallons of gasoline or special fuels used for off-highway business purposes.
_____ Gallons _____ Type
- Did you or your spouse install any alternative energy equipment in your residence such as solar water heaters, solar electricity equipment (photovoltaic) or fuel cells?
- Did you or your spouse install any energy efficiency improvements or energy property in your residence such as exterior doors or windows, insulation, heat pumps, furnaces, central air conditioners, or water heaters?



Investments:

- | | Yes | No |
|--|--------------------------|--------------------------|
| Did you or your spouse have any debts canceled, forgiven or refinanced? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse start or purchase a business, rental property, or farm, or acquire any new interest in any partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell an existing business, rental property, farm, or any existing interest in a partnership or S corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell, exchange, or purchase any real estate? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include closing statements. | | |
| Did you or your spouse receive grants of stock options from your employer, exercise any stock options granted to you or your spouse or dispose of any stock acquired under a qualified employee stock purchase plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse engage in any put or call transactions? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the transaction details. | | |
| Did you or your spouse close any open short sales? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse sell any securities not reported on Form 1099-B? | <input type="checkbox"/> | <input type="checkbox"/> |

Retirement or Severance:

- | | | |
|---|--------------------------|--------------------------|
| Did you or your spouse contribute to a Roth IRA or convert an existing IRA into a Roth IRA? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse roll into a Roth IRA any distributions from a retirement plan, an annuity plan, tax shelter annuity or deferred compensation plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse turn age 70 1/2 and have money in an IRA or other retirement account without taking any distribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse make a qualified charitable contribution? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse retire or change jobs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse receive deferred, retirement or severance compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, enter the date received (Mo/Da/Yr). _____ | | |

Personal Residence:

- | | | |
|---|--------------------------|--------------------------|
| Did your address change? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the new address. | | |
| If Yes, did you move to a different home because of a change in the location of your job? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse claim a homebuyer credit for a home purchased in 2008? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse withdraw any amounts from your Individual Retirement Account (IRA) or Roth IRA to acquire a principal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your total mortgages on your first and/or second residence greater than \$750,000? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Did you or your spouse take out a home equity loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your spouse have an outstanding home equity loan at the end of the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, provide the principal balance and interest rate at the beginning and end of the year. _____ | | |
| Are you claiming a deduction for mortgage interest paid to a financial institution and someone else received the Form 1098? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you or your mortgagee receive mortgage assistance payments? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, include all Forms 1098-MA. | | |



Sale of Your Home:

	Yes	No
Did you sell your home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive Form 1099-S?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, include Form 1099-S.		
Did you or your spouse own and occupy the home as your principal residence for at least two years of the five-year period prior to the sale?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever rent out the property?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse ever use any portion of the home for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse sold a principal residence within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
At the time of the sale, the residence was owned by the: <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

Gifts:

Did you or your spouse make any gifts, including birthday, holiday, anniversary, graduation, education savings, etc., with a total (aggregate) value in excess of \$15,000 to any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts of difficult-to-value assets (such as non-publicly traded stock) to any person regardless of value?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse make any gifts to a trust for any amount?	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your spouse have a life insurance trust?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse assist with the purchase of any asset (auto, home) for any individual?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse forgive any indebtedness to any individual, trust or entity?	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Matters:

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



Miscellaneous:

Did you or your spouse pay in excess of \$1,000 in any quarter, or \$2,100 during the year for domestic services performed in or around your home to individuals who could be considered household employees?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse receive unreported tip income of \$20 or more in any month?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your spouse received a punitive damage award or an award for damages other than for physical injuries or illness?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse engage in any bartering transactions?	<input type="checkbox"/>	<input type="checkbox"/>
Were you or your spouse notified by the IRS or other taxing authority of any changes in prior year returns?	<input type="checkbox"/>	<input type="checkbox"/>
For any trust that you or your spouse created or are trustee, did any beneficiaries, grantors, or trustees die or move?	<input type="checkbox"/>	<input type="checkbox"/>
Did you or your spouse sell, acquire, or exchange Bitcoin or other virtual currencies or engage in any sales or exchanges denominated in Bitcoin or other virtual currencies?	<input type="checkbox"/>	<input type="checkbox"/>

Additional state pages have been included at the back of the organizer and should be reviewed.



Personal Information

Taxpayer:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____ Does not expire

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____

Driver's License State-Issued ID No Identification

Spouse:

First Name and Initial _____ Last Name _____ Social Security Number _____

Occupation _____ Date of Birth (Mo/Da/Yr) _____ Date of Death (Mo/Da/Yr) _____ Does not expire

Driver's License or State-Issued ID Number _____ Expiration Date (Mo/Da/Yr) _____ Issue Date (Mo/Da/Yr) _____ State _____

Driver's License State-Issued ID No Identification

Contact Information:

Street Address _____ Apartment Number _____

City _____ State _____ ZIP or Postal Code _____

Foreign Province or County _____

Foreign Country _____

Taxpayer Daytime/Work Phone _____ Taxpayer Evening/Home Phone _____ Taxpayer Foreign Phone _____

Taxpayer Cell Phone _____ Taxpayer Fax Number _____

Spouse Daytime/Work Phone _____ Spouse Evening/Home Phone _____ Spouse Foreign Phone _____

Spouse Cell Phone _____ Spouse Fax Number _____

Taxpayer Email Address _____

Spouse Email Address _____

Preferred Method of Contact _____

May the IRS or other taxing authority discuss the return with the preparer? Yes No

Is the taxpayer claimed as a dependent on someone else's tax return? Yes No

Are you considered legally blind per IRS regulations? Yes No

Do you want to contribute to the Presidential Election Campaign Fund? Yes No

Are you a U.S. citizen or Green Card holder? Yes No

Personal Identification Numbers: Code - 1 - Issued by IRS 2 - Issued by State or City

TS	State	City	Code	PIN

Tax Organizer Legend:

Throughout the tax organizer, you will find columns with the heading "TSJ". Enter "T" for taxpayer, "S" for spouse or "J" for joint.



Dependent Information:

	First Name and Initial	Last Name	Social Security Number	Date of Birth (Mo/Da/Yr)	Date of Death (Mo/Da/Yr)	Relationship to Taxpayer
A						
B						
C						
D						
E						
F						
G						
H						

Did dependent have income over \$4,200?



	Months Lived in Your Home	X if Disabled	Yes or No	Identity Protection PIN
A				
B				
C				
D				
E				
F				
G				
H				

Provide the name of any dependent who is not a U.S. citizen or Green Card holder.

Provide the name of any person living with you who is claimed as a dependent on someone else's tax return.

List the years that a release of claim to exemption is given for a dependent child not living with you.

Wages and Salaries: Include all copies of your current year Forms W-2

Note: Use this section to report any wages and/or salaries for which no Form W-2 was received.

TS	Employer's Name	Taxable Wages	Tax Withheld				
			Federal	FICA/TIER 1	Medicare	State	Local



Electronic Filing:

Electronic filing is the means by which your return is transmitted directly to the IRS and state tax authorities. The IRS has implemented an electronic filing mandate requiring certain preparers, including this firm, to file all returns that they prepare electronically. Some states also require certain preparers to electronically file state returns prepared. The IRS and some states allow taxpayers to elect not to file their returns electronically.

Do not electronically file the federal return

Do not electronically file the state return(s)

Note: The IRS and some states that require returns to be electronically filed also impose fees and/or penalties for failure to do so. If you checked either of the boxes above, you may be required to sign an "opt-out" form before we can release your returns. As a follow-up we will contact you to discuss these requirements and your ability to "opt-out" of electronic filing.

The IRS requires, and many states allow, the use of a Personal Identification Number (PIN) in lieu of mailing a signature document when electronically filing.

Would you like to use a randomly generated PIN? Yes No
Taxpayer

Spouse

If No, enter a 5-digit self-selected PIN:

Taxpayer PIN

Spouse PIN



Direct Deposit and Withdrawal

Direct Deposit and Electronic Funds Withdrawal Account Information:

The IRS and certain states allow refunds to be deposited to and balances due to be paid directly from your financial institution. If you would like to receive your refund or pay a balance due electronically, complete the following information. If you selected either of these options in 2018, your account information may already be included below.

Would you like any refunds owed to you directly deposited?	Yes No
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.	
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?	<input type="checkbox"/> <input type="checkbox"/>

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.

Would you like any refunds owed to you directly deposited?	Yes No
.....	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any amount due on your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
Would you like to pay any amount due on your <u>state</u> return(s) using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
If Yes, what amount would you like withdrawn, if not the entire balance due? _____	
If Yes, when should the withdrawal occur, if other than the due date of the return? _____ (Mo/Da/Yr)	
The IRS and some states allow estimated payments to be electronically withdrawn on the due dates of the estimated payments.	
Would you like to pay any estimated payments due for your <u>federal</u> return using electronic withdrawal?	<input type="checkbox"/> <input type="checkbox"/>
Would you like to pay any estimated payments due for your <u>state</u> return(s) using electronically withdrawal, if available?	<input type="checkbox"/> <input type="checkbox"/>

Name of bank or financial institution

Routing Transit Number (RTN)

Account number

Type of account: Checking Traditional Savings IRA Savings
 Archer MSA Savings Coverdell Ed. Savings HSA Savings

Is this a business account? Yes No

Account owner Taxpayer Spouse Joint

I confirm that the bank account information and the direct deposit/electronic withdrawal options selected above are correct.



2019

Dividend Income

5B

Dividend Information:

Include copies of all Forms 1099-DIV or other documents for dividends received

TSJ	Name of Payer	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
Total					

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Code	Tax-Exempt Interest	2018 Gross Dividends Amount
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
Total		

Enter Any Additional Information:

Note: List all items sold during the year on Form 7.



2019

Interest Income and Foreign Information

5A

Include all Forms 1099-INT or other documents for interest received

(List all items sold during the year on Form 7.)

Interest Income:

Special Interest Code: 1 - Qualified Educational Series EE Bonds 2 - Seller Financed Mortgage Interest 3 - Early Withdrawal Penalty 4 - Nominee Interest 5 - Accrued Interest 6 - Original Issue Discount Adjustment 7 - Amortizable Bond Premium Adjustment

TSJ	Source	Interest Income	U.S. Bonds and Obligations	Code	Special Interest
A					
B					
C					
D					
E					

Tax-Exempt Interest Code: 1 - 1099-INT 2 - Private Activity Bond 3 - Both

Social Security No. of Home Buyer	Address of Individual from Whom Mortgage Interest Was Received	Code	Tax-Exempt Interest
A			
B			
C			
D			
E			

Federal Withholding	State Withholding	Investment Expenses	Tax Exempt Paid CUSIP No.	2018 Interest Amount
A				
B				
C				
D				
E				

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire or Illinois Reason Interest is Nontaxable
A	
B	
C	
D	
E	

Foreign Bank Accounts and Trusts:

At any time during 2019, did you have an interest in or a signature authority over a financial account in a foreign country, such as a bank account, securities account or other financial account? Yes No

If Yes, enter name of foreign country _____

Were you the grantor of, or transferor to, a foreign trust that existed during 2019, whether or not you had any beneficial interest in it?



2019

Brokerage Statement Details

5EA

TSJ	Payer Name	Account No.	Information Included (X or ✓)
A			
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
P			
Q			
R			
S			
T			

Interest Income	U.S. Bonds and Obligations	Code	Tax-Exempt Interest	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	Box 2a Total Capital Gain Distribution	U.S. Bond Interest Amount or Percent in Box 1a
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
P							
Q							
R							
S							
T							



Tax-Exempt Interest Code: 1 - 1099-DIV/1099-INT 2 - Private Activity Bonds 3 - Both

Note: For other amounts not listed, attach a copy of your brokerage statement.



2019

Consolidated Brokerage Statement Dividend Income and Foreign Information

5F

List all items sold during the year on Form 5G.

Tax-Exempt Interest Code: 1 - 1099-DIV 2 - Private Activity Bonds 3 - Both

Dividend Income:

Source	Form 1099-DIV				
	Box 1a Total Ordinary Dividends	Box 1b Qualified Dividends	U.S. Bond Interest Amount or Percent in Box 1a	Code	Tax-Exempt Interest
A					
B					
C					
D					
E					

Form 1099-DIV					
Box 2a Total Capital Gain Distribution	Box 2b Unrecaptured Section 1250 Gain	Box 2c Section 1202 Gain	Box 2d Collectibles (28%) Gain	Box 3 Nondividend Distributions	2018 Gross Dividends Amount
A					
B					
C					
D					
E					

Form 1099-DIV			
Box 4 Federal Withholding	Box 5 Section 199A Dividends	Box 6 Investment Expenses	State Withholding
A			
B			
C			
D			
E			

Foreign Taxes Paid or Accrued:

Source	Name of Foreign Country Imposing Tax	X if Tax Accrued	Date Paid or Accrued (Mo/Da/Yr)	Tax Amount (in Foreign Currency)	Tax Amount (in U.S. Dollars)
A					
B					
C					
D					
E					

Additional State Information:

Payer ID	New Hampshire Reason Dividend is Nontaxable
A	
B	
C	
D	
E	



2019

Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

2019	2018

Was your home used for day care purposes for the entire year?

Were improvements made to the home and/or home office since the time you began using the home for business?

Yes	No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2019 Amount	2018 Amount	2019 Amount	2018 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2019 Amount	2018 Amount	2019 Amount	2018 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



2019

Sales of Stocks, Securities, Capital Assets & Installment Sales

Gains or Losses from Sales of Stocks, Securities and Other Capital Assets:

Include all Forms 1099-A, 1099-B, 1099-S and copies of mutual fund statements for the year

Did you have any of the following during the year?

- Mutual fund transactions
- Exchange of any securities or investments for something other than cash
- Sales of inherited property
- Sales of any stock or stock options at a loss and purchases of the same or substantially similar stock or options 30 days before or 30 days after the sale
- Commodity sales, short sales or straddles
- Reinvestment of the proceeds of gains in a qualified opportunity fund
- Sale of any investments in qualified opportunity funds
- Reinvestment of the proceeds of the sale of qualified small business stock in other qualified small business stock
- Debts that became uncollectible
- Securities that became worthless
- Sale of any property where you will receive payments in future years

Yes	No

TSJ	Kind of Property and Description	Quantity	Date Acquired (Mo/Da/Yr)	Date Sold (Mo/Da/Yr)
A				
B				
C				
D				
E				
F				
G				
H				

	Gross Sales Price (Less Commissions)	Cost or Other Basis	Federal Tax Withheld	State Tax Withheld
A				
B				
C				
D				
E				
F				
G				
H				

Installment Sales: **Do not include interest received in principal amount**

TSJ	Property Description	Date Sold (Mo/Da/Yr)	2019 Principal Received	2018 Principal Received



Sale or Exchange of Your Home:

Include the closing statements from the purchase and sale of your former and new homes

Former Home Information:

TSJ _____

Date acquired _____ (Mo/Da/Yr)

Date sold _____ (Mo/Da/Yr)

Selling price _____

Original Cost and Cost of Improvements:

Description	Amount

Sale Expenses:

Commissions, legal fees, advertising and other expenses.

Description	Amount

Did you personally own and occupy the home for at least 2 of the 5 years preceding the sale? Yes No

If your spouse is deceased, did the sale occur within two years of the date of death and did your spouse live in the home for at least 2 of the 5 years preceding the sale? Yes No

If you had a foreign mortgage on the above property, please provide the amount of the mortgage retired on the sale and the date the mortgage was acquired or the date the mortgage was most recently renegotiated _____

Moving Expenses:

TSJ _____

Were the moving expenses reimbursed by your employer? Yes No

Enter reimbursements not included in wages on your Form W-2 _____

Was the move due to a permanent change of station pursuant to a military order? Yes No

Mileage:

Number of miles from old home to new workplace (applicable only on some state returns) _____

Number of miles from old home to old workplace (applicable only on some state returns) _____

Number of automobile miles in move _____

Transportation Expenses:

Costs of transportation of household goods and personal effects _____

Costs of travel and lodging (do not include meals or automobile expenses) _____

Automobile expenses (gasoline, oil, etc.) _____

Meals (Pennsylvania only) _____



2019

Pension, Annuity and Retirement Plan Information

9A

Pensions and Annuities: Include all Forms 1099-R and any nontaxable distribution details

TSJ	Name of Payer	2019 Gross Distributions	Taxable Amount	Federal Tax Withheld	State Tax Withheld	Is this a Rollover?	2018 Gross Distributions

Self-Employed Retirement Plan: Include copies of all Forms 1099-R

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

Do you want to contribute the maximum amount allowed?

Taxpayer

Yes	No

Spouse

Yes	No

Contributions to:

Simplified employee pension

Defined benefit plan

Defined contribution plan

SIMPLE plan

2019 Amount

2019 Amount



2019

Partnership and S Corporation Business Expenses

11A

Activity Name: _____

Business Expenses: Enter all expenses at 100 percent

If not 100%, enter the percentage to apply to this business _____ %

	2019 Amount	2018 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		
Other Business Expenses:		

Description	2019 Amount	2018 Amount

Reimbursements: List only reimbursements NOT reported in Box 1 of your Form W-2

	2019 Amount	2018 Amount
Amount received for other expenses		
Amount received for meals		
Amount received for entertainment		

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service _____ (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2019	2018
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		
Other Vehicle Expenses:		

Description	2019 Amount	2018 Amount



2019

Farm Income (Page 1 of 2)

12

Proprietor's Name: _____

Principal Crop or Activity: _____

TSJ _____
Employer identification number _____
Method of accounting _____

Farm Questions for 2019:

Did you dispose of this farm? Yes No
If Yes, what was the disposition date? _____ (Mo/Da/Yr)
Have you prepared or will you prepare all required Forms 1099?

	2019 Amount	2018 Amount
Health insurance premiums paid for yourself and your dependents		

Sales of Livestock and Other Items Bought for Resale (Cash Method Only):

Description	2019		2018	
	Amount Received	Cost or Other Basis	Amount Received	Cost or Other Basis

Income (Accrual Method):

Description	Beginning Inventory	Cost of Items Purchased	Sales	Ending Inventory

Income:

	2019 Amount	2018 Amount
Sales of livestock, produce, grains, etc. you raised		
Total cooperative distributions (Forms 1099-PATR)		
Taxable cooperative distributions		
Total agricultural program payments		
Taxable agriculture program payments		
Total Commodity Credit Corporation (CCC) loans		
Total crop insurance proceeds and certain disaster payments received in 2019		
Taxable crop insurance proceeds received		
Crop insurance proceeds deferred from prior year		
Custom hire (machine work) income		
Federal gasoline tax or fuel tax credit or refund		
State gasoline tax or fuel tax credit or refund		



2019

Farm Income (Page 2 of 2)

12A

Proprietor's Name: _____

Principal Crop or Activity: _____

Income:

Payment card and third party transactions: Include all Forms 1099-K

Description	2019 Amount	2018 Amount

Government payments: Include all Forms 1099-G

Description	2019 Amount	2018 Amount

Miscellaneous income: Include all Forms 1099-MISC

Description	2019 Amount	2018 Amount

Other income:

Description	2019 Amount	2018 Amount



2019

Proprietor's Name: _____

Principal Crop or Activity: _____

Listed Property Questions for 2019:

	Yes	No
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support the business use percentage claimed on listed property?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

If you are an employer who provides vehicles for use by employees:

	Yes	No
Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

Vehicle:

Description of vehicle

Date placed in service . . . (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for your personal use?

Was your vehicle available for use during off-duty hours?

Vehicle 1	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2019 Miles	2018 Miles
2019 Amount	2018 Amount

Vehicle 2	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2019 Miles	2018 Miles
2019 Amount	2018 Amount



2019

Farm Business Expenses

12D

Proprietor's Name: _____

Principal Crop or Activity: _____

Business Expenses: **Enter all expenses at 100 percent**

If not 100%, enter the percentage to apply to this business _____ %

	2019 Amount	2018 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		

Other Business Expenses:

Description	2019 Amount	2018 Amount

Reimbursements:

List only reimbursements NOT reported in Box 1 of your Form W-2

	2019 Amount	2018 Amount
Amount received for other expenses		
Amount received for meals		
Amount received for entertainment		

Vehicle:

If not 100%, enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service

(Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2019	2018
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Interest		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2019 Amount	2018 Amount



2019

Farm Business Use of Home

12E

Proprietor's Name: _____

Principal Crop or Activity: _____

Partial Use of Your Home for Business:

2019

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? . . . Yes No

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.

Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.

Example: Real estate taxes.

	Direct Expenses		Indirect Expenses	
	2019 Amount	2018 Amount	2019 Amount	2018 Amount
Casualty losses				
Deductible mortgage interest paid to:				
Financial institutions				
Individuals				
Real estate taxes				
Insurance				
Qualified mortgage insurance premiums				
Repairs and maintenance				
Utilities				
Rent				

Other Expenses:

Description	Direct Expenses		Indirect Expenses	
	2019 Amount	2018 Amount	2019 Amount	2018 Amount

Seller-Financed Mortgage Interest Information:

Name of Individual to Whom Mortgage Interest Was Paid	Identification Number of Individual	Address of Individual to Whom Mortgage Interest Was Paid



Include Forms: W-2G, 1099-MISC, 1099-RRB, 1099-SSA, 1099-SA, 1099-LTC and 1099-G

Miscellaneous Income and Adjustments:

Table with columns for TSJ (2019 Amount, 2018 Amount) and rows for Unemployment compensation received, Social security benefits received, Medicare premiums withheld, etc.

State and Local Income Tax Refunds:

Table with columns for TSJ, State, City, Tax Year, and Income Tax Refund (State, Local).

Other Income:

Table with columns for TSJ, Nature and Source, 2019 Amount, and 2018 Amount.

Alimony Paid or Received:

Table with columns for TSJ, Recipient's Name, Recipient's Social Security Number, Date of Original Divorce or Separation, Date Divorce or Separation Agreement Modified, Alimony Received?, 2019 Amount, and 2018 Amount.



Educator Expenses: Deduction for amounts paid by educators of kindergarten through Grade 12

TS	2019 Amount	2018 Amount

Health Savings Accounts (HSAs)

TS	Description	2019 Amount	2018 Amount
	Contributions made for 2019		
	Distributions received from all HSAs in 2019		

What type of coverage applies to your high deductible health plan? Self only Family

Were any HSA contributions listed above also shown on your Form W-2? Yes No

Were all distributions from your HSA for unreimbursed medical expenses? Yes No

Did you or your spouse enroll in Medicare? Yes No

If Yes, what month did you enroll? _____

What month did your spouse enroll? _____

Other Adjustments to Income: Include all Forms 1098-E for Student Loan Interest Paid

TSJ	Nature and Source	2019 Amount	2018 Amount



Itemized Deductions - Medical and Taxes

2019

Medical and Dental Expenses:

Prescription medicines and drugs

Total medical insurance premiums paid *

Long-term care expenses

Total insurance reimbursement

Number of miles traveled for medical care

Lodging

Doctors, dentists, etc.

Hospitals

Lab fees

Eyeglasses and contacts

TSJ	2019 Amount	2018 Amount

Taxpayer long-term care insurance premiums paid

Spouse long-term care insurance premiums paid

2019 Amount	2018 Amount

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

Other Medical Expenses:

TSJ	Description	2019 Amount	2018 Amount

Taxes Paid: Include copies of your tax bills

Personal property taxes paid (include vehicle taxes)

General sales taxes paid on specified items

TSJ	2019 Amount	2018 Amount

Itemize real estate taxes by state.

TSJ	Real Estate Taxes	2019 Amount	2018 Amount

Other Taxes Paid:

TSJ	Description	2019 Amount	2018 Amount

If you purchased or sold your home in 2019, did you include any taxes from your closing statement in the amounts above? Yes No



2019

Mortgage Questions for 2019:

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

Home Mortgage Interest Paid To Financial Institutions:

TSJ	Paid To	Did You Receive Form 1098?		2019 Amount	2018 Amount
		Yes	No		

Other Home Mortgage Interest Paid:

TSJ	Paid To		ID Number	2019 Amount	2018 Amount
	Name	Address			

Deductible Points:

TSJ	Paid To	Did You Receive Form 1098?		2019 Amount	2018 Amount
		Yes	No		

Mortgage Insurance Premiums:

Premiums paid or accrued for qualified mortgage insurance.

TSJ	2019 Amount	2018 Amount

Investment Interest Expense:

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

TSJ	Paid To	2019 Amount	2018 Amount



Cash Contributions: Include all Forms 1098-C or other documentation.

You cannot deduct a cash contribution, regardless of the amount, unless you keep as a record of the contribution a bank record (such as a canceled check, a bank copy of a canceled check, or a bank statement containing the name of the charity, the date, and the amount) or a written communication from the charity. The written communication must include the name of the charity, date of the contribution, and amount of the contribution. Clothes and household items donated must be in good, used condition or better in order to be deductible unless the item donated is worth more than \$500 and you have the item's value appraised. Attach a copy of the appraisal. Include any vehicles donated to charity.

TSJ	Organization or Description of Contribution	2019 Amount	2018 Amount

TSJ	Conservation Real Property	2019 Amount	2018 Amount
	100% limit		
	50% limit		

TSJ	Description	2019 Miles	2018 Miles
	Number of miles traveled performing volunteer work for qualified charitable organizations		

Noncash Contributions Totaling \$500 or Less: Include all documentation.

TSJ	Description of Donated Property	2019 Amount	2018 Amount

Noncash Contributions Totaling More Than \$500: Include all Forms 1098-C or other documentation.

TSJ	Property Description	Date Acquired	Date of Donation	Cost or Basis
A				
B				
C				

	Fair Market Value (FMV)	Method Used to Determine FMV	Other Method Description	Method of Acquisition
A				
B				
C				

1 - Appraisal 3 - Comparable Sale 5 - Thrift Shop Value
 2 - Catalog 4 - Other (Describe)

1 - Gift 3 - Exchange
 2 - Inheritance 4 - Purchase

	Donee Organization Name	Donee Organization Address
A		
B		
C		



2019

Employee Business Expenses (Page 1 of 2)

17

TS: _____ Occupation: _____

Business Expenses: **Enter all expenses at 100 percent** **Include all documentation**

Occupation code _____

- | | | |
|--------------------------|--|--|
| 1 - Performing artist | 3 - Fee-basis state or local government official | 5 - Outside salesperson
(Big Rapids, MI only) |
| 2 - Handicapped employee | 4 - National Guard or Reserve | |

If not 100%, enter the percentage to apply to Schedule A _____ %

	2019 Amount	2018 Amount
Parking fees and tolls		
Local transportation		
Travel expenses		
Meals		
Entertainment (deductible only on some state returns)		

Other Business Expenses:

Description	2019 Amount	2018 Amount

Reimbursements: **List only reimbursements NOT reported in Box 1 of your Form W-2**

	2019 Amount	2018 Amount
Amount received for other expenses		
Amount received for meals		
Amount received for entertainment		

Does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements? Yes No



2019

Employee Business Expenses (Page 2 of 2)

17A

Vehicle: Include all documentation

If not 100%, please enter the percentage to apply to Schedule A _____ %

Description of vehicle _____

Date vehicle was placed in service (Mo/Da/Yr) _____

Do you (or your spouse) have another vehicle available for personal purposes? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

	2019	2018
Total miles		
Total business miles		
Average daily commuting miles		
Total commuting miles for the year		
Gasoline and oil		
Repairs		
Insurance		
Taxes		
Value of employer provided vehicle		
Temporary vehicle rentals		
Fair market value of leased vehicle		
Vehicle leases		

Other Vehicle Expenses:

Description	2019 Amount	2018 Amount



Child/Dependent Care Expenses & Education Expenses

Child/Dependent Care Expenses:

General Information:

TSJ

Were you or your spouse a full time student or disabled? Yes No
 Did you pay an individual for services performed in your home? Yes No

Expenses incurred in 2018 but paid in 2019
 Employer-provided dependent care benefits that were forfeited in 2019
 2018 carryover used in grace period

Child/Dependent Care Providers:

Provider 1:

Name
 Street address
 City, state, ZIP or postal code, and country
 Social security number OR
 Employer identification number
 Telephone number (California only)

	2019 Amount	2018 Amount
Expenses incurred and paid in 2019		
Expenses incurred and not paid in 2019		

Provider 2:

Name
 Street address
 City, state, ZIP or postal code, and country
 Social security number OR
 Employer identification number
 Telephone number (California only)

	2019 Amount	2018 Amount
Expenses incurred and paid in 2019		
Expenses incurred and not paid in 2019		

Qualifying Persons for Child/Dependent Care Expenses:

First Name and Initial	Last Name	Social Security Number	2019 Expenses Incurred	2018 Expenses Incurred

Higher Education Expenses for Education Credits and/or Tuition Fees Deduction:

Qualified expenses are for post-secondary education tuition and related expenses; they do not include room or board. Include a detailed listing of the expenses.

Include copies of all Forms 1098-T

First Name and Initial	Last Name	Social Security Number	2019 Qualified Expenses



General Information:

TSJ

Employer identification number

Did you pay any one household employee cash wages of \$2,100 or more in 2019? Yes No

Did you withhold any federal income tax from wages paid to any household employee? Yes No

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2018 or 2019? Yes No

Social Security, Medicare and Income Taxes:

Cash wages subject to social security taxes

Cash wages subject to Medicare taxes (if different than cash wages subject to social security)

Cash wages subject to additional Medicare tax withholding

Federal income tax withheld

State disability plan payments subject to social security taxes

State disability plan payments subject to Medicare taxes (if different than plan payments subject to social security)

Table with 2 columns: 2019 Amount, 2018 Amount. Rows correspond to the Social Security and Medicare tax categories.

Federal Unemployment (FUTA) Tax:

Did you pay unemployment contributions to more than one state? Yes No

Were all of the wages subject to FUTA tax subject to the state's unemployment tax? Yes No

Table with 3 columns: State, Total Cash Wages Subject to FUTA, 2018 Amount. Rows for listing states.

Complete the following for all state unemployment contributions made:

X if payment to be made after April 15, 2020

Table with 5 columns: Name of State, Total Taxable Wages, Contribution Paid to Unemployment Fund, X, 2018 Amount. Rows for listing state unemployment contributions.



Refund Application:

If you have an overpayment of 2019 taxes, do you want the excess:

Refunded Yes No
 Applied to your 2020 estimated tax liability Yes No

Federal Estimated Tax Payments:

2019 1st Quarter Estimate (Due 04-15-2019)
 2019 2nd Quarter Estimate (Due 06-17-2019)
 2019 3rd Quarter Estimate (Due 09-16-2019)
 2019 4th Quarter Estimate (Due 01-15-2020)

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

2018 overpayment applied to 2019 estimate

Tax Planning Information for Tax Year 2020:

Do you expect any of the following to occur in 2020?

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

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



State and City Estimated Tax Payments:

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

2019 1st Quarter Estimate
 2019 2nd Quarter Estimate
 2019 3rd Quarter Estimate
 2019 4th Quarter Estimate

If you have an overpayment of 2019 taxes, do you
 want the excess applied to your 2020 estimated tax liability? Yes No

2018 overpayment applied to 2019 estimate
 Balance of prior year(s)' tax paid in 2019 plus
 amount paid with 2018 extensions
 Estimated tax payments for 2018 paid in 2019

State and City Estimated Tax Payments:

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

2019 1st Quarter Estimate
 2019 2nd Quarter Estimate
 2019 3rd Quarter Estimate
 2019 4th Quarter Estimate

If you have an overpayment of 2019 taxes, do you
 want the excess applied to your 2020 estimated tax liability? Yes No

2018 overpayment applied to 2019 estimate
 Balance of prior year(s)' tax paid in 2019 plus
 amount paid with 2018 extensions
 Estimated tax payments for 2018 paid in 2019

State and City Estimated Tax Payments:

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

2019 1st Quarter Estimate
 2019 2nd Quarter Estimate
 2019 3rd Quarter Estimate
 2019 4th Quarter Estimate

If you have an overpayment of 2019 taxes, do you
 want the excess applied to your 2020 estimated tax liability? Yes No

2018 overpayment applied to 2019 estimate
 Balance of prior year(s)' tax paid in 2019 plus
 amount paid with 2018 extensions
 Estimated tax payments for 2018 paid in 2019



2019

Federal, State, and City Tax Payments

Refund Application:

If you have an overpayment of taxes, do you want the excess:

Refunded Yes No
 Applied to next year's estimated tax liability Yes No

Federal Estimated Tax Payments:

2019 1st Quarter Estimate (Due 04-15-2019)
 2019 2nd Quarter Estimate (Due 06-17-2019)
 2019 3rd Quarter Estimate (Due 09-16-2019)
 2019 4th Quarter Estimate (Due 01-15-2020)

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

State and City Estimated Tax Payments:

2019 1st Quarter Estimate
 2019 2nd Quarter Estimate
 2019 3rd Quarter Estimate
 2019 4th Quarter Estimate

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2019 1st Quarter Estimate
 2019 2nd Quarter Estimate
 2019 3rd Quarter Estimate
 2019 4th Quarter Estimate

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2019 1st Quarter Estimate
 2019 2nd Quarter Estimate
 2019 3rd Quarter Estimate
 2019 4th Quarter Estimate

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid

2019 1st Quarter Estimate
 2019 2nd Quarter Estimate
 2019 3rd Quarter Estimate
 2019 4th Quarter Estimate

TSJ _____
 State/City Name _____

Amount Due	Date Paid (Mo/Da/Yr)	Amount Paid



2019

General Information:

Has your address changed from 2018?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse a noncustodial parent?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to choose the optional 5.85% tax rate?	<input type="checkbox"/>	<input type="checkbox"/>
Total purchases in 2019 subject to Massachusetts use tax	<input type="text"/>	
Sales/use tax paid to other state or jurisdiction	<input type="text"/>	

	Taxpayer		Spouse	
	Yes	No	Yes	No
Do you qualify for the blind exemption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your spouse a veteran of the U.S. armed forces Operations Enduring Freedom, Iraqi Freedom, or Noble Eagle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total paid for weekly/monthly commuter passes and FastLane tolls	<input type="text"/>		<input type="text"/>	

Residency Information:

	From	To
	(Mo/Da/Yr)	(Mo/Da/Yr)
If you did not live in Massachusetts for all of 2019, enter the dates you did live in Massachusetts	_____	
Enter the state names other than Massachusetts where you had income	_____	

Voluntary Contributions:

Do you want to contribute \$1.00 to the Massachusetts Election Campaign Fund?	<input type="checkbox"/>	<input type="checkbox"/>
Taxpayer	<input type="checkbox"/>	<input type="checkbox"/>
Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Enter the amount you wish to contribute on your 2019 tax return to:		
Organ Transplant Fund	<input type="text"/>	
Endangered Wildlife Conservation	<input type="text"/>	
Massachusetts AIDS Fund	<input type="text"/>	
Massachusetts United States Olympic Fund	<input type="text"/>	
Massachusetts Military Family Relief Fund	<input type="text"/>	
Homeless Animal Prevention and Care	<input type="text"/>	

Rental Deduction Information:

Name of landlord

Rent paid



2019

Schedule HC Health Insurance Provider Information

Private or Other Government Provider

Taxpayer

Spouse

Name of Insurance Company or Administrator or Other Provider

Federal Identification Number of Insurance Company

Subscriber Number

Schedule HC Government - Subsidized Health Insurance

Taxpayer

Spouse

Commonwealth Care

ConnectorCare

MassHealth

Medicare

Veterans Administration Program Enrollment

Tri-Care

Other (see instructions). Enter only name(s) of provider(s) above

Applied for MassHealth or Commonwealth Care in 2019 and denied

Vertical grid for Taxpayer

Vertical grid for Spouse

Months Covered by Health Insurance (if not all of 2019)

Table with 12 columns (Jan-Dec) and 2 rows (Taxpayer, Spouse)

Other Information

Taxpayer

Spouse

Form MA 1099-HC not received

Are you claiming an exemption from the requirement to purchase health insurance based on sincerely held religious beliefs?

Did you claim a religious exemption and receive medical health care during the taxable year?

Certificate number if you obtained a Certificate of Exemption issued by the Health Insurance Connector

Monthly premium amount offered through employer's health insurance plan

Did your employer offer free health insurance?

Did your employer offer a qualifying plan that cost less than 9.56% of household income?

Are you a U.S. citizen or legal permanent resident alien?

Do you authorize the DOR to share your Schedule HC with the Commonwealth Health Insurance Connector Authority to appeal a penalty?

Input box for Form MA 1099-HC

Input box for Form MA 1099-HC

Yes/No grid for religious exemption

Yes/No grid for religious exemption

Yes/No grid for religious exemption

Yes/No grid for religious exemption

Input line for certificate number

Input line for monthly premium

Yes/No grid for employer offer

Yes/No grid for employer offer

Yes/No grid for employer offer

Yes/No grid for employer offer

Input box for DOR authorization

Input box for DOR authorization

Input box for DOR authorization

Input box for DOR authorization

Enter Any Additional Massachusetts Information:

Four horizontal lines for additional information